

# LOUISIANA HEALTH CARE COMMISSION

Louisiana Department of Insurance  
Commissioner of Insurance James J. Donelon



## Report to the Legislature

January 1, 2020 to December 31, 2020

**LOUISIANA DEPARTMENT OF INSURANCE**

This public document was published at a total cost of \$328.04. Nine copies of this public document were published in the first printing at a cost of \$14.04. The total cost of all printings of this document including reprints was \$328.04. This document was published by the Louisiana Department of Insurance, Post Office Box 94214, Baton Rouge, LA 70804-9214 to review and study the availability and affordability of health care in the state of Louisiana in accordance with La. R.S. 22:2161(l). The material was printed in accordance with standards for printing by state agencies established pursuant to La. R.S. 43:31.

# Louisiana Health Care Commission

## Legislative Background

The Louisiana Health Care Commission was created by law in 1992. It is a 47-member advisory board that undertakes comprehensive review of complex health care issues facing Louisiana. In 1999, the commission was transferred to the Department of Insurance. Statutory authority and membership of the commission are contained in La. R.S. 22:2161. Since its inception, the commission's membership has changed from its original makeup through Acts of the Legislature in 1995, 1997, 1999, 2004, 2012 and 2014; the most recent changes went into effect August 1, 2014.

## Purpose

Through a broad perspective, the commission studies the issues affecting the availability, affordability and delivery of quality health care in Louisiana. The commission is also tasked with examining national health care reform initiatives.

The commission conducts public meetings to receive information and testimony from regional and national experts on health care issues. The commissioner of insurance submits an annual report to the Legislature on the studies, actions and recommendations of the commission.

## Membership

The Louisiana Health Care Commission is composed of health care experts and other interested parties, including health care insurers and providers, community leaders and representatives of various consumer interests. Membership also includes representatives from the governing boards of Louisiana's colleges and universities, the House and Senate Committees on Insurance and at-large appointments designated by the commissioner of insurance.

## Meetings

### February 21, 2020

During our first meeting of 2020, a discussion and presentation on Blue Cross Blue Shield of Louisiana's (BCBS) Opioid Related Efforts was given by Kandyce Cowart and Brice Mohundro of Blue Cross Blue Shield of Louisiana.

Kandyce Cowart stated that in 2017, BCBS added an opioid policy to its drug policies and created a therapeutics committee composed of statewide physicians and pharmacists to approve all formulary changes. BCBS also partnered with the Louisiana Attorney General's Office. Providers and members were educated about the new program. In 2017, BCBS became involved with the Baton Rouge health district and their opioid task force partners with the local hospitals around town in contributing its own efforts. In 2018, a strategy to address the opioid epidemic was rolled out.

According to Cowart, anyone who was on an opioid for 100 days was grandfathered in and was not required to go through the prior authorization requirement because BCBS didn't want people who used them on a chronic basis go into withdrawal and have no access to the hospital. Also, Blue Cross' opioid policy removed prior authorization for Medicated Assisted Therapy Treatment so that patients would have better access if they had opioid use disorder.

In October, BCBS went out into the community and educated providers, starting with those who were involved in the Quality Blue program. An Opioid Prescribing Toolkit was also posted on the company's website to provide physicians with the tools they needed to manage the opioid epidemic. BCBS' website posted a policy including the CDC guidelines for prescribing opioids.

In addition to communicating with providers, BCBS also put together member education section on safe opioid use on its website. This included tips for members who prescribed opioids, as well as community and statewide initiatives.

Ms. Cowart stated that Blue Cross has very large population health nurse team, greater than 200 nurses, who talk to members on a regular basis. Commission member Linda Hawkins questioned Ms. Cowart about what outreach programs were offered for those addicted to Heroin on the streets.

Ms. Cowart stated BCBS has a partnership with New Directions. In-house care nurse managers talk to members on a regular basis, as well as its behavior health vendor, New Directions. Nurses will refer them to this program if they have a substance abuse issue. Providers also can refer patients to New Directions.

Next, David Pearce, Legislative Liaison for the Department of Insurance, presented members with a 2020 Legislative Preview.

### **Property & Casualty:**

Mr. Pearce stated the main role of the P&C division is to ensure sure rates and policy forms that are tracked between the consumer and the insurer are compliant with state law.

He discussed the following bills:

1. Workers Compensation Terminology Revision: Trading one term for another to align it with some other statutes that have been changed to create more consistency in Insurance Title 22.
2. Flat fee for all form filings - \$50: Flat fee for all form filings that will be helpful for all insurers as well as the department. When an insurer is submitting a rate and form filing to the department for review of compliance with all state laws, they typically submit a unique fee based on the types and amounts of forms. This has been simplified to make the fee \$50 per submission via electronic form filing platform.
3. Liability Limits and Defense Costs: With a policy that has a liability limit of \$50,000, if it goes to trial, part of that liability limits the exposure of the amount that can be taken out on the liability limit. The bill aligns the statute with the attorney general's opinion currently applied and in use.
4. Commercial Auto Reporting Repeal: A bill was passed last year for additional commercial trucking reporting. This seeks to repeal it with the author's agreement.

5. Notice of Policy Statement to Relevant Parties: This merely spreads an existing requirement to all lines of property and casualty business, not limited to just property. If a policy has been cancelled, all parties are notified of the cancellation whether it be a mortgagee or whomever has a material interest in the existence of that policy. If they are notified of the cancellation, they also need to be notified of the reinstatement.
6. Louisiana Automobile Insurance Plan: This is the private passenger insurer of last resort. If someone is unable to find auto insurance on the open market due to accidents or a less stellar driving record, this is their insurer of last resort. There were 25 policies in force in 2019.

### **Financial Solvency:**

1. Insurer "Controlling Party" discretion upon appeal: This bill would not show how a party is determined, but in the event of an appeal due to a company's unique management system, or in the event of an appeal or a complex situation, this bill would give the commissioner discretion in who the controlling party is.
2. Investment Safety & Risk Updates: This bill is the result of a collaborative review of meetings happening for the past year. It will update and modernize investment requirements to ensure they are not too risky. Mainly, if something happens in the stock market, their insurance is not suddenly crippled making them unable to pay the claims they agreed to pay.
3. LIGA - government secondary payer exemption: If an insurance company is financially insolvent Financial Solvency looks at the numbers very carefully and on occasion may find incidences of fraud that may cause an insurance company to go insolvent. The guaranty fund pays legitimate, qualified claims for policyholders who can no longer get their payment from the insurance company with whom they contracted. What this is going to do is exempt LIGA in paying claims to secondary payer claims, not the original policyholder but another entity that requests claims due to their interest in the issue. This will exempt Medicare and all government entities. It will exempt LIGA from having to pay those entities.
4. Credit for Reinsurance: When Financial Solvency is looking at an insurer's asset base to make sure they have enough money to pay claims, one of the ways insurance companies make sure that a big catastrophe doesn't wipe out their assets and they have the ability to pay claims is with a reinsurance policy. This bill seeks to update the statutes to NAIC model language so that credit may be given for a reinsurance policy that is held with an insurer. It essentially allows them to represent assets in case of a catastrophe.
5. Actuarial Updates: There are three parts, all having to do with the mathematic practice of assessing risk in insurance companies.
6. Repeal Deposit Requirements: The repeal is encouraged by newer solvency protections.
7. Repeal Life Policy Search: This bill would repeal the requirement that LDI transmit life policy search requests to life insurers.

8. Repeal of Dental Referral Plan Provisions: Currently, dental plans are licensed such as discount medical plans, so LDI is going to repeal a section of the insurance code and reclassify them under the set that we are already regulating them.

### **Office of Consumer Services:**

This office monitors consumer complaints and performs general market conduct surveillance to make sure bad actors are caught as quickly as possible.

1. Repeal Life Policy Search: Currently there a statute that requires LDI to submit a weekly written request for a life policy search to all auto and life insurers in the state if requested by the family of a deceased person. However, NAIC has a robust national database that encompasses all companies including policies purchased out of state, so this bill seeks to repeal the duty on LDI to send that requests and instead refer individuals to the NAIC database search.
2. Data Security Bill: NAIC's model law was produced in 2017. Frequently, there are large data breaches in the news and LDI wants to be on the cutting edge in protecting consumer data. Currently, the model law has been passed in eight states with three others pending.

### **Health, Life & Annuity**

The main duties of the Office of Health, Life & Annuity are similar to those of Property & Casualty: monitoring the rates and forms, making sure that health insurance forms and rates are not unfairly discriminatory, and making sure that the form and contract language is clear, concise and legal. The office also has the independent oversight if a claim is rejected by a health insurer and the claims appeal process at issue does not go the way the patient hopes. Patients can request an independent review to get an unbiased third party to assess the medical necessity.

1. Medical Necessity Standards for Substance Abuse Disorders: Currently, Louisiana does not have medical necessity standards for substance use disorders. It would refer to the American Society of Addiction and whatever standards they have would automatically be updated to Louisiana standards.
2. Revisions of References to the Affordable Care Act: If repealed, any references to the ACA would be eliminated or referred to federal law in general because the ACA is in different court proceedings. This also ensures the Louisiana Insurance Code is statutorily updated in conformity to federal law.
3. Annuity section revisions: There was a merger at LDI, so language is being added so that certain parts of the Insurance Code that apply to annuities also apply to life insurance policies.
4. Life Policy Lapse Written Notice Exceptions location revision
5. Funeral cost reservation and citation revisions: R.S. 22:941 – \$2,500 limit
6. Health Reinsurance – This bill creates an individual market reinsurance program that is a tiny slice of total policies in the state, but it's the market that applies to the online marketplaces created under the ACA. This would create a reinsurance program that used a 1332 waiver.

There would be a fee of up to \$2.50 and the reinsurance would serve for high cost patients in a given plan. The insurance policy would serve all individual insurance market plans once they reach certain caps in a given plan year and the reinsurance would pick up a co-share and one hundred percent of those costs would go back to the cost of the insurer. The 1332 waiver is a "Pass through" of money the federal government saves on ACA subsidies. The tax credits that the ACA gives is going to cause a decrease in the cost of premiums because of the decrease in exposure to insurance companies. It is anticipated that the federal government would save money because they would have a decrease in the amount of tax credits they give to the insureds. Thus, whatever they save, we would be able to pass that through and help fund the reinsurance plan itself.

Finally, Ronnell Nolan with HAFA gave an update on developments in Washington, D.C. She stated she met with Louisiana, Nevada, Connecticut and CMS. Some of the things discussed were drug transparency and opening the borders. Senator Vitter had a bill a couple of years ago to open the borders that both Democrat and Republican offices were interested in. There is a list of opposed countries that could actually open the borders and create some competition and bring some drugs in for Americans, especially Canada.

She also reported some states such as Nevada have a large parcel of land to set up genetic manufacturing for generic drugs to create more competition and bring down the cost of drugs.

Also, she discussed the issue of robocalls, specifically those that target seniors who purchase over the phone. They do not know whether what they are buying is ACA compliant. Ms. Nolan asked the federal government to create some legislation that made it more transparent. The goal is to have them sign a document on a computer attesting that it is not ACA compliant. She stated the feds were interested but wanted more time to think about it.

There was also a discussion on Association Health Plans and how successful they are in Nevada and in Louisiana but due to the lawsuits a hold has been placed on them going forward.

Finally, Ms. Nolan stated while Christian Ministry Plans are not insurance, she believes people have a right to decide if they want to elect these plans or not.

### **May 29, 2020**

Meeting canceled due to the Covid-19 pandemic.

### **September 10, 2020**

During our September 10 meeting, we welcomed Dr. Catherine O'Neal, Infectious Disease Specialist of Our Lady of the Lake Regional Medical Center to provide a COVID Update from a Hospital/Provider Perspective.

Dr. O'Neal mentioned that while hospitalizations are slowly decreasing, many hospitals are still reaching or are already at capacity. She mentioned that large crowds are still being discouraged to avoid greater outbreak and that tele-health visits have obviously been on the rise.

She stated that they have seen a greater mortality and morbidity in the non-COVID populations over the last six months. This could be a result of delayed care due to inability to be seen and also specific avoidance of care, which has created a sicker population. Additionally, people may have milder symptoms of COVID that they think it is something else and may be a part of that larger “non-COVID” group who are experiencing illness.

According to Dr. O’Neal, recent flu population studies showed that people admitted with influenza were more likely to be readmitted over the next 90 days and over the next year; more so than readmission rates of heart attack, heart failure, etc.; which shows that when you have an inflammatory viral illness, it kicks off a series of medical conditions that continue to plague a person. She expressed her concern that this population of COVID-19 admissions are going to continue to return to the hospital over and over in the next year; as well as those delaying care due to wanting to avoid COVID-19 in facilities.

Dr. O’Neal felt that we are in for about two years of highly burdened hospitals and it’s imperative to get as many people to their primary care doctors as possible to relieve that burden on the hospitals. Finally, she encouraged everyone to still get the flu vaccine now if you can do so.

Commissioner Donelon commented that the LDI issued an Emergency Rule for 16 parishes that expanded upon the efforts put into place post-COVID regarding telemedicine. He opined that telemedicine has definitely been most beneficial for reaching those patients in more rural areas in the state. He asked Dr. O’Neal when we could expect the surge of COVID instances following the Labor Day break. Dr. O’Neal felt that based on experience from Memorial Day weekend, we would likely start seeing the surge about a month following Labor Day.

Next Mr. Frank Opelka, Deputy Commissioner of the Office of Health, Life and Annuity at the Louisiana Department of Insurance gave an update on the department’s response to COVID-19. Mr. Opelka mentioned that in response to the pandemic, the LDI has issued eight emergency rules, four of which were health focused release in mid-March:

- Emergency Rule 36 – Waived cost sharing and prior authorization for COVID testing and provided for early refills for drugs not prone to abuse (non-opioids);
- Emergency Rule 37 – Telemedicine rule; waived restrictions on tele-med access and expanded tele-medicine network; also required coverage of physical health consultations by tele-medicine;
- Emergency Rule 40 – Placed moratoriums on cancellations and non-renewals;
- Emergency Rule 41– Regarding step down facilities; Medical Surge-Related Patient Transfers in Louisiana During the Outbreak of COVID-19.

Act 230 by Senator Barrow (2020) created a state mandated benefit for COVID-19 testing, which is now required to be covered by any insurance product covered by state law with the exception of limited excepted benefit and short-term plans. This does not necessarily address the vaccine coverage issue.

Mr. Opelka mentioned that one question many have posed is with the number of jobs lost, why haven’t we seen a huge exodus from employer sponsored plans to individual plans or Medicaid. He states while there was about a 5% increase of individual plans people stayed where they were for the most part. He stated that two reasons for that could be that much of the job loss occurred in the population already in the individual and Medicaid markets, and that federal subsidies stepped in and helped to bridge the income gap. However, Mr. Opelka stated that if those subsidies go away before recovery really matures, we may still see that movement from employer market to Medicaid.



Next Mr. Jared Hymowitz, Director of East Baton Rouge Mayor's Healthy City Initiative presented to the commission about HealthyBR. Mr. Hymowitz informed the group that HealthyBR was created with a mission to communicate, coordinate and collaborate to promote a healthier Baton Rouge for all. Members include Mayor-President Sharon Weston Broome and representatives from Baton Rouge General Medical Center, Lane Regional Medical Center, Ochsner Baton Rouge, OLOL, Woman's Hospital, LA Department of Health, Pennington Biomedical Research Center, BCBSLA, LA Primary Care Association, BR Health District, BR Area Chamber of Commerce, BR Area Foundation, BREC, EBR Parish School System and Capital Area United Way.

Mr. Hymowitz mentioned that HealthyBR exists to work with local health departments to promote and protect the health of the people and the communities where they live and work. To accomplish this mission, HealthyBR usually forms an advisory group, collects and analyzes data, develops a report and disseminates findings. HealthyBR enabled the offering of the 1<sup>st</sup> mobile community testing site in Louisiana in partnership with BR Clinic, Baton Rouge General, Our Lady of the Lake, Ochsner, Woman's Hospital and the Mayor's Office of Homeland Security and Emergency Preparedness. They have met consistently throughout the pandemic to ensure testing sites and first responder sites were available in the community.

Finally, Mr. Michael Bertaut, Healthcare Economist and Exchange Coordinator for Blue Cross/Blue Shield of Louisiana, gave a presentation on the impact of COVID-19, oil prices and Hurricane Laura on Louisiana's recovery.

Mr. Bertaut began his presentation by sharing some important points:

- In March 2020, the Federal Bureau of Labor Statistics said Louisiana had a workforce of over 2.1 million people. By the first week of August 2020, 312,000 of them were still drawing unemployment benefits in Louisiana.
- By August 1, around 9.5 million of the original 21 million jobs lost nationwide had been recovered. Unemployment rates are still very high.
- Louisiana's economic recovery was interrupted by a surge in COVID-19 infections, hospitalizations and deaths between late-June and mid-August.
- The Leisure/Entertainment Sector of the economy has been the hardest hit in terms of jobs lost.
- Oil closing prices are consistently over \$40 a barrel (WTIC) which still exceeds earlier EIA and API forecasts for August.
- We are unlikely to see any recovery in the oilfield, or oilfield services until oil settles back over \$50 bbl.

Mr. Bertaut mentioned that Louisiana has now experienced six weeks with decreases in COVID-19 hospitalizations. He stated that at the start of the first wave, average deaths per day climbed from one or two to over 65 per day within the first month. It took over two months to get that number back down to 14 per day, the mid-June average. Mr. Bertaut said that statistics show COVID-19 affects people with inflammatory conditions the most, such as obesity, diabetes, high blood pressure, etc. Because these are so prevalent in Louisiana, bringing death rates down is a challenge.

Mr. Bertaut stated that the US GDP is estimated at an annual rate of -31.5% in quarter two of 2020. He then reviewed a timeline of events since the pandemic has hit. He also made the following observations regarding unemployment in Louisiana:

- Unemployment in Louisiana peaked in early May at nearly 400,000 people receiving benefits.
- By Mid-August, the average drawing benefits was 263,000 people each week.
- \$363 million in the new enhanced benefit in the President's Executive Order was paid out in August 2020.
- The Original \$600/week enhanced benefit went into effect April 3 and ended July 25.
- Unemployment trends in Louisiana for the last week of August were up slightly, with just over 15,000 new claims being filed.

Regarding Hurricane Laura, Mr. Bertaut stated that following the FEMA-4559-DR Louisiana Disaster Declaration as of Sept. 7, 2020, 35,800 individual applications for federal aid, included unemployment aid, have been approved. Just over \$72 million has already been disseminated to residents.

Mr. Bertaut mentioned that Louisiana's Health Insurance Safety Net is very good and made the following points:

- **Medicaid**
  - Expanded Medicaid available up to 138% of FPL
  - \$1,200 family payments do NOT count in income
  - Enhanced unemployment does NOT count in income
- **www.healthcare.gov**
  - Huge subsidies from 138% to 300% of FPL
  - Smaller help from 300% to 400% of FPL
  - Any loss of employer coverage triggers special enrollment period for 60 days
- **COBRA – Current membership is up 25% YTD**
- **Short Term Health Insurance** (Bridge Blue)
  - Half the price of [www.healthcare.gov](http://www.healthcare.gov) policies for those earning over 400% of FPL
  - Requires Underwriting

Mr. Bertaut then addressed crude oil prices, saying that the price of oil has a significant impact on the economy in our state. Although spot prices are already 20% ahead of forecast, the U.S. production is not expected to reach December 2019 levels through 2021.

According to Mr. Bertaut, as COVID-19 resurges and WTIC prices hover in the \$40/bbl range, oilfield and oilfield services companies are starting to close offices and lay workers off as of July 2020.

Mr. Bertaut concluded his presentation by predicting the following are needed for Louisiana to recover:

- A safe, efficacious, widely distributed vaccine for COVID-19
- WTIC prices to go back above \$50 bbl with a long-term forecast to stay there; Without that \$50 basement number, exploration and all the industry that supports will lag in Louisiana.
- A November election outcome that continues a regulatory environment friendly to business and chemical/petroleum industries; any backsliding to an anti-business regulatory posture will have dire consequences for the future of Louisiana.

Following Mr. Bertaut's presentation, Chairman Fraiche asked if there was any other business. With no further business, Dr. Ferguson offered a motion to adjourn and Mr. Scott Webre seconded the motion. With no objections, the meeting was adjourned at 11:30 a.m.

### **December 3, 2020**

During our December 3 meeting, the LHCC welcomed Ms. Hemi Tewarson of the Duke-Margolis Center for Health Policy who gave a presentation on the COVID-19 Vaccine Distribution and an Overview of State Perspectives.

Ms. Tewarson began by discussing the surge of COVID-19 that followed Thanksgiving week; specifically 531 confirmed new cases per million within the United States. She indicated that cases were still increasing in almost all states.

She reviewed the elements of the COVID-19 response, which includes

- Enhancing mitigation measures
- Therapeutics: monoclonal antibodies, other treatments
- **Vaccines**
- More extensive and effective testing
- Support for reopening schools and other priority settings

Ms. Tewarson then discussed the different **potential** U.S. COVID-19 Vaccines, including those from Moderna, BioNTech & Pfizer, AstraZeneca & University of Oxford, Johnson & Johnson, Novavas, and Sanofi & GSK. She stated the Pfizer vaccine has a cold storage requirement that is particularly challenging.

Ms. Tewarson stated that the administration of COVID-19 vaccine will likely follow a phased approach. In the initial phase there will be limited doses available which will be disseminated to health care workers and long-term care residents, essential workers, and adults with high-risk medical conditions as well as those 65 years of age and older.

The next phase would be to reach additional critical populations, which would include:

- Staff and residents of other congregate living facilities
- People of all ages with conditions that put them at *moderately* higher risk
- Prisoners, detainees, and staff

Ms. Tewarson commented that a broad administration network would be required with a focus on increasing access for critical populations.

The next phase would include young adults and children, with the last phase including everyone residing in the U.S. who did not have access to the vaccine in previous phases.

Ms. Tewarson stated that states were required to submit a COVID-19 Vaccination Plan to CDC outlining plans for:

- Identifying and allocating vaccines to critical populations
- Logistical planning to meet vaccine storage, handling, and administration requirements
- Supporting vaccine provider enrollment, vaccine ordering, distribution, storage and handling

- Engaging providers, partners and communities
- Vaccine program communications

According to Ms. Tewarson, several key challenges will be:

- Identifying and allocating early vaccine to critical populations
- Operational planning for distribution
- Building a data infrastructure
- Post-market evidence on vaccines
- Vaccine communications

Additional information on the above key challenges can be found in Ms. Tewarson's PowerPoint presentation, which will accompany these minutes on our website at [www.lidi.la.gov](http://www.lidi.la.gov).

Next Dr. Fraiche introduced Rochelle Head-Dunham, MD, Executive Director and Medical Director for the Metropolitan Human Services District. Ms. Head-Dunham spoke to the group about the impact of COVID-19 on mental and behavioral health in Louisiana.

Dr. Head-Dunham stated that they normally see approximately 8,000 people per year, but those numbers have increased due to the pandemic. She stated they have service providers in five different clinics in the Orleans area and also have service providers in the parish center in Plaquemines Parish. Eighty-five percent of the people they serve are adults in Orleans Parish.

Dr. Head-Dunham stated the number one diagnosis among the substance use population in the Orleans area is opioid use disorder and the second is marijuana use. (Even though alcohol and tobacco are still number one across the country). Among the children, the number one issue is marijuana.

According to Dr. Head-Dunham, diagnostically, on the adult side they have seen schizophrenia, anxiety disorders and depression. For children, the primary diagnosis is ADHD followed by post-traumatic stress disorder. She stated that the percentage is debatable because in more cases than note, ADHD is over-diagnosed in children; especially in African-American children, where in many cases the behavior represents trauma that is undiagnosed.

On average, there is about a 17- to 30-day wait for psychiatric evaluations across clinics. Medication management, which is the number one service that represents about 60%, has about a 26-day wait.

Dr. Head-Dunham explained that those numbers are important because psychiatric care is the number one need that people have in the severe and persistently impaired population and even in the general population.

She stated that suicide rates have risen sharply in the 18 to 25 age group where 1 in 4 have either attempted or succeeded in suicide. It is not just COVID, but the social unrest as well as hurricane season. Deaths related to opioid use have risen dramatically. Most deaths due to substance abuse result from a combination of substances being used.

Dr. Head-Dunham said another problem they are seeing is the rise in anxiety, depression and post-traumatic stress disorder.

She stated that most states are ramping up their ability to provide these types of services as the need is increasing. Keeping staff that are trained to respond is critical.

They also use “peers” meaning people who have lived the same experiences and struggles to assist. This service is a model of care that is outstanding. One example is Alcoholics Anonymous, which is the most successful intervention service.

They are experiencing the impact of not having enough professionals and having to shift priorities from medication alone to incorporate non-pharmacological avenues of care. The endorsement of spirituality as a method of coping is important right now, as well as eating healthy foods and taking care of yourself physically.

Dr. Head-Dunham stated that what helped tremendously is that the Office of Behavioral Health provided funding to increase capacity to provide crisis services by putting in place a crisis team.

She stated that they recently contracted with a team of 12 providers who are skilled in mental health first aid and crisis support.

Dr. Head-Dunham reiterated that with the pandemic, social unrest, unemployment and added stress of hurricane season, it takes everyone on every level to wrap our arms around the behavioral and emotional support system in our community.

Next Mr. Frank Opelka, Deputy Commissioner of the Office of Health, Life and Annuity at the LDI, gave a brief update on Open Enrollment and the Status of the ACA Litigation. Mr. Opelka stated that this is approximately the middle of the enrollment period and at this time, plan selections are up about 10%. This is likely driven by people who lost their job during the pandemic and were able to join during a special enrollment period. Renewals are up about 16%.

Mr. Opelka stated that with respect to the ACA Litigation, as a reminder, 18 states led by Texas challenged the Affordable Care Act saying it was unconstitutional; 20 states led by California opposed that challenge. In the original challenge, Justice Roberts wrote a plurality opinion that found the individual mandate was not a valid exercise of Congress’s commerce clause power, but that the mandate could be saved as a valid exercise of Congress’s taxing power. At the time, there was no analysis of the issue of severability, which is whether an unconstitutional individual mandate could be severed from the rest of the ACA and fall alone or if alternatively it was so integral to the ACA that it would bring the entire act down together. That analysis was not done originally. In 2017, after the feds did not repeal the ACA, Congress chose to reduce the individual mandate to \$0 as part of the Tax Cuts and Jobs Act of 2017. What Texas is currently arguing is that the reduction of the mandate to \$0 effectively removes the basis that Judge Roberts used to save the individual mandate in the original case and therefore the mandate is now unconstitutional and severability analysis has to happen. Texas then argues that under the severability analysis, if the mandate is not severable, then the whole law should fall.

California in response argued that:

1. The mandate is severable and the Tax Cuts and Jobs Act did sever it from the rest of the ACA by Congress choosing not to strike down the ACA and by effectively zeroing out the mandate, they were expressing intention to sever the two.

2. In order for a case to go to court, there must be a harm that the court can provide redress for. California says no one is harmed by a zero-dollar mandate, therefore no one can sue for that “harm.”

These oral arguments happened November 10. It seemed clear by Justices Cavanaugh and Roberts that they were very likely to find in favor of California on the severability issue. We'll find more out in early Spring.

With no further business, Dr. Recasner offered a motion to adjourn the meeting. The motion was seconded and with no objection, the meeting was adjourned at 10:50 a.m.

### **Executive Committee**

The executive committee for the Louisiana Health Care Commission consists of the chair, vice chair and three LHCC members representing health care providers, insurers and consumers. The mission of the Louisiana Health Care Commission Executive Committee is to plan the agenda for Louisiana Health Care Commission meetings, schedule any emergency meetings necessary between regular meetings and to propose subcommittee assignments. The Louisiana Health Care Commission Executive Committee held four meetings via conference call during this reporting period.

# Annual Conference

The Louisiana Department of Insurance (LDI) held its first combined event sponsored by the LDI in conjunction with the Louisiana Health Care Commission, the Property and Casualty Commission and the Louisiana Auto Theft & Insurance Fraud Prevention Authority. The conference was held over the course of two days on Wednesday, March 4 and Thursday, March 5, 2020 at the Crowne Plaza Baton Rouge Hotel.

Looking to the future, the LDI organized this conference to attract additional participants, exchange ideas, and to allow more time and opportunity to interact with colleagues and presenters. The LDI combined the Health Care and LATIFPA conferences, and added property and casualty insurance, to create a larger event designed to meet the needs of insurance professionals in our state.

Leading insurance experts, as well as state and national policymakers, filled the two-day agenda, providing the audience with the opportunity to participate in nearly 20 breakout sessions.

Some of the health topics that were addressed at the two-day conference are as follows:

- It's (Still) the Prices: Observations on U.S. Health Care Spending
- Medicare Secondary Payer Act: Who is Liable?
- Health Clinics as a Cost-Saving Solution
- Federal Health Update / What's New with AHPs, Medicare Supplement and Long-Term Care?
- Fighting Opioid Fraud with Data Analytics
- The Battle of Balance Billing
- Driving Value in Health Care / Exploring Alternative Payment Models
- The Federal Perspective on Health Care Fraud
- ACA Individual Market Forecast

This year's program provided 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 with a review of the current landscape of our health care system and focused on the future of the insurance industry while exploring cutting edge innovations and providing an in-depth look at ongoing efforts to combat insurance fraud.

The LHCC looks forward to convening another conference in 2021 with a similar format, while certainly keeping in mind social distancing requirements that may still be in place.

## Looking Ahead

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.

### **LDI CONFERENCE 2020/2021**

Due to the overwhelming success of the first combined event sponsored by the Louisiana Department of Insurance (LDI) in March 2020, the LHCC plans to once again, coordinate its efforts with the Property and Casualty Commission as well as the Louisiana Automobile Theft and Insurance Fraud Prevention Authority (LATIFPA) with another combined conference.

We look forward to another great event designed to attract additional participants, exchange ideas, and to allow time and opportunity to interact with colleagues and presenters.

As always, we will work to bring leading insurance experts, state and national policymakers to the event so that attendees can participate in numerous breakout sessions on a variety of topics.

### **STUDY TOPICS SUGGESTED BY LHCC MEMBERS FOR STUDY IN 2021**

COVID-19 Issues:

- Economic impacts
- Death rates
- Immunizations
- Minimizing future surges
- Mental health effects
- Increased opioid usage

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

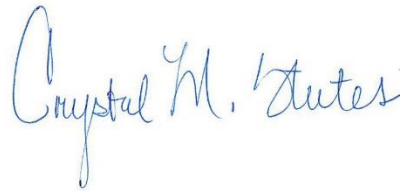


## Conclusion

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.lidi.la.gov](http://www.lidi.la.gov). Lists of Louisiana Health Care Commission members and meeting dates are available on the website.

## Statistics Relevant to Louisiana

Comprehensive Information on COVID-19 can be found on the Louisiana Department of Health's website at <https://ldh.la.gov/index.cfm/page/3878>

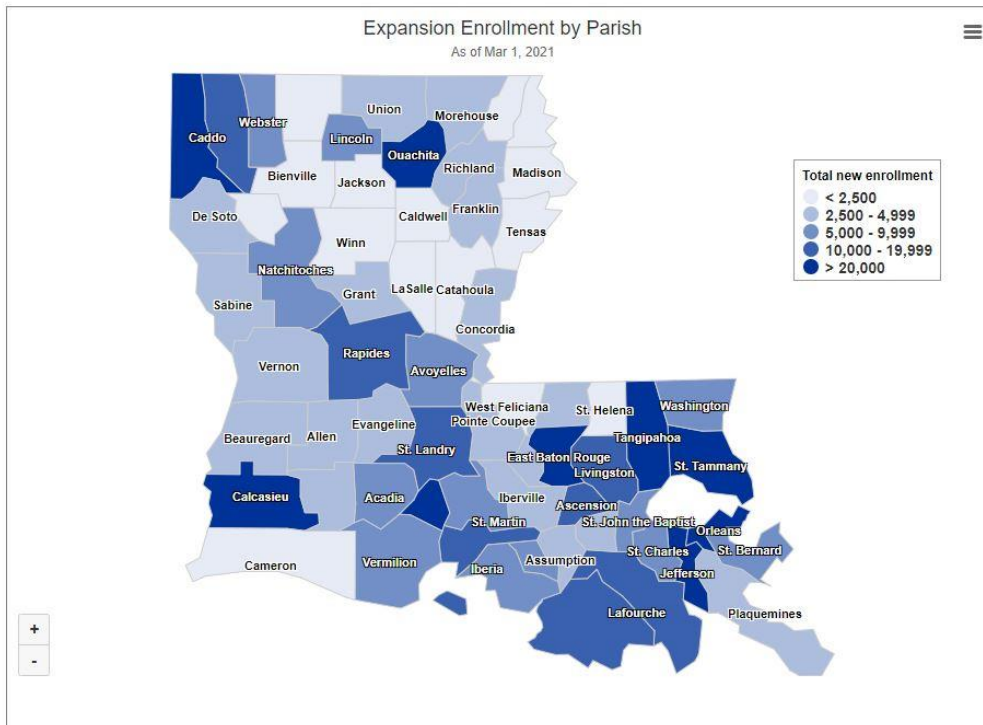
<b>Louisiana</b>	
2019 Population Estimates <b>4,648,794</b> <i>Source: Vintage 2019 Population Estimates</i>	Total Housing Units <b>2,059,918</b> <i>Source: 2015-2019 American Community Survey 5-Year Estimates</i>
Median Household Income <b>\$ 49,469</b> <i>Source: 2015-2019 American Community Survey 5-Year Estimates</i>	Number of Firms <b>414,291</b> <i>Source: 2012 Survey of Business Owners: Company Summary</i>
Persons in poverty, percent <b>19.0 %</b> <i>Source: 2019 American Community Survey 1-Year Estimates</i>	Male Median Income <b>\$ 33,916</b> <i>Source: 2015-2019 American Community Survey 5-Year Estimates</i>
Educational Attainment: Percent high school graduate or higher <b>85.2 %</b> <i>Source: 2015-2019 American Community Survey 5-Year Estimates</i>	Female Median Income <b>\$ 20,975</b> <i>Source: 2015-2019 American Community Survey 5-Year Estimates</i>
Persons without health insurance, percent <b>9.5 %</b> <i>Source: 2015-2019 American Community Survey 5-Year Estimates</i>	Veterans <b>243,335</b> <i>Source: 2015-2019 American Community Survey 5-Year Estimates</i>
Median Housing Value <b>\$ 163,100</b> <i>Source: 2015-2019 American Community Survey 5-Year Estimates</i>	Percent of households with a broadband Internet subscription <b>75.5 %</b> <i>Source: 2015-2019 American Community Survey 5-Year Estimates</i>

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

LIVES AFFECTED	OUTCOME	
 617,709	<b>Health Insurance</b> Adults enrolled in Medicaid Expansion as of Mar 1, 2021	<a href="#">Details</a>
 72% 466,790	<b>Doctor Visits</b> 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*	<a href="#">Details</a>
 100,188 1,272	<b>Breast Cancer</b> Women who've gotten screening or diagnostic breast imaging* Women diagnosed with breast cancer as a result of this imaging*	<a href="#">Details</a>
 59,676 18,441 827	<b>Colon Cancer</b> 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*	<a href="#">Details</a>
 25,499	<b>Newly Diagnosed Diabetes</b> Adults newly diagnosed and now treated for Diabetes*	<a href="#">Details</a>
 68,445	<b>Newly Diagnosed Hypertension</b> Adults newly diagnosed and now treated for Hypertension*	<a href="#">Details</a>
 133,464 36,252	<b>Mental Health</b> Adults receiving specialized outpatient mental health services* Adults receiving inpatient mental health services at a psychiatric facility*	<a href="#">Details</a>
 26,356 29,035 27,517	<b>Substance Use</b> Adults receiving specialized substance use outpatient services* Adults receiving specialized substance use residential services* Adults receiving medication-assisted treatment (MAT) for opioid use disorder*	<a href="#">Details</a>

\*Statistics as of March 01, 2021

\*\*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.



## Marketplace Enrollment – National and Louisiana

### HealthCare.gov Platform Snapshot

HealthCare.gov Platform Snapshot	Cumulative: Nov. 1–Dec. 21
Plan Selections	8,251,703
<i>New Consumers</i>	1,884,174
<i>Consumers Renewing Coverage</i>	6,367,529
Consumers on Applications Submitted	10,161,816
Call Center Volume	4,393,022
Calls with Spanish Speaking Representative	331,340
HealthCare.gov Users	18,329,696
CuidadoDeSalud.gov Users	592,912
Window Shopping HealthCare.gov Users	1,103,803
Window Shopping CuidadoDeSalud.gov Users	41,980

### HealthCare.gov State-by-State Snapshot

The state-by-state Snapshot provides cumulative individual market plan selections for the 36 states with Exchanges using the HealthCare.gov platform for the 2021 benefit year. Cumulative individual plan selections for the states using the HealthCare.gov platform include:

State	Cumulative Plan Selections Nov. 1 – Dec. 21
Louisiana	83,159

Source: <https://www.cms.gov/newsroom/fact-sheets>

**LOUISIANA HEALTH CARE COMMISSION LIST – as of December 31, 2020**

Mr. Jeff Albright  
Chief Executive Officer  
Independent Insurance Agents & Brokers of Louisiana  
18153 East Petroleum Drive  
Baton Rouge, LA 70809  
(225) 819-8007  
[jalbright@iiaabl.com](mailto:jalbright@iiaabl.com)  
(Independent Insurance Agents & Brokers of Louisiana)

Mr. Michael A. Andry  
Chief Executive Officer  
EXCELth, Inc.  
1515 Poydras Street, Suite 1070  
New Orleans, LA 70112  
(504) 524-1210  
[mandry@excelth.com](mailto:mandry@excelth.com)  
(Louisiana Primary Care Association)

Lauren Bailey, JD  
6767 Perkins Rd., Suite 100  
Baton Rouge, LA 70808  
(225) 763-8500  
[president@lsms.org](mailto:president@lsms.org)  
(Louisiana State Medical Society)

Ms. Katie Brittain, PT, DPT  
3221 Ryan Street, Suite D  
Lake Charles, LA 70601  
(337) 439-3344  
[Katie@partnersinpt.com](mailto:Katie@partnersinpt.com)  
(Louisiana Physical Therapy Association)

Mr. Derrell D. Cohoon  
532 Spanish Town Road  
Baton Rouge, LA 70802  
Work: (225) 387-6783  
(318) 483-3858  
[derrell@capitolpartnersfirm.com](mailto:derrell@capitolpartnersfirm.com)  
(America's Health Insurance Plan)

Lisa Colletti, RN  
8701 Crochet Avenue  
River Ridge, LA 70123  
(504) 738-5125  
[Lisacolletti504@gmail.com](mailto:Lisacolletti504@gmail.com)  
(Louisiana State Nurses Association)

Ms. Diane Davidson  
Employee Benefits Manager  
Roy O. Martin Lumber  
Post Office Box 1110  
Alexandria, LA 71309  
(318) 483-3858  
[diane.davidson@royomartin.com](mailto:diane.davidson@royomartin.com)  
(Louisiana Business Group on Health)

Ms. Jeanie Donovan  
Policy Director  
Louisiana Department of Health  
628 N. 4<sup>th</sup> Street  
Baton Rouge, LA 70802  
(225) 342-9957  
[Jeanie.Donovan@la.gov](mailto:Jeanie.Donovan@la.gov)  
(LA Department of Health)

Mr. Jeff Drozda  
(Louisiana Association of Health Plans)  
[jdrozda@lahp.net](mailto:jdrozda@lahp.net)

Rachel Durel, DDS  
335 Doucet Road, Suite B  
Lafayette, LA 70503-3497  
(337) 981-8144  
[rdureldds@gmail.com](mailto:rdureldds@gmail.com)  
(Louisiana Dental Association)

Mr. Jack E. Duvernay, RHU  
BenefitsOne  
714 Millikens Bend  
Covington, LA 70433  
(985) 800-2800  
(504) 512-5252  
[jack@benefits.one](mailto:jack@benefits.one)  
(Louisiana Association of Health Underwriters)

Ms. Susan H. Ellender  
Vice President, Client Relations  
Associated Benefits Consulting  
#1 Galleria Boulevard, Suite 1900  
Metairie, LA 70001  
(225) 928-2225  
[susane@abenefitsconsulting.com](mailto:susane@abenefitsconsulting.com)  
(Louisiana Association of Business and Industry)

**LOUISIANA HEALTH CARE COMMISSION LIST – as of December 31, 2020**

William L. Ferguson, PhD, CLU, CPCU, ARM  
G. Frank Purvis, Jr./BORSF Endowed Chair of Insurance  
& Risk Management  
University of Louisiana at Lafayette  
B.I. Moody III College of Business Administration  
Post Office Box 44570  
Lafayette, LA 70504-4570  
(337) 482-6664  
[ferguson@louisiana.edu](mailto:ferguson@louisiana.edu)

(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  
President and Chief Executive Officer  
St. Elizabeth Hospital Physicians  
15151 Highland Road  
Baton Rouge, LA 70810  
(225) 647-8511  
[jffraiche@hotmail.com](mailto:jffraiche@hotmail.com)  
(At-Large Appointment)

Ms. Lisa Gardner  
CommCare Corporation  
2511 Terrace Avenue  
Baton Rouge, LA 70806  
(318) 290-8563  
[lgardner@commcare.com](mailto:lgardner@commcare.com)  
(Louisiana Nursing Home Association)

Mr. Arnold M. Goldberg  
330 Rue St. Peter  
Metairie, LA 70005  
(504) 828-5093, ext. 2  
[xg725@aol.com](mailto:xg725@aol.com)  
(At-Large Appointment)

Faye Grimsley, PhD, CIH  
Head, Public Health Sciences Department  
Xavier University of Louisiana  
One Drexel Drive, Box V  
New Orleans, LA 70125  
(504) 520-7460  
[fgrimsle@xula.edu](mailto:fgrimsle@xula.edu)  
(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  
22271 Main Street  
Abita Springs, LA 70420  
(985) 809-3983  
[linjay@bellsouth.net](mailto:linjay@bellsouth.net)  
(League of Women Voters of Louisiana)

Honorable John R. Illg, Jr.  
State Representative  
9523 Jefferson Highway  
Suite A  
River Ridge, LA 70123  
(504) 736-7030  
[Hse078@legis.la.gov](mailto:Hse078@legis.la.gov)  
(Louisiana House Insurance Committee)

Mr. Randal Johnson  
President  
543 Spanish Town Road  
Baton Rouge, LA 70802  
(225) 308-2030  
[johnson@sostrategy.com](mailto:johnson@sostrategy.com)  
(Louisiana Independent Pharmacies Association)

Jesse Lambert, PsyD  
10317 Taylor Sheets Road  
Saint Amant, LA 70774-4027  
(225) 644-7622  
[jesse.lambert@steh.com](mailto:jesse.lambert@steh.com)  
(Louisiana Psychological Association)

Eva Lamendola, OD  
1004 West Highway 30, Suite A  
Gonzales, LA 70737  
(225) 644-4444  
[evalamendola@gmail.com](mailto:evalamendola@gmail.com)  
(Optometry Association of Louisiana)

Mr. Darrell Langlois  
5525 Reitz Avenue  
Baton Rouge, LA 70809  
(225) 295-2283  
[Darrell.langlois@bcbsla.com](mailto:Darrell.langlois@bcbsla.com)  
(A domestic mutual, non profit health  
Service and indemnity company (Blue Cross  
Blue Shield of Louisiana)

**LOUISIANA HEALTH CARE COMMISSION LIST – as of December 31, 2020**

Ms. Jennifer McMahon  
Vice President  
Louisiana Hospital Association  
2450 Severn Avenue, Suite 210  
Metairie, LA 70001  
(504) 837-1171  
[jmcmahon@mhcno.org](mailto:jmcmahon@mhcno.org)  
(Louisiana Hospital Association)

Ms. Barbara Morvant  
4713 Sheridan Avenue  
Metairie, LA 70002  
(504) 887-5792  
[b.morvant@cox.net](mailto:b.morvant@cox.net)  
(AARP, the nominee of which shall be a volunteer representative)

Mr. Andrew Muhl  
Director of Advocacy  
301 Main Street, Suite 1012  
Baton Rouge, LA 70825  
(225) 276-1941  
[amuhl@aarp.org](mailto:amuhl@aarp.org)  
(AARP Louisiana)

B. Ronnell Nolan, HIA, CHRS  
President and Chief Executive Officer  
Post Office Box 65128  
Baton Rouge, LA 70896  
(225) 921-6711  
[ronnell@hafamerica.org](mailto:ronnell@hafamerica.org)  
(Health Agents for America, Inc.)

Mr. Frank Opelka  
Deputy Commissioner  
Office of Health, Life & Annuity  
Louisiana Department of Insurance  
1702 N. Third Street  
Baton Rouge, LA 70802  
(225) 219-1688  
[Frank.opelka@ldi.la.gov](mailto:Frank.opelka@ldi.la.gov)  
(Ex-Officio, Designee)

Mr. John Overton  
Chief Financial Officer  
Turn Key Solutions  
11911 Justice Avenue  
Baton Rouge, LA 70816  
(225) 751-4444  
[john@turnkeysol.com](mailto:john@turnkeysol.com)  
(National Federation of Independent Businesses)

Mr. Ed Parker  
429 Government Street  
Baton Rouge, LA 70802  
(225) 927-2800  
[eparker@afscme@brcoxmail.com](mailto:eparker@afscme@brcoxmail.com)  
(Louisiana AFL-CIO)

Dr. Anthony Recasner  
Chief Executive Officer  
8300 Earhart Blvd., Suite 201  
New Orleans, La 70118  
(504) 586-8509  
[Arecasner@agendaforchildren.org](mailto:Arecasner@agendaforchildren.org)  
(Agenda for Children)

Ms. Debra Rushing  
eQHealth Solutions  
8591 United Plaza Boulevard, Suite 270  
Baton Rouge, LA 70809  
(225) 248-7072  
[drushing@eqhs.org](mailto:drushing@eqhs.org)  
(Louisiana's Medicare Peer Review Organization as designated by the Health Care Financing Administration)

James C. "Butch" Sonnier, BS, DC  
Sonnier Chiropractic Clinic  
143 Lee Drive, Suite 1  
Baton Rouge, LA 70808  
(225) 766-2952  
[butch@sonnchiro.com](mailto:butch@sonnchiro.com)  
(Chiropractic Association of Louisiana)

Ms. Elizabeth Sumrall  
LSU Director of Health Care Policy  
Louisiana State University  
3810 West Lakeshore Drive  
Baton Rouge, LA 70808  
(225) 578-2111  
[Esumrall1@lsu.edu](mailto:Esumrall1@lsu.edu)  
(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  
625 St. Charles Ave., 6C  
New Orleans, LA 70130  
(504) 909-7977  
[Jwwagner11@cox.net](mailto:Jwwagner11@cox.net)  
(At-Large Appointment)

**LOUISIANA HEALTH CARE COMMISSION LIST – as of December 31, 2020**

The Honorable Rick Ward, III  
Louisiana State Senator  
3741 Highway 1  
Port Allen, LA 70767  
(225) 246-8838  
[wardr@legis.la.gov](mailto:wardr@legis.la.gov)  
(Louisiana State Senate, Senate Committee on Insurance)

Mr. Scott Webre  
2901 Johnston Street, Suite 307  
Lafayette, LA 70503  
(337) 237-5051  
[scott@webreandassociates.com](mailto:scott@webreandassociates.com)  
(Louisiana Association for Justice)

Frances R. Wiggins, D.D.S.  
24310 Eden Street  
Plaquemine, LA 70764  
(225) 687-3516  
[frwdds@bellsouth.net](mailto:frwdds@bellsouth.net)  
(National Dental Association)

Ms. LaCosta Wix  
Director of Regulatory Affairs  
Associate General Counsel  
UnitedHealthcare  
10 Cadillac Drive, Suite 200  
Brentwood, TN 37027  
[Lacosta\\_wix@uhc.com](mailto:Lacosta_wix@uhc.com)  
(A domestic commercial health insurer)

**LHCC STAFF**

Crystal M. Stutes, Executive Director  
(225) 342-4311  
[cstutes@ldi.la.gov](mailto:cstutes@ldi.la.gov)

Julie M. Freeman, Assistant Director  
(225) 219-4772  
[jfreeman@ldi.la.gov](mailto:jfreeman@ldi.la.gov)

**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  
2020 Report to the Legislature**

***[www.lidi.la.gov](http://www.lidi.la.gov)***