

Louisiana Health Care Commission Meeting Minutes
Poydras Building Hearing Room
Baton Rouge, Louisiana
March 23, 2018

Members present: Lauren Bailey, Rick Born, Katie Brittain, Diane Davidson, Dr. Rachel Durel, Dr. William Ferguson, Beau Fourrier, Dr. John Fraiche, Lisa Gardner, Arnold Goldberg, Dr. Faye Grimsley, Linda Hawkins, Jennifer Katzman, Dr. Jesse Lambert, Dr. Eva Lamendola, Darrell Langlois, Barbara Morvant, John Overton, Stephanie Phillips, Patrick Reed, Dr. James “Butch” Sonnier

Members absent: Robelynn Abadie, Jeff Albright, Korey Harvey, Dr. Marlon Henderson, Rep. Mike Huval, Randal Johnson, Jesse McCormick, Jennifer McMahon, Andrew Muhl, Ronnell Nolan, Ed Parker, Katie Parnell, Clay Pinson, Dr. Anthony Recasner, Debra Rushing, Elizabeth Sumrall, Bryan Wagner, Senator Rick Ward and Lacosta Wix

Staff present: Crystal M. Stutes and Julie Freeman

Chairperson Fraiche called the meeting to order at 9:05 a.m.

Dr. Fraiche asked for a motion to approve the minutes from the November 17 meeting. Arnold Goldberg moved to approve the minutes; Dr. Ferguson seconded the motion, and with no objections, the minutes were approved.

Roll call was conducted and a quorum was noted for the record.

Mr. Darrell Langlois of Blue Cross and Blue Shield of Louisiana, Mr. Beau Fourrier, representing Louisiana Association for Justice; and Dr. Shondra Williams (absent), representing Louisiana Primary Care Association, were introduced as the commission’s newest members.

Ms. Darie Jordan, Legislative Liaison for the Department, presented LDI’s legislation package:

- HB 206 – Provides for the admission of convicted felons in the insurance business in certain circumstances at the discretion of the Commissioner of Insurance to grant or deny the waiver, authorizing the employment of those convicted for a felony offense, under certain circumstances pursuant to 18 U.S.C. 1033

- HB 227 – Provides for the re-application of a producer’s license subject to revocation. Currently, whenever the LDI revokes a license reapplied for within one year, unless the licensee appeals the revocation to the Department of Labor and loses, one would have to wait five years. This bill would remove that five-year waiting period and allow for re-application within one year.
- HB 244 – Provides for the Commissioner to co-regulate Medicaid MCOs with the Louisiana Department of Health.
- HB 246 – Provides for the reinsurance of the individual insurance market, allowing the state to apply for a state innovation waiver to establish a state-based reinsurance program giving the Commissioner the authority to establish a commission and regulate it.
- HB 247 –Seeks to provide for the expansion of the Surplus Lines market to include accident and health insurance, offering Louisiana residents the option to obtain coverage such as excess disability and legally provide accident and health coverage without the necessity for authorizing legislation for specific lines of insurance.
- HB 267- Seeks to prohibit a convicted felon from receiving profits from agency ownerships.
- HB 330- Removes bail bond producers from pre-licensing requirements.
- HB 363 – Clarifies that any person who holds one or more of the positions of member, partner or officer directly or who controls directly or indirectly ten percent or more of the business shall register under the business entity’s license.
- HB 366 – Removes the requirement that the board of directors of nonprofit funeral services associations must be members in good standing.
- HB 436 – Provides for the regulation of PBMs. This bill prohibits gag clauses in PBM and pharmacy contracts. It increases transparency in how PBMs create the maximum allowable cost and requires PBMs to notify similarly situated pharmacies of successful appeals.
- HB 615 – Provides that the Commissioner provide the division of administrative law judge with a copy of a demand for a hearing by the aggrieved party within five days of receipt of the original.

- HB 641 – Permits an administrative deactivation of a business entity license when the responsible producer ceases to be licensed and permits the reactivation of the business entity license once the non-compliance is remedied.
- HB 642 - Sets out the requirements for the bail bonds apprenticeship program and the supervising producer to notify the LDI of any changes of information. It requires the apprenticeship program to terminate after six months. The producer would have three (3) days to send the information for the apprenticeship termination program.
- HB 644 – Relates to the licensing of third-party administrators. The purpose of this bill is to ensure that the Commissioner can deny a TPA license for the same reasons he would suspend or revoke a license, typically for misleading or false information. The same standards would be used for suspending or revoking a license to determine whether or not a license will be issued or denied.
- SB 35 – Removes the requirement that the commissioner “shall” fine and replaces it with “may” fine for the failure to comply with a consumer complaint directive.”
- SB 36 – Relative to the continuing education requirements for a producer, it clarifies that a non-resident licensee is not required to complete CE requirements as long as they meet the requirements of their home state.
- SB 37 – Makes a technical correction by replacing the word “license” with “registration.”
- SB 86 – Provides adjusters a first-time renewal exemption from completing continuing education requirements to insurance producers.
- SB 87 – Clarifies that the Commissioner may accept all licenses in the form of electronic filings.
- SB 324 – Prohibits any contract entered into this state between an insurer, a pharmacy benefit manager, or any other entity and a pharmacist or pharmacy from containing a provision prohibiting the pharmacist from disclosing any relevant information to an individual purchasing prescription medication.

Mr. Jeff Drozda also presented the following legislative summary:

- HB 134 – Deals with an issue from the last legislative session in working with the Louisiana Dental Association and Louisiana dental plans. The ID cards indicated “non-ERISA” that conflicts with the interpretation of what law enforcement may do. This bill seeks to change that information to “fully insured.”

- HB 194 – Provides a time period after payment of a claim during which an insurer may dispute and recoup the amount paid.
- HB 369 – Provides for mediation of the settlement of out-of-work network health benefit claims involving balancing billing that occurs whenever going to a hospital and the hospital is in the network but other providers (i.e. radiologist, etc.) may not be in the network. Several other states provide for this measure.
- HB 429 – Deals with the denial of dental claims. LAHP is currently working with the Louisiana Dental Association on this bill. This is applicable to a situation whereby a dentist calls in for prior approval and obtains approval from the dental health plan only to discover 30 days later that it is not covered. This bill seeks to improve communications between the dentist’s office and the dental plan.
- HB 460 – Provides that mammography examinations be conducted through digital tomosynthesis. There is concern for the rural communities that may not have access to this technology.
- HB 556 – Provides relative to out-of-network balance billing.
- HB 689 – Provides for coverage for fertility preservation for individuals diagnosed with cancer.
- HB 690 – Provides for coverage for subsequent preventive tests for certain individuals diagnosed with breast cancer. Once a person is diagnosed past that fifth year of being cancer free, this bills seeks to ensure certain preventive tests are included in health plan coverage.
- SB 29 – Provides relative to a single uniform prescription drug prior authorization form.
- SB 272 – Provides for health insurance policy coverage of incarcerated persons prior to adjudication.
- HB 282 and 283 – Both bills seek to address price transparency – whether it be with the industry, consumer or elected officials, the goal is trying to get as much transparency as possible.
- SB 285 – Prohibits a health insurance issuer from denying a non-opioid prescription in favor of an opioid prescription.
- HB 334 – Provides for implementation of Medicaid managed long-term care services and support system. This bill would allow LDI to release an RFP dealing with long term care or in some shape or form have the department direct the discussion and possibly have a pilot program for long term care.

- HB 357 – Provides relative to Medicaid managed care for individuals receiving long-term services and supports.
- HB 362 – Provides for the state’s system of Medicaid-funded long term care.
- HB 436 – Provides relative to the regulation of pharmacy benefit managers. This is an issue of whether it’s contractual or based on reimbursement.
- SB 130 – Provides for Medicaid pharmacy benefit management services.
- SB 283 – Provides relative to pharmacy benefit managers.
- HB 243 – Prohibits a manufacturer or wholesale distributor from engaging in price gouging in the sale of an essential off-patent or generic drug.
- HB 384 – Creates and provides for a state prescription drug importation program. The waiver is for drug importation from Canada that is a controversial bill in terms of going across the international boundaries to acquire drugs. There are four or five states seeking a waiver from the federal government to establish this program.
- HB 339 – Provides relative to the practice of telemedicine insofar as providers and consumers seeking the benefits in telemedicine and telehealth. This is a matter of addressing the regulation from the Board of Medical Examiners and ensuring the same standard of care that would take place both in the doctor’s office and via telemedicine.

Dr. Richard Vath, Senior Vice President and Chief Clinical Transformation Officer for Health Leaders Network (HLN) next presented on *Volume to Value Care*. He stated Health Leaders Network is a wholly owned subsidiary of FMOLS Health System with an established board and committee that drives performance. It includes a small analytics team that works with payers and data to identify where opportunities lie and to determine where it needs to drive quality to improve costs on a regular basis. When looking at the future of the state of health care, providers and physicians must be willing to share some risks with insurers in addition to others in or to manage a population across all access points. Dr. Vath cited CMS Risk Contracts are driven by:

- Risk adjustment
- Quality
- Clinical programs
- Network
- Technology

Finally, Brian Burton provided a CMS/Marketplace Enrollment Update and the changes that occurred in 2018 with the ACA.

With no further business, Chairperson Fraiche asked for a motion to adjourn the meeting. Dr. Ferguson moved to adjourn and Ms. Lisa Gardner seconded the motion. Hearing no objections, the meeting was adjourned at 11:00 a.m.