



**LEGISLATIVE FISCAL OFFICE  
Fiscal Note**

Fiscal Note On: **HB 651** HLS 22RS 932  
 Bill Text Version: **ORIGINAL**  
 Opp. Chamb. Action:  
 Proposed Amd.:  
 Sub. Bill For.:

<b>Date:</b> April 11, 2022 6:18 PM	<b>Author:</b> HILFERTY
<b>Dept./Agy.:</b> Insurance, Office of Group Benefits, Medicaid	<b>Analyst:</b> Patrice Thomas
<b>Subject:</b> Mandates Prescribed Breast Milk	

INSURANCE/HEALTH OR INCREASE EX See Note Page 1 of 2  
 Provides relative to insurance coverage for prescription breast milk

Proposed law requires health plans to provide coverage for medically necessary pasteurized donor breast milk when prescribed by a pediatrician. Proposed law provides the prescription from the pediatrician state the infant is medically or physically unable to receive maternal breast milk or participate in breastfeeding, or the mother is medically or physically unable to produce maternal breast milk in sufficient quantities. Proposed law effective August 1, 2022.

<b>EXPENDITURES</b>	<b>2022-23</b>	<b>2023-24</b>	<b>2024-25</b>	<b>2025-26</b>	<b>2026-27</b>	<b>5 -YEAR TOTAL</b>
State Gen. Fd.	INCREASE	INCREASE	INCREASE	INCREASE	INCREASE	
Agy. Self-Gen.	INCREASE	INCREASE	INCREASE	INCREASE	INCREASE	
Ded./Other	\$0	\$0	\$0	\$0	\$0	<b>\$0</b>
Federal Funds	\$0	\$0	\$0	\$0	\$0	<b>\$0</b>
Local Funds	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<b><u>\$0</u></b>
<b>Annual Total</b>						
<b>REVENUES</b>	<b>2022-23</b>	<b>2023-24</b>	<b>2024-25</b>	<b>2025-26</b>	<b>2026-27</b>	<b>5 -YEAR TOTAL</b>
State Gen. Fd.	\$0	\$0	\$0	\$0	\$0	<b>\$0</b>
Agy. Self-Gen.	\$0	\$0	\$0	\$0	\$0	<b>\$0</b>
Ded./Other	\$0	\$0	\$0	\$0	\$0	<b>\$0</b>
Federal Funds	\$0	\$0	\$0	\$0	\$0	<b>\$0</b>
Local Funds	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<b><u>\$0</u></b>
<b>Annual Total</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**EXPENDITURE EXPLANATION**

Proposed law will significantly increase Self-Generated Revenue expenditures within the Office of Group Benefits (OGB) and may increase State General Fund expenditures associated with a mandate to health insurance policies issued under the insurance exchanges beginning in FY 23 and subsequent fiscal years (see narrative below). Furthermore, proposed law will increase claims expenditures for the health insurance industry by an estimated \$800,000 - \$1.6 M and premiums by an estimated \$900,000 - \$1.8 M in FY 23 (see Expenditure Explanation on Page 2).

**Office of Group Benefits Impact (Self-Generated Revenue Impact)**

Proposed law significantly increases expenditures within the Office of Group Benefits (OGB). Proposed law requires OGB to cover pasteurized donor breast milk when determined to be medically necessary and prescribed by an infant's pediatrician. The prescription must state that the infant is medically or physically unable to receive their mother's breast milk or participate in breastfeeding. Also, the prescription can state the infant's mother is medically or physically unable to produce breast milk in sufficient quantities. Currently, there are no health plans that cover pasteurized donor breast milk. Based upon the assumptions listed below, the expenditures to cover this benefit range are as follows:

	FY 22-23*	FY 23-24	FY 24-25	FY 25-26	FY 26-27	Total
Low	\$167,035	\$185,682	\$189,210	\$192,805	\$196,469	\$ 931,202
High	\$286,346	\$318,313	\$324,361	\$330,523	\$336,803	\$1,596,346

\*FY 22-23 represent 11 months of estimated claims expenditures

Unless OGB Fund Balance is utilized, SGF appropriation will be required to cover the state portion of the increase in premium costs, which is approximately 40%. As of February 2022, the OGB Fund Balance was \$385 M.

The expenditure estimate is based upon the following assumptions: (1) As of 3/01/2022, the current OGB member population in the five self-funded health plans is 212,884. No change in OGB self-funded health plan membership in future fiscal years from current levels. (2) The coverage will become effective on 8/01/2022. (3) the per member per month (PMPM) cost estimate provided by BCBSLA ranges from low of \$0.07 PMPM to high of \$0.12 PMPM. (4) In future fiscal years, a medical inflation factor of 1.9%. (5) Utilization estimated to be between 0.5% to 0.75% of births and estimated cost between \$20,000 - \$25,000 per eligible infant for six months.

**EXPENDITURE EXPLANATION Continues on Page 2**

**REVENUE EXPLANATION**

The Office of Group Benefits (OGB) does not anticipate the proposed law to require premium increases, therefore there is no impact self-generated revenues collected from premiums. OGB has indicated the estimated costs associated with coverage of prescription donor breast milk may be absorbed by the existing fund balance reserve. However, to the extent other legislative instruments that are enacted expand covered medical and pharmacy benefits, the cumulative impact may be significantly material and require OGB to increase premiums in order to maintain an actuarially sound fund balance of \$250 M.

Senate Dual Referral Rules  
 13.5.1 >= \$100,000 Annual Fiscal Cost {S & H}  
 13.5.2 >= \$500,000 Annual Tax or Fee Change {S & H}

House  
 6.8(F)(1) >= \$100,000 SGF Fiscal Cost {H & S}  
 6.8(G) >= \$500,000 Tax or Fee Increase or a Net Fee Decrease {S}

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 Interim Deputy Fiscal Officer



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CONTINUED EXPLANATION from page one:

EXPENDITURE EXPLANATION Continued from Page 1

Based on the aforementioned methodology, the assumption that coverage will only be in place for 11 months in FY 23 due to the August 1st effective date, and a medical inflation (MI) factor of 1.9% compounding annually, below are expenditure calculations utilized to project the cost within OGB as a result of the proposed law utilizing the assumptions listed on page one.

Expenditure Calculations

FY 23 (Low) = \$182,220 = 212,884 members x \$0.07 PMPM x 12 months x 1.9% MI (\$72,888 SGF)
FY 23 (High) = \$312,377 = 212,884 members x \$0.12 PMPM x 12 months x 1.9% MI (\$124,951 SGF)
FY 24 (Low) = \$185,682 = \$182,220 x 1.9% MI (\$74,273 SGF)
FY 24 (High) = \$318,313 = \$312,377 x 1.9% MI (\$127,325 SGF)
FY 25 (Low) = \$189,210 = \$185,682 x 1.9% MI (\$75,684 SGF)
FY 25 (High) = \$324,361 = \$318,313 x 1.9% MI (\$129,744 SGF)
FY 26 (Low) = \$192,805 = \$189,210 x 1.9% MI (\$77,122 SGF)
FY 26 (High) = \$330,523 = \$324,361 x 1.9% MI (\$132,209 SGF)
FY 27 (Low) = \$196,469 = \$192,805 x 1.9% MI (\$78,588 SGF)
FY 27 (High) = \$336,803 = \$330,523 x 1.9% MI (\$134,721 SGF)
Total (Low) = \$ 7,981,730 (\$3,192,692 SGF)
Total (High) = \$11,307,451 (\$4,522,980 SGF)

Insurance Exchanges Impact (State General Fund Impact)

Proposed law may increase SGF expenditures beginning in FY 23 and in subsequent fiscal years according to an analysis provided by the health actuary LDI. The state would be required to fund health claims expenditures associated with breast reduction coverage in proposed law for policies issued by qualified health plans through the health insurance exchange beginning in FY 23 with estimated costs totaling \$120,000 to \$240,000 SGF and a potential phase-up to over \$146,000 to \$292,000 SGF by FY 27. Claims expenses associated with proposed law would be paid out by the State Treasury Department. LDI bases this analysis on the following assumptions: the calculations are on a fiscal year basis; the exchange population is approximately 100,000 and the insured population is assumed to be stationary; medical cost inflation is 5%; the premium loss ratio is 85%; and the estimated cost is between \$0.10 PMPM and \$0.20 PMPM over the entire insured population. Based upon the aforementioned assumptions, the estimated annual cost increases for insurance providers associated with claims are as follows:

Aggregate Cost Determination

Aggregate cost of breast reduction = exchange population x PMPM cost x 12 months
FY 23 (Low) - 100,000 x \$0.10 PMPM x 12 months = \$120,000
FY 23 (High) - 100,000 x \$0.20 PMPM x 12 months = \$240,000
FY 24 (Low) - \$120,000 x 5% MI = \$126,000
FY 24 (High) - \$240,000 x 5% MI = \$252,000
FY 25 (Low) - \$126,000 x 5% MI = \$132,300
FY 25 (High) - \$252,000 x 5% MI = \$264,600
FY 26 (Low) - \$132,300 x 5% MI = \$138,915
FY 26 (High) - \$264,600 x 5% MI = \$277,830
FY 27 (Low) - \$138,915 x 5% MI = \$145,861
FY 27 (High) - \$277,830 x 5% MI = \$291,722

PRIVATE INSURANCE IMPACT

Pursuant to R.S. 24:603.1, the information below is the projected private insurance impact of proposed law. Based upon an actuarial analysis prepared by LDI, the proposed law is anticipated to increase expenditures associated with claims by \$800,000 - \$1.6 M and premium increases by \$900,000 - \$1.8 M for private insurers and the insured in FY 23 with a phase-up costs of an estimated \$1 M - \$1.9 M claims and \$1.1 M - \$2.1 M premiums by FY 27. LDI bases this analysis on the following assumptions: the calculations are on a fiscal year basis; the exchange population is approximately 650,000 and the insured population is assumed to be stationary; medical cost inflation is 5%; the premium loss ratio is 85%; and the estimated cost is between \$0.10 PMPM and \$0.20 PMPM over the entire insured population. Based upon the aforementioned assumptions, the estimated annual cost increases for insurance providers associated with claims are as follows:

Aggregate Cost Determination

(exchange population x PMPM cost x 12 months)
FY 23 (Low) - 650,000 x \$0.10 PMPM x 12 months = \$780,000
FY 23 (High) - 650,000 x \$0.20 PMPM x 12 months = \$1,560,000
FY 24 (Low) - \$ 780,000 x 5% MI = \$819,000
FY 24 (High) - \$1,560,000 x 5% MI = \$1,638,000
FY 25 (Low) - \$ 819,000 x 5% MI = \$859,950
FY 25 (High) - \$1,638,000 x 5% MI = \$1,719,900
FY 26 (Low) - \$ 859,950 x 5% MI = \$902,948
FY 26 (High) - \$1,719,900 x 5% MI = \$1,805,895
FY 27 (Low) - \$ 902,948 x 5% MI = \$948,095
FY 27 (High) - \$1,805,895 x 5% MI = \$1,896,190

Aggregate Extra Premium Determination

(PMPM cost x 12 months)/medical loss ratio
FY 23 (Low) - (\$0.10 PMPM x 12 months)/85% = \$1.41
FY 23 (High) - (\$0.20 PMPM x 12 months)/85% = \$2.82
FY 24 (Low) - \$1.41 x 5% MI = \$1.48
FY 24 (High) - \$2.82 x 5% MI = \$2.96
FY 25 (Low) - \$1.48 x 5% MI = \$1.55
FY 25 (High) - \$2.96 x 5% MI = \$3.11
FY 26 (Low) - \$1.55 x 5% MI = \$1.63
FY 26 (High) - \$3.11 x 5% MI = \$3.27
FY 27 (Low) - \$1.63 x 5% MI = \$1.71
FY 27 (High) - \$3.27 x 5% MI = \$3.43

Senate Dual Referral Rules
[X] 13.5.1 >= \$100,000 Annual Fiscal Cost {S & H}
[ ] 13.5.2 >= \$500,000 Annual Tax or Fee Change {S & H}

House
[X] 6.8(F)(1) >= \$100,000 SGF Fiscal Cost {H & S}
[ ] 6.8(G) >= \$500,000 Tax or Fee Increase or a Net Fee Decrease {S}

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