

**Louisiana Health Care Commission Meeting Minutes**  
**Meeting Held Via Zoom**  
**Baton Rouge, Louisiana**  
**December 3, 2020**

Members present: Lauren Bailey, Katie Brittain, Derrell Cohoon, Lisa Colletti, Diane Davidson, Jeanie Donovan, Jack Duvernay, Susan Ellender, William Ferguson, John Fraiche, Lisa Gardner, Arnold Goldberg, Faye Grimsley, Linda Hawkins, Rep. John Illg, Darrell Langlois, Randal Johnson, Eva Lamendola, Barbara Morvant, Ronnell Nolan, Frank Opelka, John Overton, Anthony Recasner, Debra Rushing, Liz Sumrall, Scott Webre, and LaCosta Wix

Members absent: Jeff Albright, Michael Andry, Jeff Drozda, Rachel Durel, Jesse Lambert, Jennifer McMahon, Andrew Muhl, Ed Parker, Butch Sonnier, Judy Wagner, Senator Rick Ward, and Frances Wiggins

Staff present: Crystal M. Stutes

Chairman John Fraiche called the virtual meeting to order at 9:05 a.m. via Zoom. Roll call was ascertained through registration and appearance online at the meeting; as such a quorum was noted for the record.

Under new business, Dr. Fraiche welcomed Ms. Hemi Tewarson of the Duke-Margolis Center for Health Policy who gave a presentation on the COVID-19 Vaccine Distribution and an Overview of State Perspectives.

Chairman Fraiche asked if there was any other business. With no further business, Dr. Ferguson offered a motion to adjourn and Mr. Scott Webre seconded the motion. With no objections, the meeting was adjourned at 11:30 a.m.

Ms. Tewarson began by discussing the surge of COVID-19 that followed Thanksgiving week; specifically 531 confirmed new cases per million within the United States. She indicated that cases were still increasing in almost all states.

She reviewed the elements of the COVID-19 response, which includes

- Enhancing mitigation measures
- Therapeutics: monoclonal antibodies, other treatments
- **Vaccines**
- More extensive and effective testing
- Support for reopening schools and other priority settings

Ms. Tewarson then discussed the different **potential** US COVID-19 Vaccines, including those from Moderna, BioNTech & Pfizer, AstraZeneca & University of Oxford,

Johnson & Johnson, Novavas, and Sanofi & GSK. She stated the Pfizer has a cold storage requirement that is particularly challenging.

Ms. Tewarson stated that the administration of COVID-19 Vaccine Will Likely Follow a Phased Approach. In the initial phase there will be limited doses available which will be disseminated to health care workers and long term care residents; essential workers; and adults with high-risk medical conditions as well as those 65 years of age and older.

The next phase would be to reach additional critical populations, which would include

- Staff and residents of other congregate living facilities
- People of all ages with conditions that put them at *moderately* higher risk
- Prisoners, detainees, and staff

Ms. Tewarson commented that a broad administration network would be required with a focus on increasing access for critical populations.

The next phase would include young adults and children, with the last phase including everyone residing in the US who did not have access to the vaccine in previous phases.

Ms. Tewarson stated that states were required to submit a COVID-19 Vaccination Plan to CDC outlining plans for:

- Identifying and allocating vaccines to critical populations
- Logistical planning to meet vaccine storage, handling, and administration requirements
- Supporting vaccine provider enrollment, vaccine ordering, distribution, storage, and handling
- Engaging providers, partners, and communities
- Vaccine program communications

According to Ms. Tewarson, several key challenges will be:

- Identifying and allocating early vaccine to critical populations
- Operational planning for distribution
- Building a Data Infrastructure
- Post Market Evidence on Vaccines
- Vaccine Communications

Additional information on the above key challenges can be found in Ms. Tewarson's power point presentation which will accompany these minutes on our website at [www.lidi.la.gov](http://www.lidi.la.gov).

Darrell Langlois with BCBSLA stated that they've seen some materials that suggested that there might have been a greater efficacy for those who only received the

first dose. He asked if there was any validity to that observation? Ms. Tewarson was not aware of any clinical proof showing that.

Mr. John Overton asked if those who have already contracted COVID-19 should still get a vaccine? Ms. Tewarson responded that some states have said if you have had COVID-19 in the past and you still have antibodies, you may not be on the higher priority list, where other states have said if you are in a high risk group, you should be vaccinated regardless of whether you've had COVID since antibodies don't last but a certain amount of time.

Ms. Jeanie Donovan of Louisiana Department of Health stated that the LDH is in the process of developing a communications campaign at the state level. This should help people understand how it will be prioritized and the campaign should evolve as needed.

Representative John Illg asked where our numbers are with respect to influenza compared to last year. Dr. Fraiche stated that we have not seen as many flu cases this year and he feels it has to do with so many wearing masks and washing hands often, etc.

Next Dr. Fraiche introduced Rochelle Head-Dunham, MD, Executive Director and Medical Director for the Metropolitan Human Services District. Ms. Head-Dunham spoke to the group about the impact of COVID-19 on mental and behavioral health in Louisiana.

Dr. Head-Dunham stated that they normally see approximately 8,000 people per year, but those numbers have increased due to the pandemic. She stated they have service providers in five different clinics in the Orleans area and also have service providers in the parish center in Plaquemines Parish. Eighty-five percent of the people they serve are adults in Orleans Parish.

Dr. Head-Dunham stated the number one diagnosis among the substance use population in the Orleans area is opioid use disorder; the second is marijuana use. (Even though alcohol and tobacco are still number one across the country). Among the children, the number one issue is marijuana.

According to Dr. Head-Dunham, diagnostically, on the adult side they have seen schizophrenia, anxiety disorders and depression. For children, the primary diagnosis is ADHD followed by post-traumatic stress disorder. She stated that the percentage is debatable because in more cases than note, ADHD is over-diagnosed in children; especially in African-American children; in many cases the behavior represents trauma that is undiagnosed.

On average, there is about a 17 to 30 day wait for psychiatric evaluations across clinics. Medication management, which is the number one service that represents about 60% has about a 26 day wait.

Dr. Head-Dunham explained that those numbers are important because psychiatric care is the number one needs that people have in the severe and persistently impaired population and even in the general population.

She stated that suicide rates have risen sharply in the 18 to 25 age group where 1 in 4 have either attempted or succeeded in suicide. It's not just COVID, but the social unrest as well as hurricane season. Deaths related to opioid use have risen dramatically. Most deaths due to substance abuse result from a combination of substances being used.

Dr. Head-Dunham said another problem they're seeing is the rise in anxiety, depression and post-traumatic stress disorder.

She stated that most states are ramping up their ability to provide these types of services as the need is increasing. Keeping staff that are trained to respond is critical.

They also use "peers" to assist who are people who have lived the same experiences and struggles and this service is a model of care that is outstanding. One example is Alcohol Anonymous, which is the most successful intervention service.

They are experiencing the impact of not having enough professionals and having to shift priorities from medication alone to incorporate non-pharmacological avenues of care. The endorsement of spirituality as a method of coping is important right now; as well as eating healthy foods and taking care of yourself physically.

Dr. Head-Dunham stated that what helped tremendously is that the Office of Behavioral Health provided funding to increase capacity to provide crisis services by putting in place a crisis team.

She stated that they recently contracted with a team of 12 providers who are skilled in mental health first aid and crisis support.

Dr. Head-Dunham reiterated with the pandemic, the social unrest, unemployment and added stress of hurricane season, it takes everyone on every level to wrap our arms around the behavioral and emotional support system in our community.

Next Mr. Frank Opelka, Deputy Commissioner of the Office of Health, Life and Annuity at the LDI, gave a brief update on Open Enrollment and the Status of the ACA Litigation. Mr. Opelka stated that this is approximately the middle of the enrollment period and at this time, plan selections are up about 10 percent. This is likely driven by people who lost their job during the pandemic and were able to join during a special enrollment period. Renewals are up about 16 percent.

Mr. Opelka stated that with respect to the ACA Litigation, as a reminder, 18 states led by Texas challenged the Affordable Care Act saying it was unconstitutional; 20 states, led by California opposed that challenge. In the original challenge, Justice Roberts wrote a plurality opinion that found the individual mandate was not a valid exercise of Congress's commerce clause power, but that the mandate could be saved as a valid exercise of Congress's taxing power. At the time, there was no analysis of the issue of severability

which is whether an unconstitutional individual mandate could be severed from the rest of the ACA and fall alone or if alternatively it was so integral to the ACA that it would bring the entire act down together. That analysis was not done originally. In 2017, after the feds did not repeal the ACA, Congress chose to reduce the individual mandate to \$0 as part of the Tax Cuts and Jobs Act of 2017. What Texas is currently arguing is that the reduction of the mandate to \$0 effectively removes the basis that Judge Roberts used to save the individual mandate in the original case and therefore the mandate is now unconstitutional and severability analysis HAS to happen. Texas then argues that under the severability analysis, if the mandate is not severable, then the whole law should fall. California in response argued that

1. The mandate IS severable and the Tax Cuts and Jobs Act did sever it from the rest of the ACA by Congress choosing not to strike down the ACA and by effectively zeroing out the mandate, they were expressing intention to sever the two.

2. In order for a case to go to court, there must be a harm that the court can provide redress for. California says no one is harmed by a zero-dollar mandate, therefore no one can sue for that "harm".

These oral arguments happened November 10. It seemed clear by Justices Kavanaugh and Roberts that they were very likely to find in favor of California on the severability issue. We'll find more out in early Spring.

With no further business, Dr. Recasner offered a motion to adjourn the meeting. The motion was seconded and with no objection, the meeting was adjourned at 10:50am.