

LOUISIANA HEALTH CARE COMMISSION

Louisiana Department of Insurance
Commissioner of Insurance James J. Donelon



Report to the Legislature

January 1, 2019 to December 31, 2019

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

February 22, 2019

At the third meeting of the fiscal year, the deputy commissioner for the Louisiana Department of Insurance's Office of Life, Health and Annuity provided an office update. He addressed the *Texas v. Azar* case and the issue of whether the state should pursue legislative protections for pre-existing conditions into state law. Currently, he is not certain whether the department will pursue such a bill, unless it is able to secure the bill into a favorable posture that will not jeopardize the ability of individuals to purchase health insurance because it is too expensive, and adequately protects individuals with pre-existing conditions.

Additionally, he stated the department would try to help individuals understand the bill's

purpose and significance. The Texas District Court ruled that because the individual mandate had zeroed out the tax penalty if individuals did not purchase health insurance, the prior Supreme Court opinion found that the Affordable Care Act was enforceable. Currently, it has been appealed to the Fifth Circuit Court of Appeal and a ruling should occur at the end of this year. According to the deputy commissioner, the general thought is the district court's ruling will not fully withstand the appeal; however, where it falls between a full strike of the ACA and a strike of the individual mandate is to be determined. Consequently, this issue has prompted discussion as to what to do about state law protections under the Affordable Care Act – specifically, protections for pre-existing conditions. The difficulty with incorporating protections into law is the cost. In the event *Texas v. Azar* stands as is, what subsidizes the cost is the advance tax premium credit that the federal government pays to the insurer as a part of the insurance premium. In the event the state were to implement all ACA protections into state law, it would effectively make it a legal requirement that any insurance offered meet the current ACA requirements. He stated that without the current advance premium, tax credits that exist today, the premiums that result from those requirements would not be affordable. Discussions are ongoing but there are no states pursuing legislation at this time.

LHCC's member representing the League of Women Voters of Louisiana questioned where the state of Louisiana stands on the aforementioned issue. The deputy commissioner of the Office of Health, Life & Annuity stated the Louisiana attorney general is one of the challengers to the ACA and the Louisiana Department of Insurance has no standing on this issue. She also questioned if the attorney general is involved in the ACA lawsuit, what measures the state could take, if any, with the Legislature. The deputy commissioner of the Office of Health, Life & Annuity stated that even if federal law did not prevail, the state could still enact parallel protections or alternative protections into state law with fairly broad authority to regulate those markets in accordance with state law.

LHCC's chairman questioned what the financial ramifications of the ACA might be if the law were overturned. The deputy commissioner of Office of Health, Life & Annuity stated that if all protections were put into the Affordable Care Act law as a state mandate, it would cost the advance premium tax credit's value each year, because that's the difference between what someone currently pays right now and what it actually costs; in the state of Louisiana, as of last year, \$554 million of federal government money was available and could be appropriated to the states to fix the current problem. That said, it is too premature to anticipate the federal government's position.

Next, LHCC's chairman inquired on the current number eligible for Medicaid in the state of Louisiana. The deputy commissioner of the Office of Health, Life & Annuity reported that as of March approximately 40,000 individuals would find out whether they are eligible for Medicaid expansion. He stated the Medicaid program has implemented a new enrollment eligibility system within the last few months as a part of a general response to critical audits that revealed a lack of program controls.

Additionally, he reported to LHCC's members that other legislation the department is looking at is relative to Balance Billing. He stated there is a Balance Billing Task Force that meets at the Louisiana Department of Insurance which the department is participating in and hopes to craft a bill that everyone can come together on to address during the next legislative session. Currently, parties have agreed to draft some options such as adopting Texas legislation that passed last year's legislative session. He also stated there is a system to create non-binding mediation to allow patients to challenge legislation. There will be further discussion and if everyone can get on board, it will move forward.

LHCC's member representing the League of Women Voters of Louisiana stated she brought up the issue of Balance Billing with Representative Talbot's office this week and when she spoke with LHCC staff, she understood that LHCC's commission members were not assigned to the Balance Billing Task Force. She spoke with the Louisiana Department of Insurance's chief deputy commissioner who provided her with the Minutes of the Balance Billing Task Force's last meeting and expressed an interest in being invited to participate in future meetings from a consumer representative standpoint. The deputy commissioner of the Office of Health, Life & Annuity stated while he does not personally sit on the Balance Billing Task Force, he would be happy to convey any information and take back comments or criticisms to the task force in an effort to ameliorate any potential problems.

Next, the assistant secretary for the Office of Public Health, with the Louisiana Department of Health, was introduced by LHCC's chairman who stated that Louisiana was undergoing some challenges with respect to the affordability of treatment of chronic disease. The assistant secretary for the Office of Public Health reported he is working on individual community health efforts through innovative public service approaches across public sector health strategies, private sector engagement and sharing data to foster coordinated learning health systems.

Additionally, he reported on efforts to address the state's national hepatitis outbreak that has not been declared a national crisis but an outbreak based on available data – with at least three major Hepatitis A outbreaks in the last decade. He reported that by December 2018, there were 26 cases in the state of Louisiana, compelling the Louisiana Department of Health to declare an outbreak.

Additionally, he gave a clinical overview of the symptoms and impact of Hepatitis A & C. Concentrated areas of infection include those homeless and suffering from opioid addiction.

He also reported the establishment of a Hepatitis Surveillance Force whereby the Office of Public Health receives the laboratory data to monitor what is going on in the communities regarding outbreaks.

Next, a presentation on the new Our Lady of the Lake Children's Hospital was given by the president of Our Lady of the Lake Children's Health, who reported the following:

- The new OLOL Children's Hospital will open on October 5, 2019.

- The goal is to be a full service children's hospital.
- The vision and mission is based on higher clinical care and acuity.
- There will be a high degree of community outreach.
- Population Health is a priority moving forward.
- There is a strong mission for education and innovation.
- Over 100,000 children are treated in the Baton Rouge area.
- More than a hundred pediatricians in Baton Rouge and surrounding areas cover 25 pediatric subspecialties with transports throughout the state and into other states.
- 33,000 children are treated at the pediatric emergency room in Baton Rouge.
- There is a growing team of pediatric subspecialists who cover virtually every subspecialty for children, including the St. Jude's Connection, Hematology/Oncology service line.
- There is recruitment for other surgical subspecialties.
- The hospital is one of eight St. Jude's affiliates that provides higher level services with St. Jude's protocols.
- As a St. Jude's affiliate, a family's insurance is billed for care but not anything the insurance covers, St. Jude will cover.
- There is an existing transport service that has transported over 1,300 children within the last three years.
- There is opportunity to expand from a statewide network perspective and go on-line to work more closely with St. Francis Medical Center in Monroe.
- The creation of a one-number transfer call center is anticipated so that if a child needs to receive care in Louisiana, this one number may be called so that the hospital can provide that service.
- The hospital is the largest child life services provider in Louisiana that is an accredited program, which is rare across the United States.
- The hospital provides a wide array of services that are physician and nurse practitioner driven.
- Other initiatives include parenting youth with an online youth based podcast forum for families and parents to learn about specific aspects of healthcare.
- Collaborative efforts between OLOL Children's Hospital and Pennington Biomedical Center are designed to enhance the management of population health and obesity outcomes.

Next, the chief medical officer of OLOL Children's Hospital, gave an overview and background of the hospital, reporting the following:

- There will be 90 rooms, 94 beds, and 30 emergency rooms.
- The third floor of the hospital is dedicated to children with cancer where chemotherapy takes place.
- Collaborative efforts have been made with the Baton Rouge Clinic, Baton Rouge General, including Pennington Biomedical Center and Our Lady of the Lake Hospital.

LHCC's commission member representing the League of Women's Voters of Louisiana stated that the legislative session is coming up and Medicaid will be an issue of concern and questioned the approximate cost of grants for the new facility. The chief medical officer of OLOL's Children's Hospital reported \$230 million allotted to be the budget for the project, including the hospital and the medical office building.

LHCC's commission member representing AARP Louisiana, as a volunteer representative, inquired about preventative care and the importance of providing access to public transportation. The chief medical officer stated there would be public transportation available on Essen Lane in Baton Rouge.

Next, LHCC's At-Large commission member inquired whether there would be any discussions about any major health carriers, offering full coverage, which are planning to return to the state of Louisiana. LHCC's chairman stated that he did not have the answer at this time.

Finally, LHCC's chairman then asked if any members had any information to submit in preparation for LHCC's 2018 Report to the Legislature, stating that if any members had any questions or comments, to submit them to the director of LHCC to review for consideration and incorporation into the report.

May 31, 2019

At the next meeting of the fiscal year the assistant commissioner of the Office of Health, Life & Annuity provided a health legislative update on the following legislation:

- HB 119 - Provides relative to the denial of a prescription based upon step therapy or fail first protocols or non-formulary status. *Status: House Order Awaiting Concurrence.*
- HB 237 - Prohibits pre-existing condition exclusions or other discrimination based on health status. *Status: Involuntarily Deferred*
- HB 308 - Prohibits lifetime and annual limits on health insurance benefits. If the ACA is struck down, this bill will be amended to protect the HIPAA guaranteed renewability provision. Initially, it was provided to prohibit the annual lifetime limits but it has since been amended to add the HIPAA guaranteed renewability provision. *Status: House Orders awaiting concurrence.*
- HB 345 - Provides for coverage for breast and ovarian cancer susceptibility screening. *Status: Passed Senate and sent to the Governor.*
- HB 347 - Provides for the coverage of diagnostic imaging at the same level of coverage as screening mammograms. *Status: Set on Senate Orders.*
- HB 432 - Provides for the regulation of pharmacy services administrative organizations. *Status: Voluntarily Deferred in House Insurance.*
- SB 41 - Provides relative to the regulation of pharmacy benefit managers/PBM Omnibus bill. *Status: Pending before the Senate.*
- SB 173 - Provides for the Healthcare Coverage for Louisiana Families Protection Act. *Status: Passed House; Awaiting Enrollment.*

- SB 219 - Requires health insurance policies to adhere to certain standards. *Status: Failed to Pass the Senate.*

Next, LHCC's chairman commented regarding HB 119. He questioned whether or not the payer is required to provide a list of covered medications to patients when they are denied for non-formulary status. LHCC's commission member representing the Louisiana State Medical Society stated that in working with Blue Cross an amendment was made for providers to make a request using the patient's Electronic Health Records for a list of covered medications to be provided to the patient.

LHCC's member representing Xavier University commented on HB 345 and inquired as to whether patients will have an opportunity to opt out of genetic screening, or if it is on a voluntary basis. LHCC's chairman stated while he suspected patients could opt out of genetic testing, the question remains what this does from an insurability perspective -- not only from a health insurance perspective, but also for life and disability insurance.

LHCC's member representing AARP as a volunteer representative expressed her concerns about what recourse consumers had if they were not able to access the medications they needed. LHCC's chairman stated the only relief the consumer would have would be to contact his or her payer and negotiate with its medical directors and whomever is handling the authorizations in order to access medications.

LHCC's member representing the League of Women Voters of Louisiana questioned the status of SB 173. LHCC's director stated the bill passed the Senate and is awaiting enrollment. She added that once the legislative session is over, in August, there will be another review to explain all legislation but for now it is strictly a status update.

Next, LHCC's chairman stated he would present PowerPoint slides of health legislation in the absence of department legal staff, who were away at legislative committee hearings. In addition to the bills already reviewed by LDI's assistant deputy of the Office of Health, Life & Annuity, he reviewed the following bills:

- HB 143 - Provides for rights of qualified organ transplant candidates who have a disability. *Status: Enrolled.*
- HB 242 - Prohibits certain claims and fees despite health insurance and pharmacy benefit managers. *Status: Enrolled.*
- HB 272 - Provides for insurance companies coverage for acupuncture. *Status: Voluntarily Deferred in Appropriations.*
- HB 352 - Authorizes health insurers to establish modern health care costs and quality programs. *Status: Set on Senate Orders.*
- HB 370 - Provides relative to prescription drug benefits for persons with advanced metastatic Stage 4 Cancer. *Status: Set on Senate Orders.*
- HB 371 - Establishes an independent dispute resolution process for out-of-network health benefit claims. *Status: Voluntarily deferred in House Insurance Committee.*

- HB 408 - Provides relative to group health insurance renewals. *Status: Passed Senate.*
- HB 412 - Provides relative to certain public assistance programs as relates to employment. *Status: Failed to Pass.*
- HB 433 - Authorizes a pharmacist to decline to dispense a covered prescription drug if the coverage provider reimburses the pharmacy in an amount less than the drug's acquisition cost. *Status: Set on Senate Orders.*
- HB 538 - Provides relative to pharmacy record audits. *Status: Set on Senate Orders.*
- HB 557 - Provides relative to pharmacy reimbursement. *Status: Voluntarily deferred in House Insurance Committee.*
- SB 48 - Provides relative to Medicaid pharmacy services. *Status: Substituted by SB 239.*
- SB 64 - Authorizes group health insurance providers to consent on behalf of their employees for use of electronic documents. *Status: Enrolled.*
- SB 73 - Provides for a dental service care provider choosing the method by which such provider shall be reimbursed by an insurer. *Status: Enrolled.*
- SB 75 - Provides for a dental service care provider choosing the method by which such provider shall be reimbursed by an insurer. *Status: Enrolled.*
- SB 164 - Provides relative to the administration of prescription drug health insurance benefits. *Status: Involuntarily Deferred in House Health & Welfare.*
- SB 239 - Provides relative to the Medicaid prescription drug benefit program. *Status: Passed House; Awaiting Enrollment.*

Next, the vice-president of provider relations and marketing for CommCare Corporation gave a presentation on *CMS Innovative Care Models as a Means for Improving Quality and Controlling Costs.*

Bundles/Bundled Payments

- Hospitals use bundles as incentives to reduce costs and improve quality.
- At the end of each year, hospitals either earn or lose money based on their performance.
- Device manufacturers, skilled nursing facilities and specialist groups are among those who may apply for bundles.
- Owners of bundles are looking for good home health SNF partners.
- The data is public, revealing how much cost is incurred per episode at a SNF, including length of stay.

Accountable Care Organizations

- ACOs agree to be held accountable for the quality, cost and experience of the Medicare beneficiary based on fee-for-service and the shared savings that are tracked through a number of different formats.
- The arrangements range from shared risks to shared gains and moves CMS' payments away from volume towards value.

- CMS has a site on innovation models. It promotes accountability and coordinates items and services for Medicare beneficiaries and it encourages value.
- ACOs are much broader than a bundle.
- ACOs take every cost from Medicare beneficiaries for the whole cost of care known as population management, so providers like physicians and hospitals can create an ACO.

CMS Special Needs Plan Enrollment Requirements

- Patients require or are expected to need the level of services provided in a long-term care (LTC) or skilled nursing facility (SNF) and are expected to reside there for 90 days or longer with no expected discharge.
- Patients may reside in a LTC facility (NF), a SNF/NF, an intermediate care facility (ICF) for the developmentally disabled, in an inpatient psychiatric facility, or an assisted living facility (ALF).
- Patients are enrolled in Medicare A & B or C.
- Patients must not have End Stage Renal Disease (ESRD).
- Patients must reside in plan's service area.

Shared Savings Accountable Care Organizations

- ACOs are committed to achieving better health for individuals, better population health and lowering growth in expenditures.
- Providers and suppliers (e.g., physicians, hospitals and others involved in patient care) are offered an opportunity to create an ACO.
- An ACO agrees to be held accountable for the quality, cost and experience of care of an assigned Medicare fee-for-service beneficiary population.
- The Shared Savings Program has different tracks that allow ACOs to select an arrangement that makes the most sense for their organization.
- CMS' payment system has moved away from volume and towards value and outcomes.
- ACOs promote accountability for a patient population.
- ACOs coordinate items and services for Medicare Fee-for-Service beneficiaries.
- ACOs encourage investment in high quality and efficient services.

Institutional Special Needs Program (ISNP)

- Special needs plans were created by Congress and implemented by the Center for Medicare and Medicaid Services (CMS) to improve care for Medicare's most vulnerable beneficiaries.
- ISNPs restrict enrollment to Medicare Advantage (MA) eligible individuals who are institutionalized or who meet state requirements for institutionalization.
- In 2018 Congress made ISNPs permanent.
- Currently, 97 plans in the United States serve 81,000 institutionalized individuals, a 20 percent growth since 2017.

- ISNPs are based on Fee-for-Service.
- They include chronic disease focused (CSNP); Medicare/Medicaid dual eligible focused (D-SNP); and institutionalized patients (ISNP).
- ISNPs allow for focused care for complex groups.
- Louisiana does not currently have any Medicare programs that focus on long-term care nursing home residents.
- CommCare has applied for an ISNP license.

Next, LHCC's commission member representing the Louisiana Physical Therapy Association asked how the total costs or outcomes are set since patients are not required to seek services from providers who are associated with the bundle mode. She stated there are two separate scenarios in an outpatient setting where people who have exhausted their benefits in the bundle still require services and use their regular Medicare benefits for the same services that are a part of surgery. The vice president of provider relations and marketing for CommCare Corporation stated that the targeted price is not attributed to the beneficiary but who owns the bundle.

LHCC's commission member representing the Louisiana Physical Therapy Association further questioned how the absolute total true cost and outcomes is assessed in the event the patient is not required to see providers who were part of the bundle and could spend money with other providers associated with that care. The vice president of provider relations and marketing for CommCare Corporation stated that patients might be informed, told what to expect and be encouraged to visit these providers, but ultimately it is their choice. When asked how Medicare assessed the actual outcomes, she stated Medicare identifies the diagnosis and all of the claims the patient makes within the 90-day period of the bundle and then there is a reconciliation. If the aggregate is above the target, it is the responsibility of the hospital to pay and not the patient.

Finally, LHCC's chairman stated that provider behavior could be changed when they are a part of a shared savings plan but it requires a lot of education to change provider behavior, especially with respect to ER visits for the Medicare population. He added educating patients is crucial to gain an understanding of where the dollars need to be spent.

September 6, 2019

**Note: Minutes of this Meeting are Pending Approval at February 21, 2020 meeting.*

At the last meeting of the fiscal year, the assistant commissioner for the Office of Health, Life & Annuity, provided an update on the division's latest efforts.

She stated a bulletin that was issued for the Louisiana Families Health Care Protection Act. In the act there is a sub-part that establishes the Louisiana Insurance Association Guaranty pool. One particular model in the bulletin is the reinsurance program model. It identifies groups of patient populations that have certain conditions or claims costs exceeding a certain amount

that can be set; may have some- or remaining claims costs- covered by the state's high-risk pool without changing their actual enrollment status, premium or cost-sharing.

Next, the chairperson introduced the CEO of Health Agents for America, who gave a *Washington Update* on the following federal legislation:

- S. 1895: Lower Health Care Costs Act, sponsored by Senator Lamar Alexander (R-TN); Prognosis of bill passage: 88%.
- H.R. 3630: No Surprises Act, sponsored by Rep. Frank Pallone (D-NJ6); Prognosis of bill passage: 4%.
- S. 1531: Stopping the Outrageous Practice of Surprise Medical Bills Act of 2019; sponsored by Senator Bill Cassidy (R-LA); Prognosis of bill passage: 3%.
- H.R. 987: Strengthening Health Care and Lowering Prescription Drug Costs Act, sponsored by Rep. Lisa Blunt Rochester (D-DE0); prognosis of bill passage: 32%.
- H.Res. 271: Condemning the Trump Administration's Legal Campaign to Take Away Americans' Health Care; sponsored by Rep. Colin Allred (D-TX32); Status: Agreed to Simple Resolution.
- S.Res. 134: A resolution expressing the sense of the Senate that the Department of Justice should reverse its position in Texas v. United states, No. 4:18-cv-00167-O; sponsored by Sen. Jeanne Shaheen (D-NH).
- S.Res. 94: A resolution expressing the sense of the Senate that the Department of Justice should protect individuals with pre-existing medical conditions by defending the Patient Protection and Affordable Care Act; sponsored by Sen. Mazie Hirono (D-HI).
- H.R. 1884: Protecting Pre-Existing Conditions and Making Health Care More Affordable Care Act of 2019; sponsored by Rep. Frank Pallone (D-NJ6); Prognosis of bill passage: 3%.
- H.R. 1354: Territories Health Equity Act of 2019; sponsored by Rep. Stacey Plaskett (D-VI0); prognosis of bill passage: 3%.
- H.R. 2292: ACA Outreach Act; sponsored by Rep. Maxine Waters (D-CA43); prognosis of bill passage: 3%.
- S. 1773: Territories Health Equity Act of 2019; sponsored by Senator Bernie Sanders (I-VT); prognosis of bill passage: 3%.
- H.R. 20: No Taxpayer Funding for Abortion and Abortion Insurance Full Disclosure Act of 2019; sponsored by Rep. Chris Smith (R-NJ4); prognosis of bill passage: 3%.
- S. 1129: Medicare for All Act of 2019; sponsored by Senator Bernie Sanders (I-VT); prognosis of bill passage: 3%.
- H.R. 909: Medicaid Expansion Parity Act of 2019; sponsored by Rep. John Lewis (D-GA5); prognosis of bill passage: 3%.
- H.R. 352: Holding Health Insurers Harmless Act; sponsored by Rep. Ted Yoho (R-FL3); prognosis of bill passage: 3%.
- H.R. 1384: Medicare for All Act of 2019; sponsored by Rep. Pramila Jayapal (D-WA7); prognosis of bill passage: 3%.

Prescription Drug International Pricing:

- Proposed by Trump Administration
- Payment model- over 5 year period
- Reduce spending by 17.2B over 5 years
- Senate Finance Chairman, Chuck Grassley (R-IA)-Voiced serious concerns

New HRA Rules and Regulations:

- Individual policy on a Group Plan Chassis
- Applicable to ACA Group Rules
- CMS continues to evaluate and release rules and regulations
- Association Health Plans – Are on hold

Texas Lawsuit: A three-judge panel of the 5th Circuit Court of Appeals in New Orleans heard arguments in early July on the constitutionality of the Affordable Care Act (ACA, or Obamacare)

5th U.S. Circuit Court of Appeal:

The justices were convened to weigh an appeal from Blue State attorneys-general (AGs) over a ruling in December 2018 by District Judge Reed O'Connor of Fort Worth, Texas, who declared the ACA unconstitutional. In doing so, Judge O'Connor sided with a lawsuit filed by Red State attorneys-general, led by Texas AG Ken Paxson, who argued that the ACA was unconstitutional now that the individual mandate tax penalty has been reduced to zero. That argument hinges on the 2012 Supreme Court decision in which Chief Justice John Roberts found the law constitutional based on Congress' taxing authority. Once the tax was zeroed out, the law was rendered unconstitutional.

The Tax Cuts and Jobs Act of 2017 eliminated the cash penalty part of the individual mandate, which forces citizens to buy health insurance or pay a penalty.

According to HAFAs CEO, an interesting twist in the case was the decision by the Department of Justice to drop any defense of the ACA and side with Judge O'Connor, effectively aiming to end the law entirely.

The justices' decision is not expected for many months, after which an appeal can be filed to the full Circuit Court or to the Supreme Court if Judge Reed's decision is upheld.

If the law is ruled unconstitutional, most likely the ruling will be put on hold while the appeals process takes place.

For more information on this presentation, go to: www.HAFAmerica.org.

Next, a presentation was given by Ready Responders on the EMT Initiative to Monitor Patients with Chronic Disease in an Effort to Control Costs and Improve the Quality of Care. The presentation can be viewed by going to <https://ldi.la.gov/consumers/boards-commissions/health-care-commission>.

LHCC chairman then welcomed the secretary of Louisiana Department of Health (LDH) who gave a special update from LDH, reporting:

- As a result of Medicaid expansion, emergency visits and hospital admissions have significantly decreased in volume;
- Over 70,000 people have had mammograms;
- Hepatitis C is the leading infectious killer of our time that has increased as a result of the opioid epidemic;
- The secretary of the Department of Health & Hospitals and the governor for the state of Louisiana confronted the pharmaceutical industry about high drug costs to treat Hepatitis C;
- Louisiana is the first state to eliminate deadly infectious disease, bringing in a full host of innovators and other companies to address this issue;
- 10,000 people have been vaccinated this year; and
- 36,000 people have joined the rolls of Medicaid.

With no further business, the chairman asked for a motion to adjourn the meeting. One commission member moved to adjourn and another commission member seconded the motion. Hearing no objections, the motion was approved.

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.

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 attended from Louisiana and other states.

LDI Conference 2020

The first combined event sponsored by the Louisiana Department of Insurance (LDI) will be held on Wednesday, March 4 and Thursday March 5, 2020.

The conference will take place at the Crowne Plaza Baton Rouge Hotel, conveniently located in the heart of Baton Rouge.

The LDI is combining the Louisiana Health Care and LATIFPA conferences, as well as adding property and casualty insurance into a larger event designed to meet the needs of insurance professionals in our state.

The Louisiana Health Care Commission, in conjunction with LATIFPA and the P&C Commission, spent months organizing a conference to attract additional participants, exchange ideas, and to allow more time and opportunity to interact with colleagues and presenters.

Leading insurance experts, as well as state and national policymakers, will fill the two-day agenda, providing attendees with the opportunity to participate in nearly twenty breakout sessions. This year's program will provide attendees with a review of the current landscape of our health care system and dialog opportunities that will focus 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 Louisiana Health Care Commission is excited to showcase the LDI's future of the insurance industry and insurance regulation to better guide strategies for compliance and innovation in 2020 and beyond.

Topics Suggested by LHCC Members for Study in 2020

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

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.

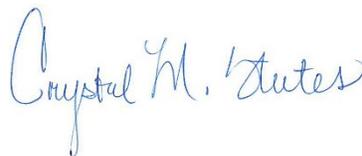
The Commission will hold meetings on February 14, May 29, August 21 and November 20.

Conclusion

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



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



Crystal Marchand Stutes
Executive Director
Louisiana Health Care Commission

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

Statistics Relevant to Louisiana

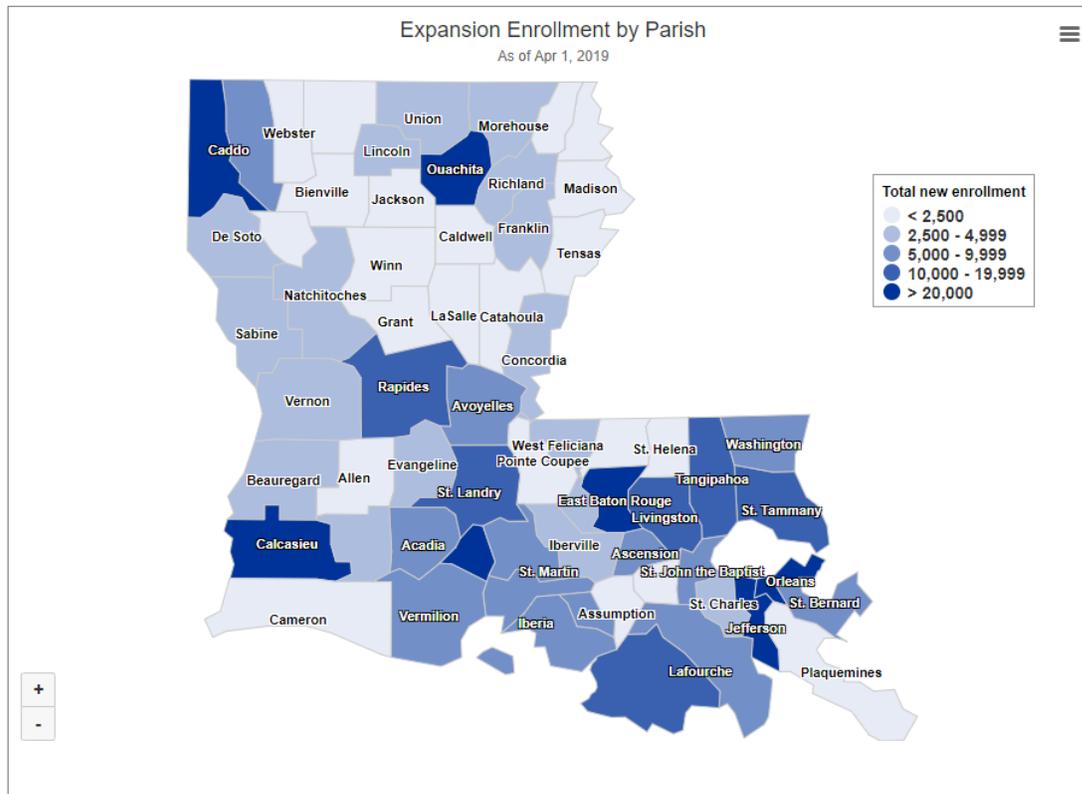
Louisiana	
2018 Population Estimates 4,659,978 <i>Source: Vintage 2018 Population Estimates</i>	Total Housing Units 2,031,064 <i>Source: 2013-2017 American Community Survey 5-Year Estimates</i>
Median Household Income \$ 46,710 <i>Source: 2013-2017 American Community Survey 5-Year Estimates</i>	Number of Companies 414,291 <i>Source: 2012 Survey of Business Owners: Company Summary</i>
Persons in poverty, percent 19.7 % <i>Source: 2017 American Community Survey 1-Year Estimates</i>	Male Median Income \$ 32,425 <i>Source: 2013-2017 American Community Survey 5-Year Estimates</i>
Educational Attainment: Percent high school graduate or higher 84.3 % <i>Source: 2013-2017 American Community Survey 5-Year Estimates</i>	Female Median Income \$ 19,568 <i>Source: 2013-2017 American Community Survey 5-Year Estimates</i>
Persons without health insurance, percent 12.4 % <i>Source: 2013-2017 American Community Survey 5-Year Estimates</i>	Veterans 254,920 <i>Source: 2013-2017 American Community Survey 5-Year Estimates</i>
Median Housing Value \$ 152,900 <i>Source: 2013-2017 American Community Survey 5-Year Estimates</i>	Percent of households with a broadband Internet subscription 70.2 % <i>Source: 2013-2017 American Community Survey 5-Year Estimates</i>

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

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

*Statistics as of March 04, 2019

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



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

Marketplace Enrollment – National and Louisiana

HealthCare.gov Platform Snapshot

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

HealthCare.gov State-by-State Snapshot

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

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

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

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Positions Presently Vacant

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



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

www.lidi.la.gov