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

6 AMENDMENT NO. 2

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

9 "LOUISIANA HEALTH CARE INDEPENDENCE PROGRAM

10 §979.1. Title

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

13 §979.2. Definitions"

14 AMENDMENT NO. 3

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

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

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

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

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

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

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

32 AMENDMENT NO. 4

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

34 "§979.3. Legislative findings; purpose"

35 AMENDMENT NO. 5

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

1 AMENDMENT NO. 62 On page 3, at the beginning of line 24, change "(6)" to "(4)"3 AMENDMENT NO. 7

4 On page 3, delete line 27 in its entirety

5 AMENDMENT NO. 86 On page 3, at the beginning of line 28, insert "B."7 AMENDMENT NO. 9

8 On page 4, delete lines 13 through 25 in their entirety and insert in lieu thereof the following:

9 "§979.4. Expansion of Medicaid eligibility in Louisiana; administration of the  
 10 Louisiana Health Care Independence Program by the Department of Health  
 11 and Hospitals

12 A. The department shall create and administer the Louisiana Health Care  
 13 Independence Program within the department. After receiving the approval of the  
 14 Senate and House Committees on Health and Welfare, the department shall on or  
 15 before September 1, 2013 submit and apply for all of the following:

16 (1) Federal waivers necessary to implement the program in a manner  
 17 consistent with this Chapter, including without limitation approval for a  
 18 comprehensive waiver under Section 1115 of the Social Security Act, 42 U.S.C.  
 19 1315.

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

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

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

29 (a) Are enrolled in the program.

30 (b) Enroll in a qualified health plan through the federal health insurance  
 31 marketplace.

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

34 C.(1) Implementation of the program shall be contingent upon the receipt of  
 35 necessary federal approvals.

36 (2) If the department does not receive the necessary federal approvals, the  
 37 program shall not be implemented.

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

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

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

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

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

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

9           G. An eligible individual enrolled in the program shall affirmatively  
 10 acknowledge the existence of all of the following facts:

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

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

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

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

20           (2) The independence accounts shall accomplish all of the following  
 21 functions:

22           (a) Allow a participant to purchase cost-effective high-deductible health  
 23 insurance.

24           (b) Promote independence and self-sufficiency.

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

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

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

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

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

41           (d) The department shall recommend appropriate adjustments in funding to  
 42 the legislature.

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

44           I. On a quarterly basis, the department shall report to the Joint Legislative  
 45 Committee on the Budget, within two weeks of the end of each quarter, information  
 46 regarding the following aspects of the program:

47           (1) Program enrollment.

48           (2) Patient experience.

49           (3) Economic impact including enrollment distribution.

50           (4) Carrier competition.

51           (5) Success in avoiding uncompensated care."