
SENATE COMMITTEE AMENDMENTS

Amendments proposed by Senate Committee on Health and Welfare to Original Senate Bill No. 125 by Senator Peterson

1 AMENDMENT NO. 1

2 On page 1, line 3, delete "979.5" and insert "979.6"

3 AMENDMENT NO. 2

4 On page 1, delete lines 6 through 10, and insert "to provide for definitions; to provide for
5 legislative findings and intent; to provide for reform of the Medicaid program in Louisiana;
6 to provide for termination; and to provide for related matters."

7 AMENDMENT NO. 3

8 On page 1, line 13, delete "979.5" and insert "979.6"

9 AMENDMENT NO. 4

10 On page 1, line 14 after "**8-B.**" delete the remainder of the line and all of lines 15 and 16 and
11 insert the following:

12 **"LOUISIANA HEALTH CARE INDEPENDENCE PROGRAM**

13 **§979.1. Title**

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

16 **§979.2. Definitions"**

17 AMENDMENT NO. 5

18 On page 2, between lines 14 and 15, insert:

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

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

26 **(7) "Program" means the Louisiana Health Care Independence Program**
27 **established by this Chapter.**

28 **(8) "Qualified health plan" means a federally certified individual health**
29 **insurance plan offered by a carrier through the federal Health Insurance**
30 **Marketplace.**

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

33 **(10) "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 co-**
35 **payments or co-insurance, but not deductibles."**

36 AMENDMENT NO. 6

37 On page 2, delete line 15, and insert:

1 **"§979.3. Legislative findings; purpose"**

2 AMENDMENT NO. 7

3 On page 3, delete lines 3 through 19

4 AMENDMENT NO. 8

5 On page 3, line 20 delete "~~(6)~~" and insert "(4)"

6 AMENDMENT NO. 9

7 On page 3, delete lines 23 through 29

8 AMENDMENT NO. 10

9 On page 4, delete lines 1 through 6

10 AMENDMENT NO. 11

11 On page 4, at the beginning of line 7 insert "B."

12 AMENDMENT NO. 12

13 On page 4, delete lines 25 through 29, and insert:

14 **"§979.4. Expansion of Medicaid eligibility in Louisiana; administration**
15 **of the Louisiana Health Care Independence Program by the Department of**
16 **Health and Hospitals**

17 **A. The Department of Health and Hospitals shall create and administer**
18 **the Louisiana Health Care Independence Program within the department.**
19 **After receiving the approval of the Senate and House Committees on Health**
20 **and Welfare, the department shall on or before September 1, 2013 submit and**
21 **apply for all of the following:**

22 **(1) Federal waivers necessary to implement the program in a manner**
23 **consistent with this Chapter, including without limitation approval for a**
24 **comprehensive waiver under Section 1115 of the Social Security Act, 42 U.S.C.**
25 **1315.**

26 **(2) Medicaid state plan amendments necessary to implement the**
27 **program in a manner consistent with this Chapter.**

28 **(3) Those Medicaid state plan amendments that are optional and**
29 **therefore may be revoked by the state at its discretion.**

30 **B.(1) As part of its actions the department shall confirm that employers**
31 **shall not be subject to the penalties, including without limitation an assessable**
32 **payment, under Section 1513 of Pub. L. No. 111-148, as existing on January 1,**
33 **2013, concerning shared responsibility, for employees who are eligible**
34 **individuals if the employees meet either of the following criteria.**

35 **(a) Are enrolled in the program.**

36 **(b) Enroll in a qualified health plan through the federal health insurance**
37 **marketplace.**

38 **(2) If the department is unable to confirm provisions under this Section,**
39 **the program shall not be implemented.**

40 **C.(1) Implementation of the program shall be conditioned upon the**
41 **receipt of necessary federal approvals.**

42 **(2) If the department does not receive the necessary federal approvals,**
43 **the program shall not be implemented.**

44 **D. The program shall include premium assistance for eligible individuals**
45 **to enable their enrollment in a qualified health plan through the federal health**
46 **insurance marketplace.**

1 E.(1) The department shall be specifically authorized to pay premiums
 2 and supplemental cost-sharing subsidies directly to the federally qualified
 3 health plans for enrolled eligible individuals.

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

7 F. The department shall accomplish the following to the extent allowable
 8 by law:

9 (1) The department shall pursue strategies that promote insurance
 10 coverage of children in their parents' or caregivers' plan, including children
 11 eligible for the LaCHIP, the Louisiana Children's Health Insurance Program.

12 (2) The department shall develop and implement a strategy to inform
 13 Medicaid recipient populations whose needs would be reduced or better served
 14 through participation in the federal health insurance marketplace.

15 G. The program authorized under this Chapter shall terminate within
 16 one hundred twenty days after a reduction in any of the following federal
 17 medical assistance percentages:

18 (1) One hundred percent in 2014, 2015, or 2016.

19 (2) Ninety-five percent in 2017.

20 (3) Ninety-four percent in 2018.

21 (4) Ninety-three percent in 2019.

22 (5) Ninety percent in 2020 or any year after 2020.

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

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

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

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

29 I.(1) The department shall develop a model and seek from the Center for
 30 Medicare and Medicaid Services all necessary waivers and approvals to allow
 31 non-aged, non-disabled program-eligible participants to enroll in a program
 32 that shall create and utilize independence accounts that operate similar to a
 33 health savings account or medical savings account during the calendar year
 34 2015.

35 (2) The independence accounts shall accomplish both of the following:

36 (a) Allow a participant to purchase cost-effective high-deductible health
 37 insurance.

38 (b) Promote independence and self-sufficiency.

39 (3) The state shall implement cost sharing and co-pays and, as a
 40 condition of participation, earnings shall exceed fifty percent of the applicable
 41 federal poverty level.

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

44 (5)(a) At the end of each fiscal year, if there are funds remaining in the
 45 account, a majority of the state's contribution shall remain in the participant's
 46 control as a positive incentive for the responsible use of the health care system
 47 and personal responsibility of health maintenance.

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

51 (c) The department shall promulgate rules to implement this Section in
 52 accordance with the Administrative Procedure Act. State obligations for
 53 uncompensated care shall be projected, tracked, and reported to identify
 54 potential incremental future decreases.

55 (d) The department shall recommend appropriate adjustments in
 56 funding to the legislature.

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

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

61 (1) Program enrollment.

- 1 **(2) Patient experience.**
- 2 **(3) Economic impact including enrollment distribution.**
- 3 **(4) Carrier competition.**
- 4 **(5) Success in avoiding uncompensated care."**

5 AMENDMENT NO. 13

6 On page 5, delete lines 1 through 8

7 AMENDMENT NO. 14

8 On page 6, between lines 14 and 15, insert:

9 **§979.6. Termination**

10 **The provisions of this Chapter shall terminate and become null and void**
11 **on and after July 1, 2017."**