
HOUSE COMMITTEE AMENDMENTS

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

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, delete lines 1 through 13 and insert in lieu thereof the following:

20 "(1) "ACA" and "Affordable Care Act" mean the following acts of congress,
21 collectively:

22 (a) The Patient Protection and Affordable Care Act, which originated as H.R.
23 3590 in the One Hundred Eleventh United States Congress and became Public Law
24 111-148.

25 (b) The Health Care and Education Reconciliation Act, which originated as
26 H.R. 4872 in the One Hundred Eleventh United States Congress and became Public
27 Law 111-152.

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

31 (3) "Department" means the Department of Health and Hospitals.

32 (4) "Health insurance marketplace" means the federal vehicle created to help
33 individuals, families, and small businesses shop for and select health insurance
34 coverage in a way that permits comparison of available qualified health plans based
35 upon price, benefits, services, and quality, regardless of the governance structure of
36 the marketplace.

37 (5) "Independence account" means individual financing structures that
38 operate similar to a health savings account or a medical savings account.

1 (6) "Medicaid" and "medical assistance program" mean the medical
2 assistance program provided for in Title XIX of the Social Security Act.

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

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

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

9 (10) "Secretary" means the secretary of the Department of Health and
10 Hospitals."

11 AMENDMENT NO. 6

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

13 "§979.3. Legislative findings; purpose"

14 AMENDMENT NO. 7

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

16 AMENDMENT NO. 8

17 On page 3, at the beginning of line 18, change "(6)" to "(4)"

18 AMENDMENT NO. 9

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

20 AMENDMENT NO. 10

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

22 AMENDMENT NO. 11

23 On page 4, at the beginning of line 4, insert "B."

24 AMENDMENT NO. 12

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

26 "§979.4. Expansion of Medicaid eligibility in Louisiana; administration of the
27 Louisiana Health Care Independence Program by the Department of Health
28 and Hospitals

29 A. The department shall create and administer the Louisiana Health Care
30 Independence Program within the department. After receiving the approval of the
31 Senate and House committees on health and welfare, the department shall on or
32 before September 1, 2013 submit and apply for all of the following:

33 (1) Federal waivers necessary to implement the program in a manner
34 consistent with this Chapter, including without limitation approval for a
35 comprehensive waiver under Section 1115 of the Social Security Act, 42 U.S.C.
36 1315.

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

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

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

6 (a) Are enrolled in the program.

7 (b) Enroll in a qualified health plan through the federal health insurance
 8 marketplace.

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

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

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

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

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

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

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

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

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

32 G. The program authorized by this Chapter shall terminate within one
 33 hundred twenty days after a reduction in any of the following federal medical
 34 assistance percentages for services to individuals determined eligible under the new
 35 adult group and who are considered to be newly eligible as defined in section
 36 1905(y)(2)(A) of the Patient Protection and Affordable Care Act:

37 (1) One hundred percent in 2014, 2015, or 2016.

38 (2) Ninety-five percent in 2017.

39 (3) Ninety-four percent in 2018.

40 (4) Ninety-three percent in 2019.

41 (5) Ninety percent in 2020 or any year after 2020.

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

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

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

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

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

53 (2) The independence accounts shall accomplish all of the following
 54 functions:

55 (a) Allow a participant to purchase cost-effective high-deductible health
 56 insurance.

57 (b) Promote independence and self-sufficiency.

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

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

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

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

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

17 (d) The department shall recommend appropriate adjustments in funding to
18 the legislature.

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

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

23 (1) Program enrollment.

24 (2) Patient experience.

25 (3) Economic impact including enrollment distribution.

26 (4) Carrier competition.

27 (5) Success in avoiding uncompensated care."

28 AMENDMENT NO. 13

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

30 AMENDMENT NO. 14

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

32 "§979.6. Termination

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