2022 Regular Session

McMahen

<u>Present law</u> creates within the state Medicaid program a local healthcare provider participation program for health services financing. Identifies parishes eligible for the program through population range references. Provides that population figures noted are those from the most recent federal decennial census.

<u>Present law</u> provides that the following parishes, exclusively, are eligible for the program:

- (1) Any parish with a population of not less than 40,000 persons and not more than 42,000 persons according to the most recent federal decennial census (per the 2020 U.S. Census, no La. parish is within this population range).
- (2) Any parish with a population of not less than 46,000 persons and not more than 47,000 persons according to the most recent federal decennial census (per the 2020 U.S. Census, no La. parish is within this population range).
- (3) Any parish in which a rural institutional provider, as defined through population range references in present law, is located (Jefferson Davis Parish).

<u>Proposed law</u> would have revised <u>present law</u> as necessary to maintain geographic applicability of <u>present law</u> as originally enacted through Act No. 330 of the 2020 RS by updating population range references with figures from the 2020 U.S. Census such that the following parishes would continue to be eligible for the local healthcare provider participation program:

- (1) Evangeline Parish.
- (2) Lincoln Parish.
- (3) St. Landry Parish.
- (4) Webster Parish.

<u>Present law</u> defines "rural institutional provider" as a licensed hospital, other than one classified as a rural hospital by <u>present law</u> (R.S. 40:1189.3), that had no more than 60 hospital beds on Nov. 1, 2020, and meets the location criteria provided in <u>present law</u>.

<u>Proposed law</u> would have revised <u>present law</u> to include within the definition of "rural institutional provider" any licensed hospital, other than one classified as a rural hospital by <u>present law</u> (R.S. 40:1189.3), that meets the requisite location criteria, existed on November 1, 2020, and has no more than 60 hospital beds.

<u>Present law</u> authorizes certain uses of monies in the local provider participation fund created by <u>present law</u> (R.S. 40:1248.7(C)). <u>Proposed law</u> would have revised <u>present law</u> to provide that funding of intergovernmental transfers from a parish to the state to provide the nonfederal share of Medicaid payments for the benefit of hospitals in the parish is an authorized use of monies in the local provider participation fund.

<u>Proposed law</u> would have provided that any and all lease agreements existing between the Central La. Human Services District and any other party or parties could be amended only as provided for in such lease agreements. Would have provided further that as of June 1, 2022, all licensed tenants of the Central La. Human Services District would be considered jointly approved by both lessee and lessor throughout the terms of such lease, or extension of such lease, in effect and that no joint approval would have been required for such tenants.

(Proposed to amend R.S. 40:1248.1(6), 1248.3(1) and (2), and 1248.7(C)(1))

VETO MESSAGE:

"Please allow this letter to inform you that I have vetoed House Bill 717 of the 2022 Regular Session.

This bill would potentially affect the preprint sent to the Centers for Medicare and Medicaid Services for the hospital payment reform planned by the Louisiana Department of Health. Given the complexity of the changes in the payment system, planned to be effective for July 1, 2022, the changes in the bill would be best considered in the 2024 legislative session. The Louisiana Department of Health will work with the bill author to ensure these proposed changes are fully considered within the new payment methodology."