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**HOUSE COMMITTEE AMENDMENTS**

Amendments proposed by House Committee on Health and Welfare to Original House Bill No. 449 by Representative Burrell

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1 AMENDMENT NO. 1

2 On page 1, line 3, change "979.5" to "979.4"

3 AMENDMENT NO. 2

4 On page 1, delete lines 6 through 9 in their entirety and insert in lieu thereof "to provide for  
5 definitions; to provide for legislative findings and intent; to provide for reform of the  
6 Medicaid program in Louisiana; to provide for termination; and to provide for related  
7 matters."

8 AMENDMENT NO. 3

9 On page 1, line 12, change "979.5" to "979.4"

10 AMENDMENT NO. 4

11 On page 1, line 13, after "~~8-B.~~" delete the remainder of the line and delete line 14 in its  
12 entirety and insert in lieu thereof the following:

13 "LOUISIANA HEALTH CARE INDEPENDENCE PROGRAM

14 §979.1. Title

15 This Chapter shall be known and may be cited as the "Louisiana Health Care  
16 Independence Act".

17 §979.2. Definitions"

18 AMENDMENT NO. 5

19 On page 2, between lines 14 and 15, insert the following:

20 "(6) "Health insurance marketplace" means the federal vehicle created to  
21 help individuals, families, and small businesses shop for and select health insurance  
22 coverage in a way that permits comparison of available qualified health plans based  
23 upon price, benefits, services, and quality, regardless of the governance structure of  
24 the marketplace.

25 (7) "Premium" means a charge that must be paid as a condition of enrolling  
26 in health care coverage.

27 (8) "Program" means the Louisiana Health Care Independence Program  
28 established by this Chapter.

29 (9) "Qualified health plan" means a federally certified individual health  
30 insurance plan offered by a carrier through the federal health insurance marketplace.

31 (10) "Independence account" means individual financing structures that  
32 operate similar to a health savings account or a medical savings account.

33 (11) "Cost sharing" means the portion of the cost of a covered medical  
34 service that must be paid by or on behalf of eligible individuals, consisting of  
35 copayments or coinsurance, but not deductibles."

1 AMENDMENT NO. 6

2 On page 2, delete line 15 in its entirety and insert in lieu thereof the following:

3 "§979.3. Legislative findings; purpose"4 AMENDMENT NO. 7

5 On page 3, delete lines 3 through 23 in their entirety

6 AMENDMENT NO. 87 On page 3, at the beginning of line 24, change "(6)" to "(4)"8 AMENDMENT NO. 9

9 On page 3, delete line 27 in its entirety

10 AMENDMENT NO. 1011 On page 3, at the beginning of line 28, insert "B."12 AMENDMENT NO. 11

13 On page 4, delete lines 13 through 29 in their entirety and insert in lieu thereof the following:

14 "§979.3. Expansion of Medicaid eligibility in Louisiana; administration of the  
15 Louisiana Health Care Independence Program by the Department of Health  
16 and Hospitals17 A. The department shall create and administer the Louisiana Health Care  
18 Independence Program within the department. After receiving the approval of the  
19 Senate and House Committees on Health and Welfare, the department shall on or  
20 before September 1, 2013 submit and apply for all of the following:21 (1) Federal waivers necessary to implement the program in a manner  
22 consistent with this Chapter, including without limitation approval for a  
23 comprehensive waiver under Section 1115 of the Social Security Act, 42 U.S.C.  
24 1315.25 (2) Medicaid state plan amendments necessary to implement the program in  
26 a manner consistent with this Chapter.27 (3) Those Medicaid state plan amendments that are optional and therefore  
28 may be revoked by the state at its discretion.29 B.(1) As part of its actions the department shall confirm that employers shall  
30 not be subject to the penalties, including without limitation an assessable payment,  
31 under Section 1513 of Pub. L. No. 111-148, as existing on January 1, 2013,  
32 concerning shared responsibility, for employees who are eligible individuals if the  
33 employees meet either of the following criteria:34 (a) Are enrolled in the program.35 (b) Enroll in a qualified health plan through the federal health insurance  
36 marketplace.37 (2) If the department is unable to confirm provisions under this Section, the  
38 program shall not be implemented.39 C.(1) Implementation of the program shall be contingent upon the receipt of  
40 necessary federal approvals.41 (2) If the department does not receive the necessary federal approvals, the  
42 program shall not be implemented.

1           D. The program shall include premium assistance for eligible individuals to  
 2 enable their enrollment in a qualified health plan through the federal health insurance  
 3 marketplace.

4           E.(1) The department is hereby specifically authorized to pay premiums and  
 5 supplemental cost-sharing subsidies directly to the federally qualified health plans  
 6 for enrolled eligible individuals.

7           (2) The intent of the payments under this Subsection is to increase  
 8 participation in the health insurance market, intensify price pressures, and reduce  
 9 costs for both publicly and privately funded health care.

10          F. The department shall accomplish all of the following to the extent  
 11 allowable by law:

12           (1) Pursue strategies that promote insurance coverage of children in their  
 13 parents' or caregivers' plan, including children eligible for the Louisiana Children's  
 14 Health Insurance Program (LaCHIP).

15           (2) Develop and implement a strategy to inform Medicaid recipient  
 16 populations whose needs would be reduced or better served through participation in  
 17 the federal health insurance marketplace.

18          G.(1) If a reduction occurs in any federal medical assistance percentage for  
 19 services to individuals determined eligible under the new adult group and who are  
 20 considered to be newly eligible as defined in section 1905(y)(2)(A) of the Patient  
 21 Protection and Affordable Care Act, then the House and Senate committees on  
 22 health and welfare shall meet jointly to hold an informational hearing concerning  
 23 such reduction within seven days of its publication in the Federal Register.

24           (2) Upon the conditions set forth in Paragraph (1) of this Subsection being  
 25 satisfied, the expanded income eligibility standard for the medical assistance  
 26 program provided in this Chapter shall continue in effect only by a favorable vote of  
 27 two-thirds of the elected members of each house of the legislature. Such vote shall  
 28 be conducted by mail ballot if the legislature is not convened in session at the time  
 29 of publication in the Federal Register of the federal medical assistance percentage  
 30 reduction.

31          H. An eligible individual enrolled in the program shall affirmatively  
 32 acknowledge the existence of all of the following facts:

33           (1) The program shall not be a perpetual federal or state right or a guaranteed  
 34 entitlement.

35           (2) The program shall be subject to cancellation upon appropriate notice.

36           (3) The program shall not be an entitlement program.

37          I.(1) The department shall develop a model and seek from the Centers for  
 38 Medicare and Medicaid Services all necessary waivers and approvals to allow  
 39 non-aged, non-disabled program-eligible participants to enroll in a program that shall  
 40 create and utilize independence accounts that operate similar to a health savings  
 41 account or medical savings account during the calendar year 2015.

42           (2) The independence accounts shall accomplish all of the following  
 43 functions:

44           (a) Allow a participant to purchase cost-effective high-deductible health  
 45 insurance.

46           (b) Promote independence and self-sufficiency.

47           (3) The state shall implement cost sharing and copayments, and establish as  
 48 a condition of participation that earnings shall exceed fifty percent of the applicable  
 49 federal poverty level.

50           (4) Participants may receive rewards based on healthy living and  
 51 self-sufficiency.

52           (5)(a) At the end of each fiscal year, if there are funds remaining in the  
 53 account, a majority of the state's contribution shall remain in the participant's control

1 as a positive incentive for the responsible use of the health care system and personal  
2 responsibility of health maintenance.

3 (b) Uses of the funds may include, without limitation, rolling the funds into  
4 a private sector health savings account for the participant according to rules  
5 promulgated by the department.

6 (c) The department shall promulgate rules to implement this Section in  
7 accordance with the Administrative Procedure Act, and shall project, track, and  
8 report state obligations for uncompensated care to identify potential incremental  
9 future decreases.

10 (d) The department shall recommend appropriate adjustments in funding to  
11 the legislature.

12 (e) Adjustments shall be made by the legislature as appropriate.

13 J. On a quarterly basis, the department shall report to the Joint Legislative  
14 Committee on the Budget, within two weeks of the end of each quarter, information  
15 regarding the following aspects of the program:

16 (1) Program enrollment.

17 (2) Patient experience.

18 (3) Economic impact including enrollment distribution.

19 (4) Carrier competition.

20 (5) Success in avoiding uncompensated care."

21 AMENDMENT NO. 12

22 On page 5, delete lines 1 and 2 in their entirety and insert in lieu thereof the following:

23 "§979.4. Termination

24 The provisions of this Chapter shall terminate and become null and void on  
25 and after July 1, 2017."