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## DIGEST

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Talbot

HB No. 251

**Abstract:** Requires DHH, to the extent allowed by federal regulations, to institute Medicaid cost containment measures including cost sharing and a limitation on coverage of nonemergency services delivered in hospital emergency rooms.

### General provisions

Proposed law declares that the intent of proposed law is to contain Medicaid program costs while protecting the health of the persons who utilize the program. Declares that cost containment measures are essential means for enhancing the efficiency and effectiveness of health care delivered to those served by the Medicaid program. Further declares that it shall be the policy of this state to pursue all cost containment opportunities authorized by federal Medicaid policy.

Proposed law provides that for the purposes of proposed law, "cost sharing" means a contribution that a Medicaid enrollee makes toward the cost of a Medicaid-covered health service which he utilizes, through mechanisms including but not limited to deductibles, copayments, and coinsurance.

Proposed law provides that for the purposes of proposed law, "emergency room" means an emergency department operated within a hospital facility duly licensed pursuant to licensure requirements of present law.

### Medicaid Cost sharing

Proposed law requires the secretary of DHH to develop and implement policies which apply each Medicaid cost sharing function authorized pursuant to federal Medicaid regulations, to Medicaid enrollees who are not specifically exempted by federal law from such cost sharing. However, proposed law creates an exception to this requirement which provides that the secretary is not mandated to apply any cost sharing function which is based upon an eligibility standard, health service, or any other factor or measure which is not encompassed by the Medicaid program of this state.

Proposed law provides that in implementing the cost sharing functions required by proposed law, the secretary of DHH shall set the amount of each cost assigned to nonexempt Medicaid enrollees at the maximum level allowed by federal regulations.

Proposed law provides that whenever a Medicaid cost sharing function is added, deleted,

expanded, limited, or otherwise revised pursuant to federal rules and regulations, the secretary of DHH shall, as soon as is practicable pursuant to the effective date of such rules or regulations, revise and reinstate medical assistance program policies accordingly to provide for such cost sharing functions and their respective maximum levels as set forth in proposed law.

Proposed law requires the secretary of DHH to take all of the following actions in implementing proposed law:

- (1) Promulgate all rules and regulations, and take all other actions as are necessary, to institute the Medicaid cost sharing functions provided for in proposed law.
- (2) Cause the rules and regulations provided for in proposed law to take effect on or before January 1, 2014.

### **Limitation on Medicaid coverage for certain nonemergency services**

Proposed law imposes an annual limit of three Medicaid-covered nonemergency visits to emergency rooms by program beneficiaries.

Proposed law requires the secretary of DHH to take the following actions:

- (1) Develop an official list of distinct medical conditions with corresponding diagnosis codes to be classified as nonemergent for the purposes of proposed law.
- (2) Promulgate rules and regulations and take such other actions as are necessary to implement the provisions of proposed law.
- (3) Cause the rules and regulations provided for in proposed law to take effect on or before April 1, 2014.

Proposed law prohibits the official list of nonemergent conditions to be developed pursuant to proposed law from including any medical condition which manifests itself by acute symptoms of sufficient severity that the absence of immediate medical attention could, in reasonable medical judgment, be expected to result in any of the following:

- (1) Placing the health of the patient in serious jeopardy.
- (2) Posing serious impairment to bodily functions.
- (3) Placing the patient at serious risk of dysfunction of any bodily organ or part.

### **Effective date**

Effective upon signature of governor or lapse of time for gubernatorial action.

(Adds R.S. 46:440.5-440.8)