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**HOUSE COMMITTEE AMENDMENTS**

Amendments proposed by House Committee on Health and Welfare to Original House Bill No. 233 by Representative Smith

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1 AMENDMENT NO. 1

2 On page 1, line 3, change "979.5" to "979.6"

3 AMENDMENT NO. 2

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

8 AMENDMENT NO. 3

9 On page 1, line 13, change "979.5" to "979.6"

10 AMENDMENT NO. 4

11 On page 1, line 14, after "8-B." delete the remainder of the line and delete lines 15 and 16  
12 in their entirety and insert in lieu thereof the following:

13 "LOUISIANA HEALTH CARE INDEPENDENCE PROGRAM

14 §979.1. Title

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

17 §979.2. Definitions"

18 AMENDMENT NO. 5

19 On page 2, between lines 13 and 14, insert the following:

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

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

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

29 (8) "Qualified health plan" means a federally certified individual health  
30 insurance plan offered by a carrier through the federal health insurance 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  
35 copayments or coinsurance, but not deductibles."

1 AMENDMENT NO. 6

2 On page 2, delete line 14 in its entirety and insert in lieu thereof the following:

3 "§979.3. Legislative findings; purpose"4 AMENDMENT NO. 7

5 On page 3, delete lines 1 through 17 in their entirety

6 AMENDMENT NO. 87 On page 3, at the beginning of line 18, change "(6)" to "(4)"8 AMENDMENT NO. 9

9 On page 3, delete lines 21 through 29 in their entirety

10 AMENDMENT NO. 10

11 On page 4, delete lines 1 through 3 in their entirety

12 AMENDMENT NO. 1113 On page 4, at the beginning of line 4, insert "B."14 AMENDMENT NO. 12

15 On page 4, delete lines 20 through 29 in their entirety and insert in lieu thereof the following:

16 "§979.4. Expansion of Medicaid eligibility in Louisiana; administration of the  
17 Louisiana Health Care Independence Program by the Department of Health  
18 and Hospitals19 A. The department shall create and administer the Louisiana Health Care  
20 Independence Program within the department. After receiving the approval of the  
21 Senate and House Committees on Health and Welfare, the department shall on or  
22 before September 1, 2013 submit and apply for all of the following:23 (1) Federal waivers necessary to implement the program in a manner  
24 consistent with this Chapter, including without limitation approval for a  
25 comprehensive waiver under Section 1115 of the Social Security Act, 42 U.S.C.  
26 1315.27 (2) Medicaid state plan amendments necessary to implement the program in  
28 a manner consistent with this Chapter.29 (3) Those Medicaid state plan amendments that are optional and therefore  
30 may be revoked by the state at its discretion.31 B.(1) As part of its actions the department shall confirm that employers shall  
32 not be subject to the penalties, including without limitation an assessable payment,  
33 under Section 1513 of Pub. L. No. 111-148, as existing on January 1, 2013,  
34 concerning shared responsibility, for employees who are eligible individuals if the  
35 employees meet either of the following criteria:36 (a) Are enrolled in the program.37 (b) Enroll in a qualified health plan through the federal health insurance  
38 marketplace.39 (2) If the department is unable to confirm provisions under this Section, the  
40 program shall not be implemented.

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

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

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

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

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

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

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

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

22           G.(1) If a reduction occurs in any federal medical assistance percentage for  
 23 services to individuals determined eligible under the new adult group and who are  
 24 considered to be newly eligible as defined in section 1905(y)(2)(A) of the Patient  
 25 Protection and Affordable Care Act, then the House and Senate committees on  
 26 health and welfare shall meet jointly to hold an informational hearing concerning  
 27 such reduction within seven days of its publication in the Federal Register.

28           (2) Upon the conditions set forth in Paragraph (1) of this Subsection being  
 29 satisfied, the expanded income eligibility standard for the medical assistance  
 30 program provided in this Chapter shall continue in effect only by a favorable vote of  
 31 two-thirds of the elected members of each house of the legislature. Such vote shall  
 32 be conducted by mail ballot if the legislature is not convened in session at the time  
 33 of publication in the Federal Register of the federal medical assistance percentage  
 34 reduction.

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

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

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

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

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

46           (2) The independence accounts shall accomplish all of the following  
 47 functions:

48           (a) Allow a participant to purchase cost-effective high-deductible health  
 49 insurance.

50           (b) Promote independence and self-sufficiency.

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

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

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

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

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

14          (d) The department shall recommend appropriate adjustments in funding to  
15 the legislature.

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

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

20           (1) Program enrollment.

21           (2) Patient experience.

22           (3) Economic impact including enrollment distribution.

23           (4) Carrier competition.

24           (5) Success in avoiding uncompensated care."

25 AMENDMENT NO. 13

26 On page 5, delete lines 1 through 3 in their entirety

27 AMENDMENT NO. 14

28 On page 6, between lines 7 and 8, insert the following:

29           "§979.6. Termination

30                   The provisions of this Chapter shall terminate and become null and void on  
31 and after July 1, 2017."