

# LOUISIANA HEALTH CARE COMMISSION

Louisiana Department of Insurance  
Commissioner of Insurance James J. Donelon



## Report to the Legislature

January 1, 2021 to December 31, 2021

**LOUISIANA DEPARTMENT OF INSURANCE**

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# 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 conducted public meetings to receive information and testimony from regional and national experts on health care issues. The commissioner of insurance submitted 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

### March 5, 2021

The first meeting of 2021 was held on March 5, 2021. Ms. Mary Moody, Health Policy Advisor with Senator Bill Cassidy's office, reviewed the Surprise Billing Federal Legislation, which addresses the burden of consumers being billed for the balance of services that are not covered by insurance.

Ms. Moody stated that in May 2018, Senator Cassidy's office began addressing the issue, which involved many interested parties including, providers, insurance carriers, etc. Opposing views included insurance carriers who felt an Independent Dispute Resolution (IDR) would only increase costs and exacerbate the problem and they preferred a benchmark payment policy. Providers, on the other hand, preferred an IDR and felt they absolutely would support a benchmark payment policy because they felt we must allow free market forces to be at play.

As such, in May 2019, the Stop Surprise Medical Bills Act was presented. By the end of the year, there were three other committees that also took up the task of addressing surprise billing, which brought

momentum to the issue but also somewhat complicated the matter by presenting different approaches. Eventually, they arrived at a policy with a hybrid approach. A payment meeting the network rate would automatically go to the provider; then a “backstop” dispute resolution would be available to contest the amount that was paid. In December 2020, they were able to pass the Surprise Billing Act. Although there were certainly some changes due to the different parties involved, the final product was acceptable to all.

Ms. Moody reminded the members that this Act would in no way preempt a state who has already enacted balance billing protections.

Mr. David Pearce, Legislative Liaison with the Louisiana Department of Insurance then reviewed the following health bills, which have not been issued a bill number to date:

➤ ***SB (TBD), Senator Talbot: Health Reinsurance with 1332 Waiver***

This bill would create an individual market reinsurance program for use in a 1332 Waiver, which would be funded by a combination of:

- A fee on all health policies statewide, capped at \$2.50 and
- 1332 Waiver “pass through” of money the federal government saves on ACA subsidies as a result of reduced premiums under the program.

➤ ***HB (TBD), Representative Illg: State Based Health Insurance Exchange***

Mr. Pearce stated that this bill would authorize the commissioner to establish a state based individual health insurance exchange. State-administered exchanges can often operate more efficiently, reducing the amount charged to insurers and passed on through premiums.

➤ ***HB (TBD), Representative DuBuisson: Prohibition of using Genetic Information in Life, Disability and Long-Term Care Underwriting;***

Mr. Pearce stated that this bill would prohibit the requiring and/or use of genetic information in the underwriting of life, disability and long-term care insurance.

Next, Dr. Joseph Kanter, State Health Officer and Medical Director at the Louisiana Department of Health presented on COVID-19 updates in Louisiana. Dr. Kanter stated that Louisiana hit three distinct “peaks” during the past 12 months; the first being in March in the New Orleans region. For a period of two weeks, it was considered the fastest growing outbreak of anywhere in the world. Cases went back up in July/August for a second statewide spike. The third spike was in November, which rolled into the New Year holiday. However, since then, cases have steadily declined.

What causes Dr. Kanter concern are the variants that are circulating that put us at risk for a fourth surge. There are 18 confirmed B117 variants (UK variant) and 69 suspected cases of the variant, which Dr. Kanter stated is more transmissible and more virulent.

Racial disparity and inequity continue to be a challenge across the nation and in our state. They added visibility to the LDH public dashboard; racial demographics are now available as well as the number of doses initiated by region and parish.

**June 4, 2021**

The second meeting of the calendar year was held on June 4, 2021.

Theresa Sokol, Acting State Epidemiologist and Program Director for the Infectious Disease Epidemiology Section of the Louisiana Office of Public Health presented a power point that featured statistics relative to COVID-19. (A pdf of the Power Point is included with these minutes.)

Ms. Sokol reviewed the community risk indicators throughout the parishes of Louisiana (see chart). She also reviewed the COVID-19 hospitalization and ventilator use as of May 2021, which indicated that the highest hospitalization rate thus far was both in the initial surge and the January 2021 surge.

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.

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.

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

- Anaphylaxis requiring hospitalization within three 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 three days of vaccination with no alternative cause, OR
- Both acute thrombosis AND new onset thrombocytopenia (platelet count <150,000/ $\mu$ L) requiring hospitalization with onset within six weeks following vaccination;
- Myocarditis/pericarditis requiring hospitalization within two weeks of vaccination with no alternative cause.

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

Mr. Frank Opelka, Deputy Commissioner of the Office of Health, Life and Annuity at the LDI, then 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 commissioner of insurance 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. Following the addition of 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 – Bill is 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 one 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. It 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 before ACA, they typically were to provide coverage for about 90 days. President Trump moved this coverage to 11 months; this coincided with a rise in price increases of individual products. 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. 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.

## **August 20, 2021**

The third meeting was held on August 20, 2021. The commission welcomed Dr. Frank Welch, Medical Director for the Bureau of Community Preparedness at the LA Dept of Health and Dr. Catherine O’Neal,

Chief Medical Officer and Medical Director of Infection Prevention at Our Lady of the Lake Regional Medical Center, who gave updates on COVID-19. (See PDF presentations from Drs. Welch and O’Neal).

Next the commission heard from Ms. Jennifer Smith, Director of Digital Health at FMOLHS as well as Dr. Patrick Walker and Dr. Ashley Lucas, on Assessing the Future of Telemedicine.

Ms. Stutes then reviewed the recent survey results from a survey the commission issued in July regarding health care issues and what topics the members felt should be addressed in the future.

Ms. Stutes then introduced Mr. John Ford, who will be replacing Ms. Stutes as LHCC Executive Director, as Ms. Stutes takes on new endeavors within the department.

Commissioner Donelon thanked everyone for participating on the call and thanked both Ms. Stutes and Mr. Ford for their efforts at the department.

Ms. Stutes then announced that the next LHCC meeting was tentatively scheduled for November 5. She also announced that the next LDI Annual Conference would take place on March 7 and 8, 2022 in New Orleans.

### **December 3, 2021**

The final meeting of the year was held on December 3, 2021. LHCC Executive Committee member Ms. Katie Brittain gave a presentation on the commission’s survey of topics for future study. Ms. Brittain said the topics will be used to help set the agenda for each meeting in 2022.

Next the commission welcomed Sen. Bill Cassidy, who gave a virtual update on health care issues including surprise billing and drug costs, then answered questions from the commission.

The commission then heard an update on Louisiana’s Health Insurance Marketplace from Mr. Jacob Schei, who serves as Health Interventions Director for the Southwest Louisiana Area Health Education Center.

The commission’s final speaker was BCBSLA’s Healthcare Economist Mr. Mike Bertaut, who spoke about upcoming health insurance challenges including the end of the Presidential Health Emergency and implementation of the No Surprises Act.

Ms. Stutes then announced that the LDI Annual Conference will be held at the Higgins Hotel in New Orleans on March 7-8, 2022, and invited the commissioners to register and attend.

### **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 three meetings via conference call during this reporting period.

## Annual Conference

An annual conference was not held during 2021 due to the pandemic.

## Study Topics Suggested By LHCC Members For Study In 2022

### 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
- Need to regulate health insurance rates
- Disparity in mental health coverage
- Opioid crisis
- Quality improvement in health care

## 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.



## 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](http://www.ldi.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>

### Dashboard - Louisiana

| Population Estimat   |                  |
|--|------------------|
| All Topics <span style="float: right;">▼</span>                                      | Q Louisiana      |
| <b>Population Estimates, July 1 2021, (V2021)</b>                                    | <b>4,624,047</b> |
| <b>PEOPLE</b>  |                  |
| <b>Population</b>  |                  |
| <b>Population Estimates, July 1 2021, (V2021)</b>                                    | <b>4,624,047</b> |
| Population estimates base, April 1, 2020, (V2021)                                    | 4,657,757        |
| Population, percent change - April 1, 2020 (estimates base) to July 1, 2021, (V2021) | -0.7%            |
| Population, Census, April 1, 2020  | 4,657,757        |
| Population, Census, April 1, 2010  | 4,533,372        |
| <b>Age and Sex</b>   |                  |
| Persons under 5 years, percent   | 6.5%             |
| Persons under 18 years, percent  | 23.4%            |
| Persons 65 years and over, percent   | 15.9%            |
| Female persons, percent  | 51.2%            |
| <b>Race and Hispanic Origin</b>  |                  |
| White alone, percent   | 62.8%            |
| Black or African American alone, percent (a)   | 32.8%            |
| American Indian and Alaska Native alone, percent (a)                                 | 0.8%             |
| Asian alone, percent (a)   | 1.8%             |
| Native Hawaiian and Other Pacific Islander alone, percent (a)                        | 0.1%             |
| Two or More Races, percent   | 1.8%             |
| Hispanic or Latino, percent (b)  | 5.3%             |
| White alone, not Hispanic or Latino, percent   | 58.4%            |
| <b>Population Characteristics</b>  |                  |
| Veterans, 2015-2019  | 243,335          |
| Foreign born persons, percent, 2015-2019   | 4.2%             |

|  |             |
|--|-------------|
| <b>Housing</b>   |             |
| 📍 Housing units, July 1, 2019, (V2019)   | 2,089,777   |
| 📍 Owner-occupied housing unit rate, 2015-2019  | 65.6%       |
| 📍 Median value of owner-occupied housing units, 2015-2019                                | \$163,100   |
| 📍 Median selected monthly owner costs -with a mortgage, 2015-2019                        | \$1,295     |
| 📍 Median selected monthly owner costs -without a mortgage, 2015-2019                     | \$344       |
| 📍 Median gross rent, 2015-2019   | \$866       |
| 📍 Building permits, 2020   | 17,283      |
| <b>Families &amp; Living Arrangements</b>  |             |
| 📍 Households, 2015-2019  | 1,739,497   |
| 📍 Persons per household, 2015-2019   | 2.61        |
| 📍 Living in same house 1 year ago, percent of persons age 1 year+, 2015-2019             | 87.2%       |
| 📍 Language other than English spoken at home, percent of persons age 5 years+, 2015-2019 | 8.0%        |
| <b>Computer and Internet Use</b>   |             |
| 📍 Households with a computer, percent, 2015-2019   | 85.6%       |
| 📍 Households with a broadband Internet subscription, percent, 2015-2019                  | 75.5%       |
| <b>Education</b>   |             |
| 📍 High school graduate or higher, percent of persons age 25 years+, 2015-2019            | 85.2%       |
| 📍 Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019               | 24.1%       |
| <b>Health</b>  |             |
| 📍 With a disability, under age 65 years, percent, 2015-2019                              | 11.1%       |
| 📍 Persons without health insurance, under age 65 years, percent                          | ⚠️ 10.5%    |
| <b>Economy</b>   |             |
| 📍 In civilian labor force, total, percent of population age 16 years+, 2015-2019         | 59.1%       |
| 📍 In civilian labor force, female, percent of population age 16 years+, 2015-2019        | 55.4%       |
| 📍 Total accommodation and food services sales, 2012 (\$1,000) (c)                        | 11,697,949  |
| 📍 Total health care and social assistance receipts/revenue, 2012 (\$1,000) (c)           | 27,951,792  |
| 📍 Total manufacturers shipments, 2012 (\$1,000) (c)                                      | 271,191,050 |
| 📍 Total retail sales, 2012 (\$1,000) (c)   | 61,396,364  |
| 📍 Total retail sales per capita, 2012 (c)  | \$13,342    |

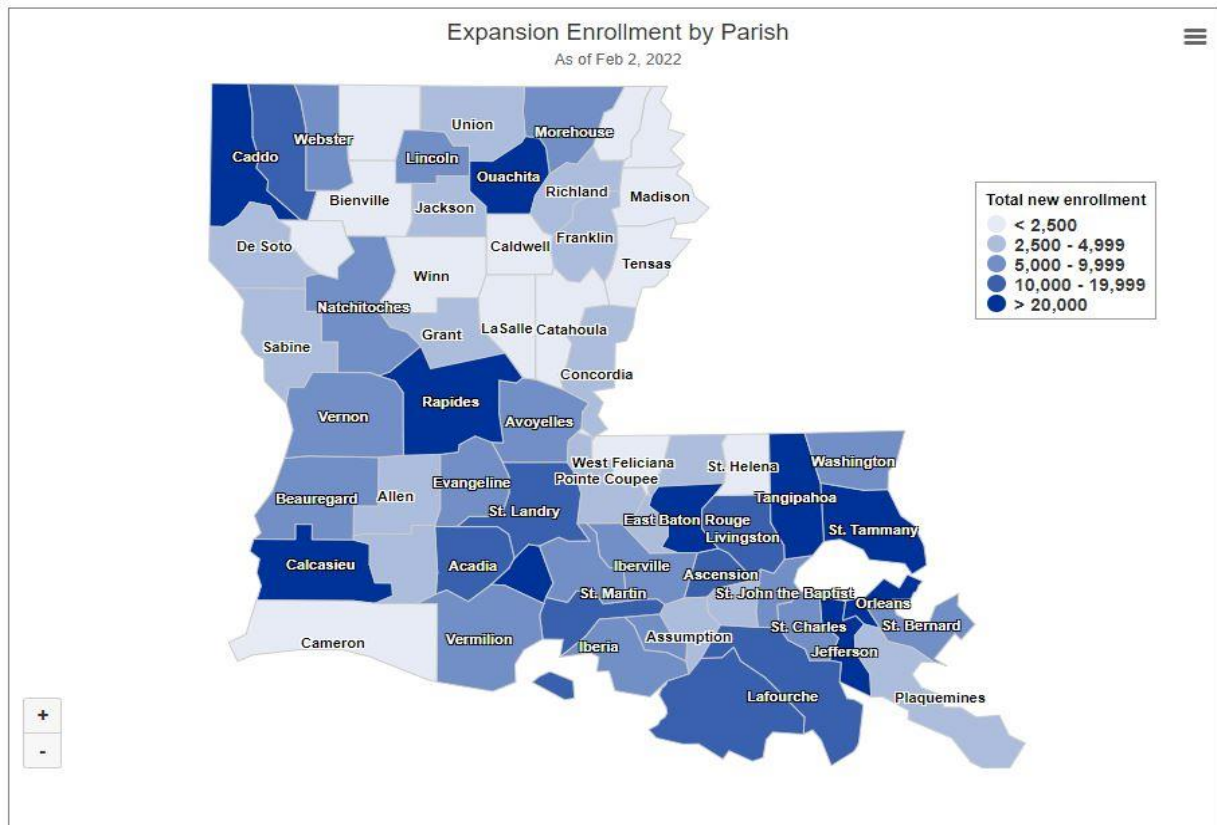
| <b>Transportation</b>  |   |
|--|---|
|  Mean travel time to work (minutes), workers age 16 years+, 2015-2019 | 25.7  |
| <b>Income &amp; Poverty</b>  |   |
|  Median household income (in 2019 dollars), 2015-2019                 | \$49,469  |
|  Per capita income in past 12 months (in 2019 dollars), 2015-2019     | \$27,923  |
|  Persons in poverty, percent  |  17.8% |
|  <b>BUSINESSES</b>  |   |
| <b>Businesses</b>  |   |
|  Total employer establishments, 2019                                  | 106,302   |
|  Total employment, 2019   | 1,719,561   |
|  Total annual payroll, 2019 (\$1,000)                                 | 82,452,225  |
|  Total employment, percent change, 2018-2019                          | 1.7%  |
|  Total nonemployer establishments, 2018                               | 385,074   |
|  All firms, 2012  | 414,291   |
|  Men-owned firms, 2012   | 215,111   |
|  Women-owned firms, 2012  | 151,114   |
|  Minority-owned firms, 2012   | 126,100   |
|  Nonminority-owned firms, 2012                                      | 277,676   |
|  Veteran-owned firms, 2012  | 42,211  |
|  Nonveteran-owned firms, 2012                                       | 354,460   |
|  <b>GEOGRAPHY</b>   |   |
| <b>Geography</b>   |   |
|  Population per square mile, 2010                                   | 104.9   |
|  Land area in square miles, 2010                                    | 43,203.90   |
|  FIPS Code  | 22  |

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

| LIVES AFFECTED             | OUTCOME  | Details                 |
|----------------------------|--|-------------------------|
| 718,477                    | <b>Health Insurance</b><br>Adults enrolled in Medicaid Expansion as of Feb 2, 2022   | <a href="#">Details</a> |
| 73%<br>564,023             | <b>Doctor Visits</b><br>Percentage of adults who had a doctor's office visit during the year**,**<br>Adults who visited a doctor and received new patient or preventive healthcare services*   | <a href="#">Details</a> |
| 119,363<br>1,608           | <b>Breast Cancer</b><br>Women who've gotten screening or diagnostic breast imaging*<br>Women diagnosed with breast cancer as a result of this imaging*   | <a href="#">Details</a> |
| 73,617<br>22,664<br>1,021  | <b>Colon Cancer</b><br>Adults who received colon cancer screening*<br>Adults with colon polyps removed, which can prevent colon cancer in the future*<br>Adults diagnosed with colon cancer as a result of this screening*                   | <a href="#">Details</a> |
| 33,887                     | <b>Newly Diagnosed Diabetes</b><br>Adults newly diagnosed and now treated for Diabetes*  | <a href="#">Details</a> |
| 89,577                     | <b>Newly Diagnosed Hypertension</b><br>Adults newly diagnosed and now treated for Hypertension*  | <a href="#">Details</a> |
| 160,721<br>44,363          | <b>Mental Health</b><br>Adults receiving specialized outpatient mental health services*<br>Adults receiving inpatient mental health services at a psychiatric facility*  | <a href="#">Details</a> |
| 31,187<br>35,512<br>33,766 | <b>Substance Use</b><br>Adults receiving specialized substance use outpatient services*<br>Adults receiving specialized substance use residential services*<br>Adults receiving medication-assisted treatment (MAT) for opioid use disorder* | <a href="#">Details</a> |

\*Statistics as of February 07, 2022

\*\*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           | Week 7: Dec 9 – Dec 15 | Cumulative: Nov 1– Dec 15 |
|--|------------------------|---------------------------|
| Plan Selections                            | 4,322,450              | 8,454,882                 |
| <i>New Consumers</i>                       | 918,648                | 2,025,611                 |
| <i>Consumers Renewing Coverage</i>         | 3,403,802              | 6,429,271                 |
| Consumers on Applications Submitted        | 4,291,903              | 10,612,387                |
| Call Center Volume                         | 1,783,333              | 5,249,093                 |
| Calls with Spanish Speaking Representative | 122,278                | 361,427                   |
| HealthCare.gov Users                       | 5,232,666              | 15,153,414                |
| CuidadoDeSalud.gov Users                   | 169,337                | 551,286                   |
| Window Shopping HealthCare.gov Users       | 361,976                | 1,386,990                 |
| Window Shopping CuidadoDeSalud.gov Users   | 11,487                 | 38,766                    |

### 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 15 |
|-----------|---|
| Louisiana | 93,311                                    |

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

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**(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  
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**(Louisiana Nursing Home Association)**

Mr. Arnold M. Goldberg  
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**(At-Large Appointment)**

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**(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  
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**(League of Women Voters of Louisiana)**

Honorable John R. Illg, Jr.  
State Representative  
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**(Louisiana House Insurance Committee)**

Mr. Randal Johnson  
President  
**Louisiana Independent Pharmacies Association**  
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**LOUISIANA HEALTH CARE COMMISSION LIST – as of December 30, 2021**

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Mr. Darrell Langlois  
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**(A domestic mutual, non profit health  
Service and indemnity company)**

Ms. Jennifer McMahon  
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Louisiana State Senator  
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Minden, Louisiana 71055  
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**(Louisiana Senate Insurance Committee)**

Ms. Barbara Morvant  
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**(AARP, the nominee of which shall be a  
volunteer representative)**

Mr. Andrew Muhl  
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**(AARP Louisiana)**

B. Ronnell Nolan, HIA, CHRS  
President and Chief Executive Officer  
**Health Agents for America, Inc.**  
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Mr. Frank Opelka  
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Louisiana Department of Insurance  
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**(Ex-Officio, Designee)**

Mr. John Overton  
Chief Financial Officer  
Turn Key Solutions  
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**(National Federation of Independent  
Businesses)**

Mr. Ed Parker  
**Louisiana AFL-CIO**  
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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)**

**LOUISIANA HEALTH CARE COMMISSION LIST – as of December 30, 2021**

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**(Chiropractic Association of Louisiana)**

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**(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  
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**(At-Large Appointment)**

Mr. Scott Webre  
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**(Louisiana Association for Justice)**

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**(National Dental Association)**

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Associate General Counsel  
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**(A domestic commercial health insurer)**

**LHCC STAFF**

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**Positions Presently Vacant**

- LA Department of Health
- Agenda for Children
- Louisiana Council on Human Relations
- Louisiana Health Plan
- Louisiana Insurers’ Conference
- National Association for the Advancement of Colored People
- National Medical Association
- NAIFA Louisiana
- (1) At-Large Appointments



**Louisiana Health Care Commission  
2021 Report to the Legislature**

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