

# LOUISIANA HEALTH CARE COMMISSION



Report to the Legislature  
January 1, 2022 - December 31, 2022

LOUISIANA DEPARTMENT OF INSURANCE

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# LOUISIANA HEALTH CARE COMMISSION



## REPORT TO THE LEGISLATURE 2022



THIS REPORT WAS PRODUCED BY:  
LOUISIANA HEALTH CARE COMMISSION  
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# LETTER FROM THE CHAIRMAN

**Members,**

Pursuant to Revised Statute 22:2261, the commissioner shall submit a yearly report on health care and health insurance, which takes into consideration the recommendations, actions, and studies of the commission, to the legislature prior to each annual regular session.

The LHCC reviews and studies issues affecting the availability, affordability and delivery of quality health care in Louisiana; conducting public meetings quarterly each year, and is composed of health care experts representing a variety of providers, insurers as well as community leaders and representatives from colleges, universities and consumer special interest groups.

The Commission receives information and research, and hears testimony from regional and national experts on health care issues. The enclosed report contains the summary of presentations, materials and the studies compiled from its work last year.

**Sincerely,**



**Dr. John Fraiche, Chair  
Louisiana Health Care Commission**



## LEGISLATIVE BACKGROUND

The Louisiana Health Care Commission was created by law in 1992 (R.S. 22:2161). It is a 47-member multi-disciplined advisory board which undertakes comprehensive review of complex health care issues facing Louisianas.

In 1999, the commission was transferred to the Department of Insurance. Statutory authority and membership of the commission are contained in La. R.S. 22:2161.

Since its inception, the commission's membership has changed from its original makeup through Acts of the Legislature in 1995, 1997, 1999, 2004, 2012 and 2014.

### *Recent Legislative Change*

HB 529/ACT 159 of the 2022 Regular Legislative Session became effective upon the signature of the Governor, on May 25, 2022.

The bill provided for the organization of the Department of Insurance, creating the Office of Policy, Innovation and Research which houses the Louisiana Health Care Commission.

# EXECUTIVE COMMITTEE

The executive committee for the Louisiana Health Care Commission consists of the chair, vice chair and three LHCC members representing health care providers, insurers and consumers.



# ..... Purpose

Through a broad perspective, the commission studies the issues affecting the availability, affordability and delivery of quality health care in Louisiana. The commission is also tasked with examining national health care reform initiatives.

The commission conducted public meetings to receive information and testimony from regional and national experts on health care issues. The commissioner of insurance submitted an annual report to the Legislature on the studies, actions and recommendations of the commission.

# Mission .....

The mission of the Louisiana Health Care Commission Executive Committee is to plan the agenda for Louisiana Health Care Commission meetings, schedule any emergency meetings necessary between regular meetings and to propose subcommittee assignments. The Louisiana Health Care Commission Executive Committee held three meetings via conference call during this reporting period.

# COMMISSION MEMBERSHIP

The Louisiana Health Care Commission is composed of health care experts and other interested parties, including health care insurers and providers, community leaders and representatives of various consumer interests.

Membership also includes representatives from the governing boards of Louisiana's colleges and universities, the House and Senate Committees on Insurance and at-large appointments designated by the commissioner of insurance.

Vacancies in the offices of members shall be filled in the same manner as the original appointment of the unexpired portion of the term of the office vacated.

A quorum for the transaction of business by the commission shall be forty percent of the membership of the commission. All official actions of the commission shall require the affirmative vote of a majority of a quorum of the commission present and voting during meetings for the commission



# COMMISSION MEMBERSHIP

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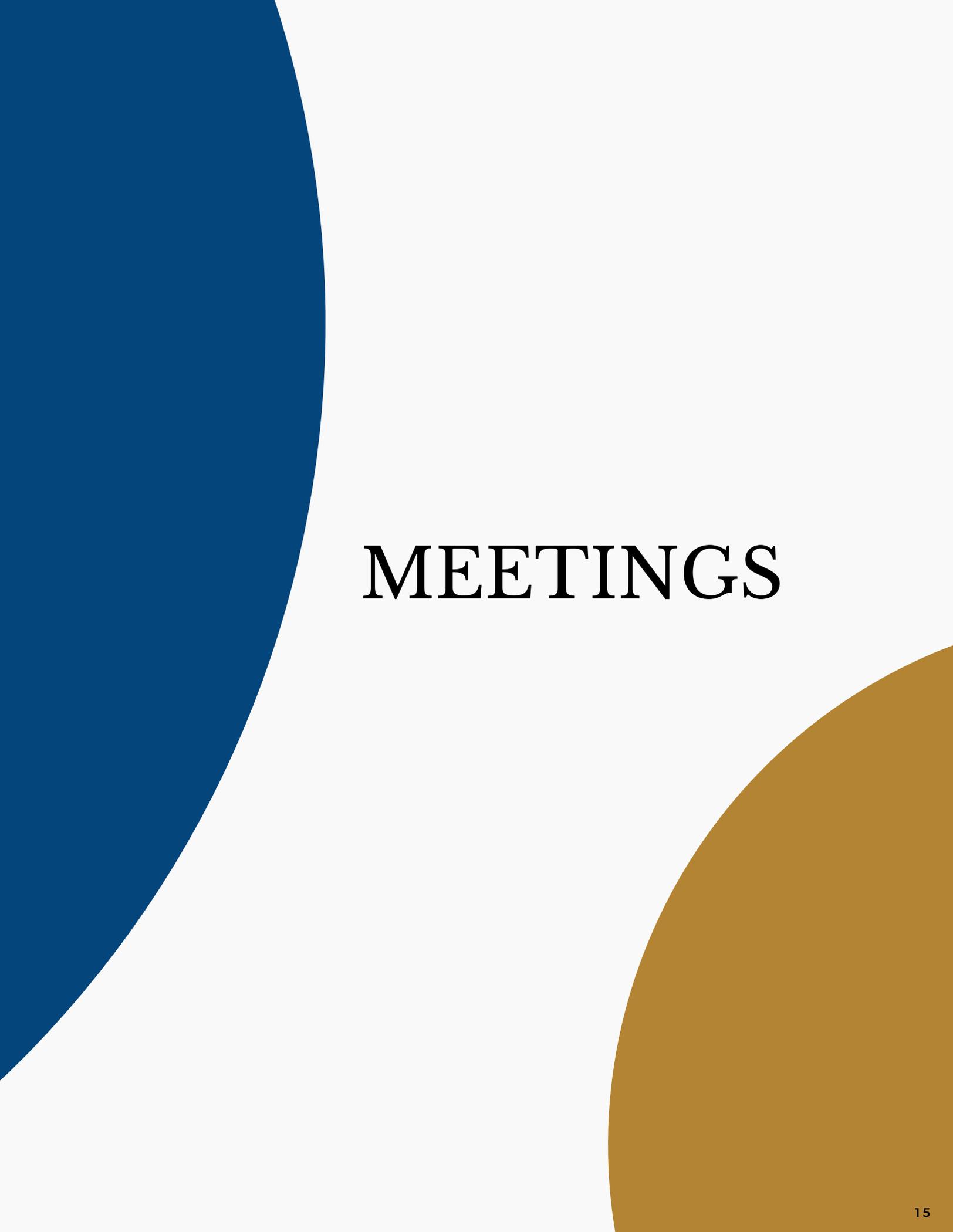
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(A list of nominees submitted by the governing  
boards of state colleges and universities and by a  
dean from the business schools represented by  
the Louisiana Association of Independent  
Colleges and Universities.)

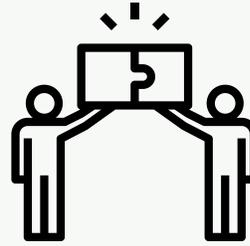
## Positions Presently Vacant

- LA Department of Health
- Agenda for Children
- Louisiana Council on Human Relations
- Louisiana Health Plan
- Louisiana Insurers' Conference
- National Association for the Advancement of Colored People
- National Medical Association
- NAIFA Louisiana
- (1) At-Large Appointments



# MEETINGS

# COMMISSION MEETING ACTIVITY



LHCC (General Meeting)	Availability & Access (Subcommittee)	Affordability & Rising Costs (Subcommittee)
April 22, 2022	December 12, 2022	December 14, 2022
August 11, 2022	-	December 21, 2022
November 17, 2022	-	-

# LHCC GENERAL MEETINGS

The Louisiana Health Care Commission shall meet twice in any one calendar year and may meet on the call of the chairman or upon the request of any three members.

The commission may conduct public hearing to receive testimony about the availability and affordability of health care in the state.

The commission shall also be permitted to receive further information and testimony from regional and nation experts on health care access issues.

**The Louisiana Health Care Commission conducted three general meetings from January 1, 2022, to December 31, 2022.**

1. April 22, 2022
2. August 11, 2022
3. November 17, 2022

**Minutes from the meetings conducted in the calendar year follow.**

# Meeting Minutes

## April 22, 2022

**Members present:** Josh Alford, Lauren Bailey, Ruby Brewer, Dr. Alecia Cyprian, Diane Davidson, Jeff Drozda, Dr. John Fraiche, Lisa Gardner, Arnold Goldberg, Dr. Faye Grimsley, Randal Johnson, Dr. Eva Lamendola, Senator Robert Mills, Barbara Morvant, Ronnell Nolan and Scott Webre

**Members absent:** Jeff Albright, Katie Brittain, Derrell Cohoon, Dr. Rachel Durel, Jack Duvernay, Susan Ellender, Dr. William Ferguson, Linda Hawkins, Rep. John Illg, Jesse Lambert, Darrell Langlois, Jennifer McMahon, Andrew Muhl, Frank Opelka, John Overton, Ed Parker, Debra Rushing, Dr. Butch Sonnier, Elizabeth Sumrall, Judy Wagner, Dr. Frances Wiggins and LaCosta Wix

**Staff present:** Crystal M. Stutes, John Ford

Chairman John Fraiche called the meeting to order at 9:10 a.m. Roll call was taken and a quorum was noted for the record.

Chairman Fraiche asked for a motion to approve the December 3, 2021 minutes. Mr. Arnold Goldberg offered the motion and Dr. Alecia Cyprian seconded the motion. With no objections, the minutes were approved.

Under new business, Chairman Fraiche introduced our newest member, Ms. Ruby Brewer of East Jefferson General Hospital. Ms. Brewer will represent the Louisiana State Nurses Association on the Commission.

Next the Commission welcomed three speakers from the National Academy on State Health Policy, Ms. Maureen Hensley-Quinn, Senior Program Director, Ms. Marilyn Bartlett, Senior Policy Fellow and Ms. Adney Rakotoniana, Policy Associate to discuss NASHP's new Hospital Cost Tracking Tool.

After a thorough presentation, the three guests answered questions from the members on the hospital tracking tool.

Next Mr. David Pearce of the Louisiana Department of Insurance gave a review of the LDI sponsored Health Insurance Bills currently pending in the legislative session. Following this presentation, Mr. Jeff Drozda of the LA Association of Health Plans gave a review of the non-LDI health insurance bills currently pending in the legislative session.

Next Dr. Fraiche again reviewed the topics of study that were presented at the last meeting and recommended that if anyone was interested in chairing a subcommittee on any specific topic, to reach out to Ms. Crystal Stutes.

With no further business, Chairman Fraiche moved to adjourn the meeting. With no objection, the meeting was adjourned at 11:45 a.m

# Meeting Minutes

## August 11, 2022

**Members present:** Lauren Bailey, Ruby Brewer, Katie Brittain, Derrell Cohoon, Dr. Alecia Cyprian, Diane Davidson, Jeff Drozda, Susan Ellender, Arnold Goldberg, Dr. Faye Grimsley, Representative John Illg, Dr. Eva Lamendola, Ronnell Nolan, Frank Opelka, John Overton and Dr. Patrice Sentino

**Members absent:** Jeff Albright, Josh Alford, Dr. Rachel Durel, Jack Duvernay, Dr. William Ferguson, Dr. John Fraiche, Lisa Gardner, Randal Johnson, Jesse Lambert, Darrell Langlois, Jennifer McMahon, Senator Robert Mills, Barbara Morvant, Andrew Muhl, Ed Parker, Debra Rushing, Dr. James “Butch” Sonnier, Elizabeth Sumrall, Judy Wagner, Scott Webre, Dr. Frances Wiggins and LaCosta Wix

**Staff present:** Crystal M. Stutes

Crystal M. Stutes called the meeting to order at 9:10am. Roll call was taken and a quorum was noted for the record.

Crystal M. Stutes asked for a motion to approve the April 22, 2022, minutes. Mr. Arnold Goldberg offered the motion and Dr. Alecia Cyprian seconded the motion. With no objections, the minutes were approved.

Under new business, Crystal Stutes introduced our newest member, Dr. Patrice Sentino. Dr. Sentino will represent the League of Women Voters of Louisiana.

Next Mr. Frank Opelka of the Louisiana Department of Insurance provided updates on the Inflation Reduction Act of 2022 and LDI sponsored Health Insurance Bills from the 2022 Regular Legislative Session.

Vicki Dufrene of the Louisiana Department of Insurance provided a discussion on Recent Telephone and Television Solicitation with Medicare Advantage Plans and Recent CMS Guidance.

Following this discussion, commission members engaged in an open discussion.

Next Crystal Stutes provided an update from the department regarding the creation of the Office of Policy, Innovation, and Research.

Katie Brittain again reviewed the topics of study that were presented at the last meeting and began the coordination of subcommittees with commission members.

With no further business Mr. Arnold Goldberg moved to adjourn the meeting, Ms. Ellender seconded the motion. With no objection, the meeting was adjourned at 11:20am.

# Meeting Minutes

## November 17, 2022

**Members present:** Derrell Cohoon, Dr. Alecia Cyprian, Susan Ellender, Dr. Will Ferguson, Dr. John Fraiche, Lisa Gardner, Arnold Goldberg, Randall Johnson, Eva Lamendola and Frank Opelka

**Members absent:** Jeff Albright, Josh Alford, Lauren Bailey, Ruby Brewer, Katie Brittain, Dianne Davidson, Jeff Drozda, Dr. Rachel Durel, Jack Duverney, Dr. Faye Grimsley, Representative John Illg, Jesse Lambert, Derrell Langlois, Jennifer McMahon, Senator Robert Mills, Barbara Morvant, Andrew Muhl, Ronnell Nolan, John Overton, Ed Parker, Debra Rushing, Dr. Patrice Sentino, Dr. James “Butch” Sonnier, Elizabeth Sumrall, Judy Wagner, Scott Webre, Dr. Frances Wiggins and LaCosta Wix

**Staff present:** Crystal M. Stutes and Crystal Lewis

Dr. John Fraiche called the meeting to order at 9:08 am. Roll call was taken and a quorum was not noted for the record.

Deputy Commissioner Frank Opelka provided an update from the Office of Health, Life and Annuity.

Michael Bertaut provided a presentation on the Individual Health Insurance Market Drivers in 2023.

Crystal Stutes provided a review of the subcommittees presented at the last LHCC meeting and noted an intent to schedule meetings.

Under new business, Crystal Stutes introduced our newest staff member, Ms. Crystal Lewis.

With no further business Dr. John Fraiche moved to adjourn the meeting, Dr. Cyprian seconded the motion. With no objection, the meeting was adjourned at 11:20am.

# SUBCOMMITTEE ON THE AFFORDABILITY AND RISING COSTS OF HEALTH CARE

The Subcommittee on the Affordability and Rising Cost of Health Care in the state was created at the November 17, 2022, meeting. The subcommittee held two virtual meetings. At the December 12, 2022, meeting and without opposition, commission member, Jeff Drozda was nominated chair of the subcommittee.

**The Subcommittee on the Affordability and Rising Cost of Health Care conducted two meetings from December 12, 2022, to January 31, 2023.**

1. December 12, 2022
2. December 21, 2022

Minutes from the meetings conducted in the calendar year follow.

# Meeting Minutes

## December 12, 2022

### SUBCOMMITTEE ON THE AFFORDABILITY AND RISING COSTS OF HEALTH CARE

**Members present: Senator Robert Mills, Jeff Drozda, and Katie Brittain**

**Members absent: Lauren Bailey, Ruby Brewer, Katie Brittain, Derrell Cohoon, Dr. Alecia Cyprian, Diane Davidson, Jeff Drozda, Susan Ellender, Arnold Goldberg, Dr. Faye Grimsley, Representative John Illg, Dr. Eva Lamendola, Ronnell Nolan, Frank Opelka, John Overton and Dr. Patrice Sentino, Jeff Albright, Josh Alford, Dr. Rachel Durel, Jack Duvernay, Dr. William Ferguson, Dr. John Fraiche, Lisa Gardner, Randal Johnson, Jesse Lambert, Darrell Langlois, Jennifer McMahon, Senator Robert Mills, Barbara Morvant, Andrew Muhl, Ed Parker, Debra Rushing, Dr. James “Butch” Sonnier, Elizabeth Sumrall, Judy Wagner, Scott Webre, Dr. Frances Wiggins and LaCosta Wix**

**Staff present: Crystal M. Stutes and Crystal Lewis**

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

Katie Brittain presented to the committee and particularly mentioned barriers with mandated benefits and whether they do what they are intended to do.

Jeff Drozda provided information on the Mandated Health Benefits Commission and barriers in cost transparency.

Derrell Cohoon made a commitment to provide data and presenters for information.

In preparation of the next meeting, members noted the importance of getting with the Mandated Health Benefits Commission and the possibility of collaboration to tackle the effects of mandated benefits and the issue with federal/state mandates.

With no further business the meeting was adjourned at 9:33 a.m.

# Meeting Minutes

## December 21, 2022

### SUBCOMMITTEE ON THE AFFORDABILITY AND RISING COSTS OF HEALTH CARE

**Members present: Jeff Albright, Joshua Alford, Katie Brittain, Jeff Drozda, Susan Ellender, Lisa Gardner, John Overton, Representative Illg and Senator R. Mills**

**Members absent: Ruby Brewer, Dr. Alecia Cyprian, Diane Davidson, Susan Ellender, Arnold Goldberg, Dr. Faye Grimsley, Dr. Eva Lamendola, Ronnell Nolan, Josh Alford, Dr. Rachel Durel, Jack Duvernay, Dr. William Ferguson, Dr. John Fraiche, Randal Johnson, Jesse Lambert, Darrell Langlois, Andrew Muhl, Ed Parker, Debra Rushing, Dr. James “Butch” Sonnier, Elizabeth Sumrall, Judy Wagner, Scott Webre, Dr. Frances Wiggins and LaCosta Wix**

**Staff present: Crystal M. Stutes and Crystal Lewis**

Jeff Drozda gave an overview of the last meeting and noted the two topics that the subcommittee decided on including; hospital pricing and mandates. Mr. Drozda also referenced the AHIP presentation that was distributed to commission members.

Senator Robert Mills spoke about the AHIP facilities fees document.

Katie Brittain asked for resources about the data of the total cost of care.

Crystal Stutes provided an update on the mandated health benefits commission.

Jeff Drozda asked that we get a presentation from health plans.

Katie Brittain asked that we get a presentation from Miranda Motter of AHIP.

Lisa Gardner referenced the Insurance conference from last year that included Dr. Warner Thomas and Dr. Robert Hart speaking about their targeted goals to increase the health of Louisiana.

Jeff Drozda spoke about the goal of MCOs to increase access to care by keeping individuals out of the emergency room.

Jeff Drozda examined the mandated health benefits commission and the last dated report. John Overton spoke on mental health parity issues. Mr. Overton also noted issues with the availability of providers to provide services for mandates. He also spoke about small business owners being informed on their options for employer-based health care.

# Meeting Minutes

## December 21, 2022

### SUBCOMMITTEE ON THE AFFORDABILITY AND RISING COSTS OF HEALTH CARE

**Members present: Jeff Albright, Joshua Alford, Katie Brittain, Jeff Drozda, Susan Ellender, Lisa Gardner, John Overton, Representative Illg and Senator R. Mills**

**Members absent: Ruby Brewer, Dr. Alecia Cyprian, Diane Davidson, Susan Ellender, Arnold Goldberg, Dr. Faye Grimsley, Dr. Eva Lamendola, Ronnell Nolan, Josh Alford, Dr. Rachel Durel, Jack Duvernay, Dr. William Ferguson, Dr. John Fraiche, Randal Johnson, Jesse Lambert, Darrell Langlois, Andrew Muhl, Ed Parker, Debra Rushing, Dr. James “Butch” Sonnier, Elizabeth Sumrall, Judy Wagner, Scott Webre, Dr. Frances Wiggins and LaCosta Wix**

**Staff present: Crystal M. Stutes and Crystal Lewis**

Katie Brittain provided an overview on a recent meeting regarding employer-sponsored policies with the Employer Coalition of Louisiana.

Jeff Drozda mentioned new rules on the federal level that allows government to negotiate with pharmaceutical companies on the cost of drugs and noted the state should also do this.

Katie Brittain brought up a point on the impacts that legislation may have on the day to day cost of healthcare in the state.

Jeff Drozda spoke about the role of fiscal notes in legislative process regarding mandates that come up in committee.

Katie Brittain posed Is legislation a driver of health care cost?

Senator Robert Mills spoke about health care mandate legislation being passed in committee.

Jeff Drozda provided an overview of the next steps for the subcommittee and included a proposal for the next meeting.

With no further business the meeting was adjourned at 3:31 p.m.

# SUBCOMMITTEE ON THE AVAILABILITY AND ACCESS OF HEALTH CARE

The Subcommittee on the Availability and Access of Health Care in the state was created at the November 17, 2022, meeting. During the 2022 calendar year, the subcommittee held one virtual meeting.

**During the 2022 calendar year, the Subcommittee on the Availability and Access of Health Care conducted one meeting..**

1. December 14, 2022

Minutes from the subcommittee meetings follow.

# Meeting Minutes

## December 14, 2022

### SUBCOMMITTEE ON THE AVAILABILITY AND ACCESS OF HEALTH CARE

**Members present: Katie Brittain, Derrell Cohoon, and Senator R. Mills**

**Members absent: Jeff Albright, Jeff Drozda, Joshua Alford, Dr. Alecia Cyprian, Diane Davidson, Susan Ellender, Lisa Garner, Arnold Goldberg, Dr. Faye Grimsley, Dr. Eva Lamendola, Ronnell Nolan, John Overton, Dr. Rachel Durel, Jack Duvernay, Dr. William Ferguson, Dr. John Fraiche, Randal Johnson, Jesse Lambert, Darrell Langlois, Andrew Muhl, Ed Parker, Debra Rushing, Dr. James “Butch” Sonnier, Elizabeth Sumrall, Judy Wagner, Scott Webre, Dr. Frances Wiggins, Patrice Sentino, Ruby Brewer, Frank Opelka and LaCosta Wix**

**Staff present: Crystal M. Stutes and Crystal Lewis**

Katie Brittain called the meeting to order at 9:06 a.m.

Without an elected chair, the committee began their business.

Katie Brittain provided an overview of the topics brought to the full LHCC at the last meeting. Those topics included, provider shortage, rural community concerns, population health, health equity and consumer knowledge/literacy.

Senator Robert Mills spoke about the next steps and asked that members focus on goals that can be realistically attained.

Katie Brittain proposed next steps for the subcommittee and included a proposal for the next meeting.

With no further business the meeting was adjourned at 9:32 a.m.



# LEGISLATIVE RECOMMENDATIONS

# LEGISLATIVE RECOMMENDATIONS



2023 RECOMMENDATIONS

## STUDY

- High Cost of pharmaceutical drugs
- Managed long-term services support study committee
- Continue to study the issues surrounding the provider shortage through collaboration of state boards

## EDUCATE

- Legislators on the cost of health care and the common misconceptions taken from it
- Physicians on the high cost of Drugs Being Prescribed

## STRENGTHEN & ENGAGE

- Louisiana Mandated Health Benefits Commission on the effects of mandated benefits and the cost of insurance premiums

## EXAMINE

- Promotion of specialty care pharmacies
- The cost of in-patient care vs home-based care

## PROMOTE

- Coverage Options for Consumers
- Pharmacy Drug Cost Transparency

## EVALUATE

- Workforce data of providing physicians

## NOTE

Recommendations were voted upon and approved by the commission at the February 24, 2023, Louisiana Health Care Commission General Meeting.

THE LOUISIANA  
HEALTH CARE  
COMMISSION



**2022  
ANNUAL  
CONFERENCE**

# 2022 ANNUAL CONFERENCE

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The Louisiana Department of Insurance (LDI) held its second combined event sponsored by the LDI in conjunction with the Louisiana Health Care Commission, the Property and Casualty Commission and the Louisiana Auto Theft & Insurance Fraud Prevention Authority.

The conference was held over the course of two days on Monday, March 7 and Tuesday, March 8 at the Higgins Hotel and Conference Center in New Orleans, Louisiana.

Leading insurance experts, as well as state and national policymakers, filled the two-day agenda, providing the audience with the opportunity to participate in nearly twenty breakout sessions.

The program provided a diverse audience of more than 400 attendees representing health plan executives and staff, health care providers, insurance producers, government officials, employers, health care attorneys, and government relations professionals with a review of the current landscape of our health care system and focused on the future of the insurance industry while exploring cutting edge innovations and providing an in-depth look at ongoing efforts to combat insurance fraud.

## **Health topics addressed at the two-day conference included:**

- Cybersecurity Insurance
- Health Equity/Social Determinants of Health
- Private Flood Insurance
- Catalytic Converter Theft and Insurance Fraud
- Mental Health Crisis – COVID-19 Related and Beyond
- Trends in Reinsurance Related to Climate and Catastrophe
- Agent Issues
- Decisions Driving Health Care Spending
- Social Inflation and the Effect on the Insurance Market
- Future of Long-Term Care
- Strategies for Reducing Health Care Costs
- Increasing Insurability with Fortified Homes



WHERE DOES  
YOUR HEALTH  
CARE DOLLAR  
GO?

# WHERE DOES YOUR HEALTH CARE DOLLAR GO?



<b>22¢</b>	PRESCRIPTION DRUGS	<b>6.2¢</b>	OTHER OUT-PATIENT CARE	<b>3.3¢</b>	EMERGENCY ROOM COSTS
<b>19.9¢</b>	IN-PATIENT HOSPITAL COSTS	<b>4.2¢</b>	OTHER OUT-PATIENT CARE	<b>3.0¢</b>	OTHER FEES AND BUSINESS EXPENSES
<b>19¢</b>	OUT-PATIENT HOSPITAL COSTS	<b>3.8¢</b>	OTHER ADMINISTRATIVE EXPENSES	<b>2.1¢</b>	COST CONTAINMENT
<b>11.8¢</b>	DOCTOR VISITS	<b>3.6¢</b>	PROFIT	<b>0.8¢</b>	QUALITY IMPROVEMENT



# PRIMARY CARE SHORTAGES



# Primary Care Shortages

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## THE PROBLEM

As Americans increase in age, their need for primary care physicians who assist in managing health issues with aging. The issue? Our physicians are aging also.

## A DECADE WITH UNIQUE CHALLENGES

Impact reports insist that the COVID pandemic enhanced the effects of burnout in an already stressed field of primary care physicians; contributing to physician shortages nationwide.

A few causes contributing to primary care physician shortages include:

- Burnout
- Higher pay in specialty care areas
- Being replaced by through hiring nurse practitioners and physician assistants

## IMPACT SNAPSHOT

40%

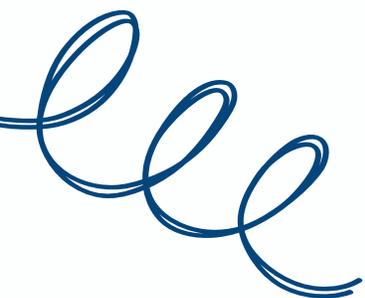
Active physicians aged 65 or older by 2033.

29%

Physicians retiring between the ages of 60 and 65

12%

Physicians retiring before the age of 60



# PRIMARY CARE SHORTAGE AREAS

In addressing provider shortages in the state, Well-Ahead Louisiana Primary Care Office provides information on the following programs:

- Louisiana Conrad 30/J-1 Visa Waiver
- Louisiana Rural Physician Loan Repayment Program
- National Health Service Corps
- Primary Care Needs Assessment
- Rural Health Scholars
- State Loan Repayment

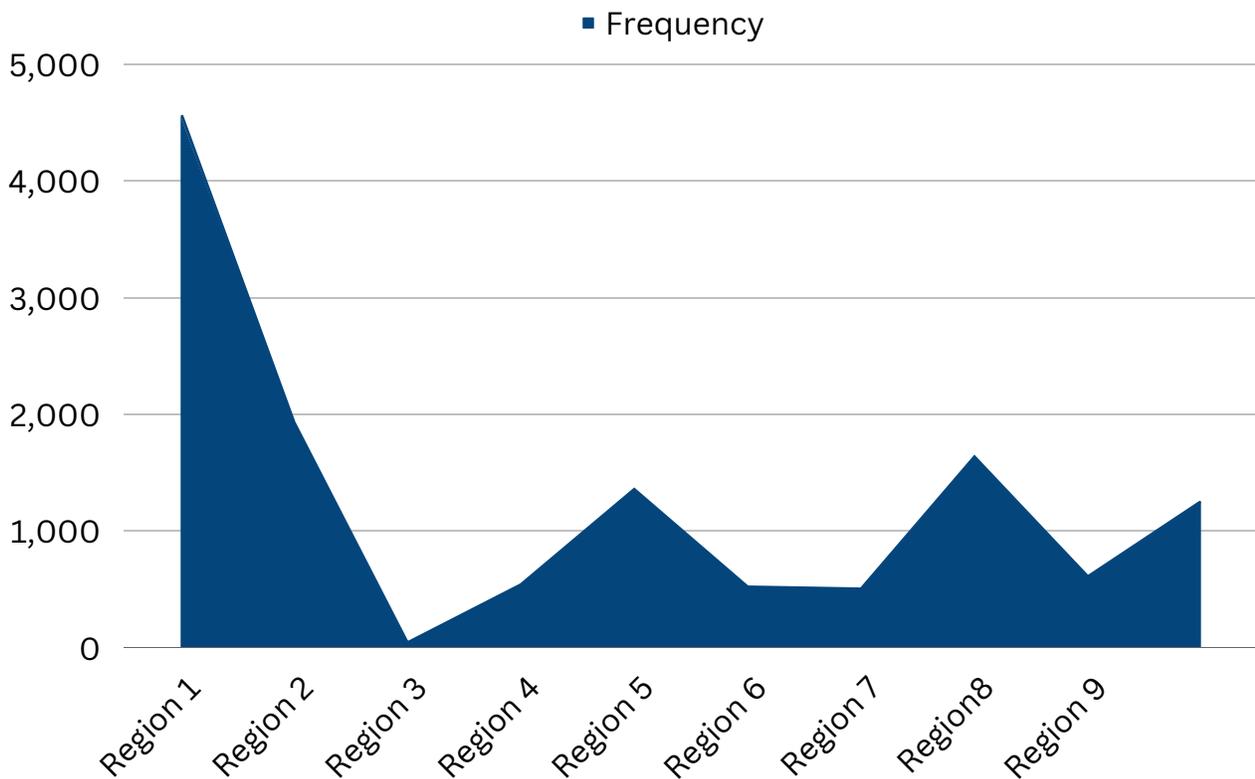
Information for these programs can be found on the web at:

<https://wellaheadla.com/healthcare-access/louisiana-primary-care-office/>





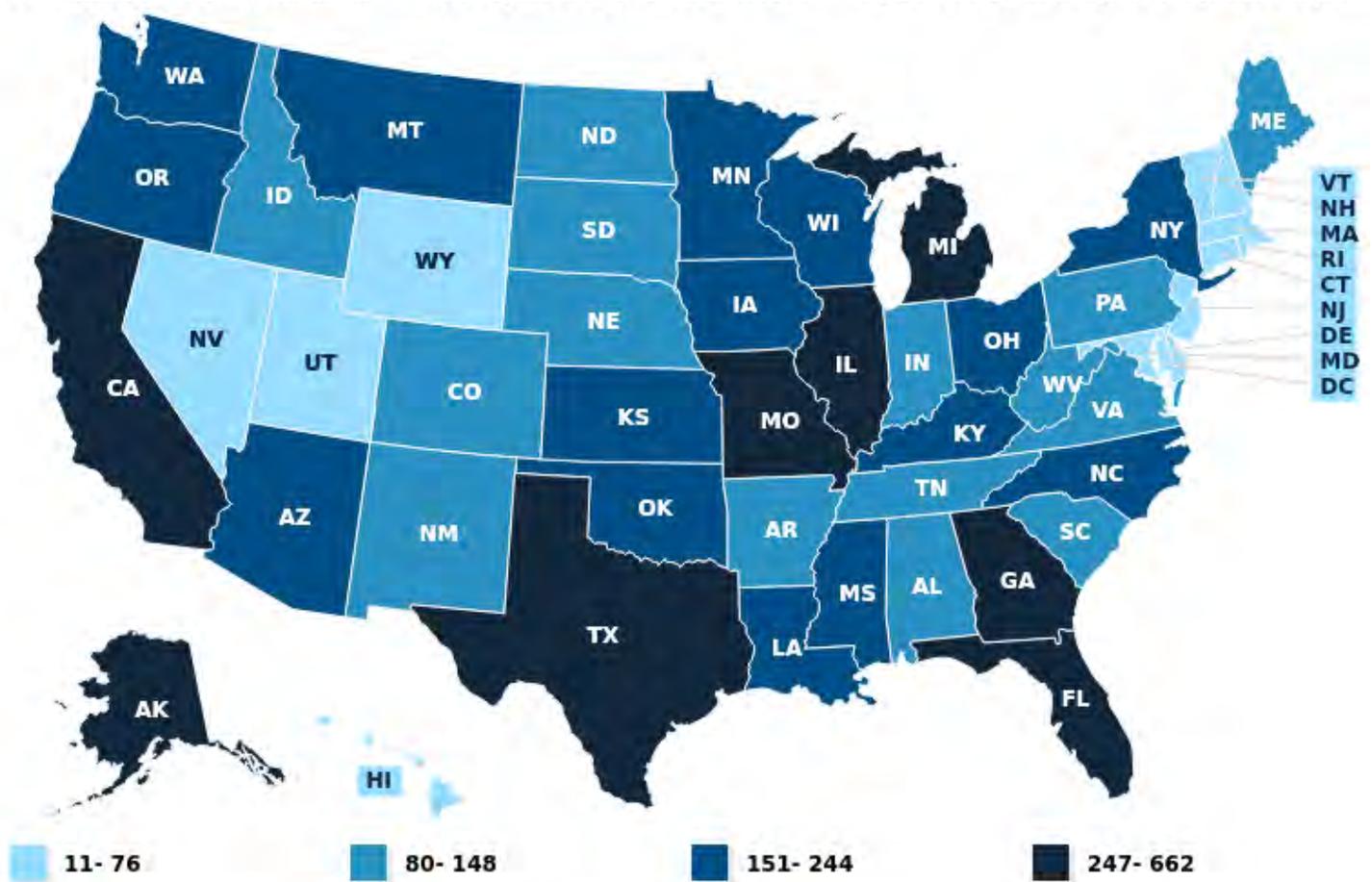
# PHYSICIAN WORKFORCE IN LOUISIANA



Data Retrieved February 24, 2023

- In a recent presentation to the Louisiana Health Care Commission, Dr. Vincent Culotta, Louisiana State Board of Medical Examiners presented on the Physician Workforce in Louisiana. This graph depicts primary care physicians by LDH Region.

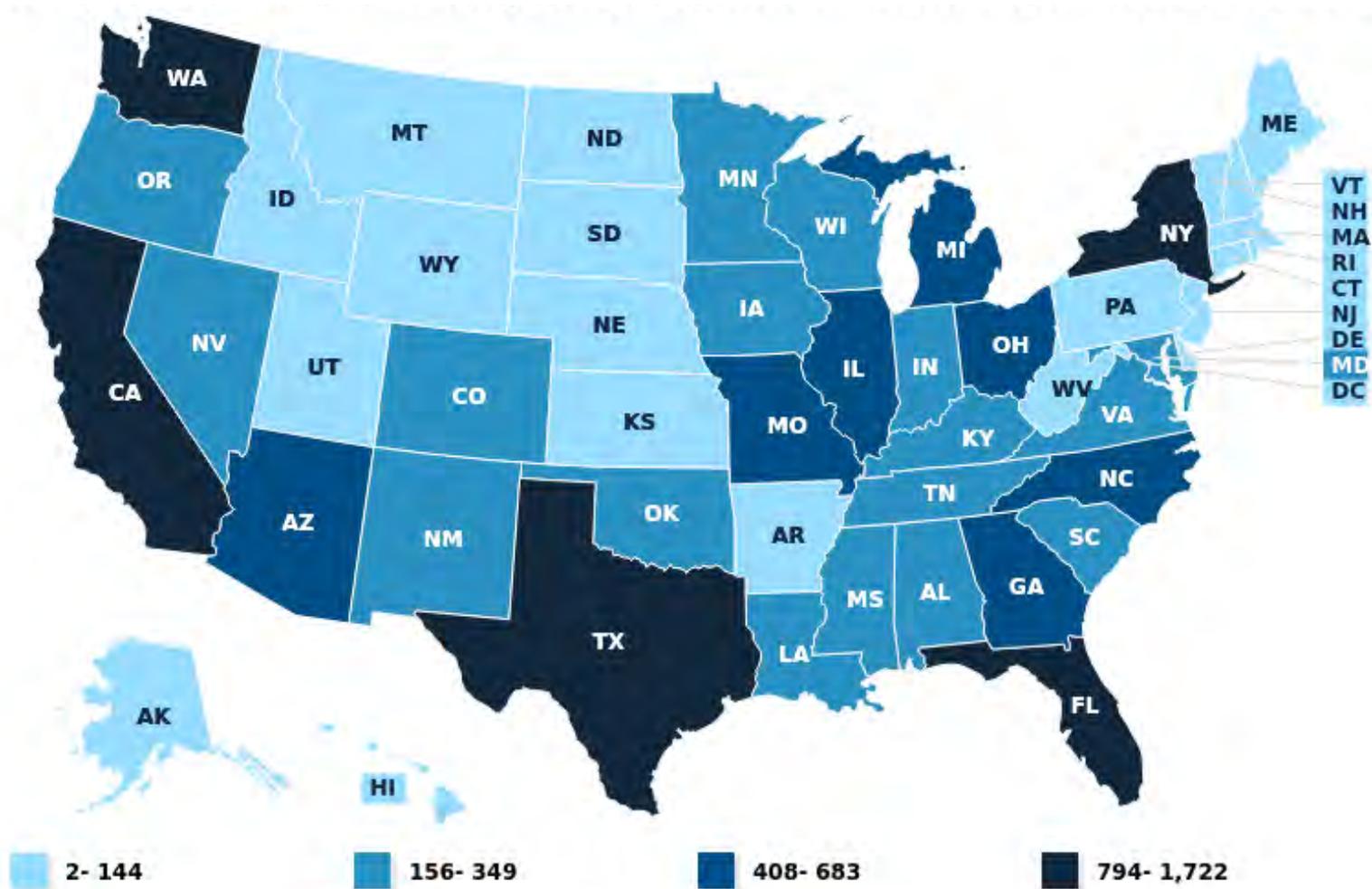
# PRIMARY CARE HEALTH PROFESSIONAL SHORTAGE AREAS (HPSAS)



SOURCE: Kaiser Family Foundation's State Health Facts.

*As of September 2022, the state of Louisiana has a total of 180 total primary care HPSA designations.*

# PRACTITIONERS NEEDED TO REMOVE HPSA DESIGNATION

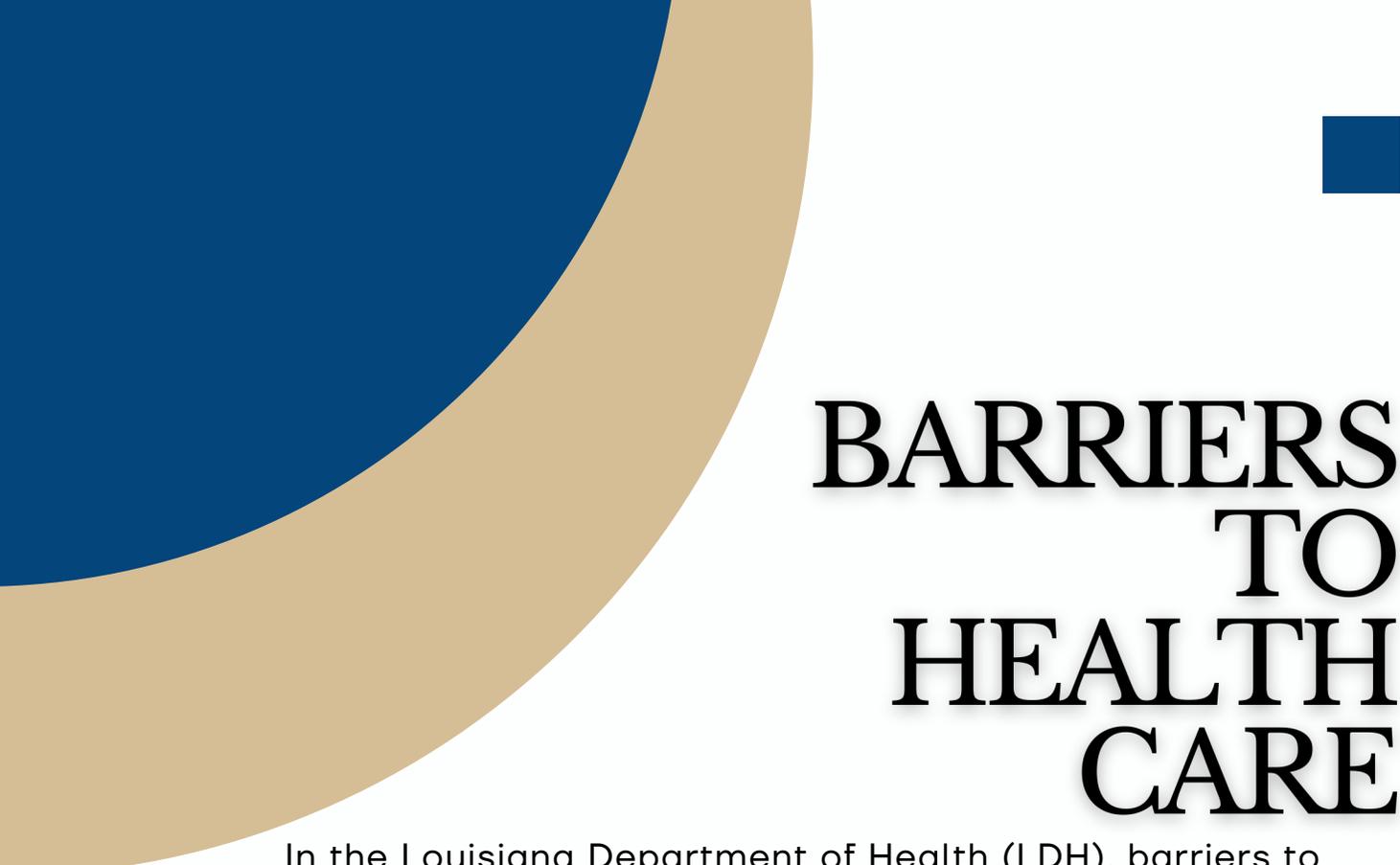


*In the state of Louisiana, 298 practitioners are needed to remove the HPSA Designation.*





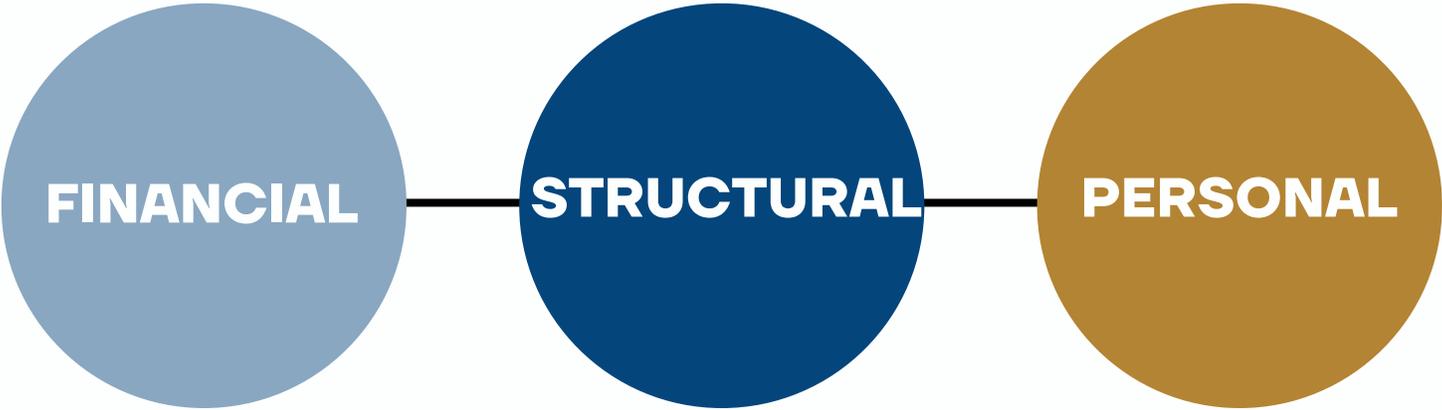
# ACCESS TO HEALTH CARE



# BARRIERS TO HEALTH CARE

In the Louisiana Department of Health (LDH), barriers to health (BTH), are seen as those factors that prevent an individual, population, and/or community from acquiring a) access to health services and/or b) achieving their best health.

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**FINANCIAL**

**STRUCTURAL**

**PERSONAL**

# ACCESS TO HEALTH CARE

: the timely use of personal health services to achieve the best health outcomes

- **5.7% OF ADULTS AGED 18 AND OVER FAILED TO OBTAIN NEEDED MEDICAL CARE DUE TO COST**
- **88.1% OF PERSONS HAVE A USUAL PLACE TO GO FOR MEDICAL CARE**





# PRESCRIPTION DRUG PRICING

# PRESCRIPTION DRUG PRICING

Transparency: In the 2017 Regular Legislative Session, Representative Kirk Talbot introduced HB 436.

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## HB 436 - ACT 220

The bill requires each drug manufacturer or pharmaceutical marketer who engages in any form of prescription drug marketing to a prescriber, his or her designee, or any member of his or her staff in Louisiana to provide to the Louisiana Board of Pharmacy the current wholesale acquisition information for each of the US Food and Drug Administration-approved drugs marketed in the state by that manufacturer.

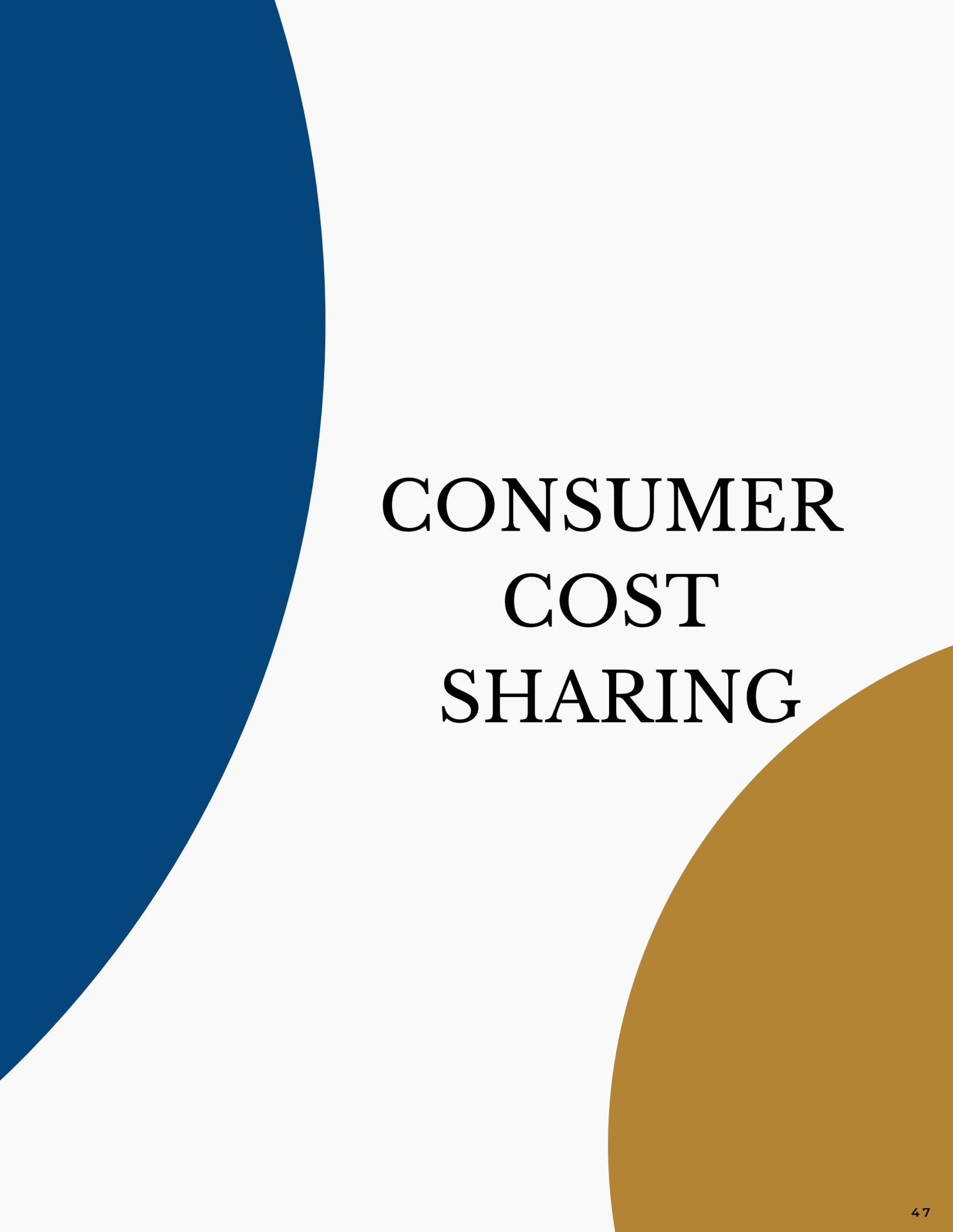
# PRESCRIPTION DRUG PRICING

Transparency: In the 2017  
Regular Legislative Session,  
Senator Fred Mills  
introduced SB 59

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## SB 59 - ACT 236

- Requires the La. Board of Pharmacy to develop a website to contain prescription drug information to be made available to prescribers on the board's website with a dedicated link that is prominently displayed on the board's home page, or by a separate easily identifiable Internet address.
- Requires that the website include certain data elements separated by therapeutic category.
- Provides that when a pharmaceutical marketer engages in any form of prescription drug marketing in the state directly to a prescriber, his designee, or any member of his staff, the marketer may disclose the website Internet address and inform the prescriber that he may access the website to obtain information on the cost of prescription drugs.



# CONSUMER COST SHARING

# CONSUMER COST SHARING

In the 2022 Regular Legislative Session, Representative Edmond Jordan introduced HB 677 (ACT 724).

## This measure:

- prohibits a health coverage plan from imposing a cost-sharing provision for insulin in the plan's formulary that requires the enrollee to pay more than \$75.00 per prescription for a 30-day supply, regardless of the amount or type of insulin needed to fill the enrollee's prescription
- provides that on January 1st of each year, the limit on the amount that an insured is required to pay for a 30-day supply of a covered prescription of insulin shall increase by a percentage equal to the percentage change from the preceding year in the prescription drug component of the Consumer Price Index of the U.S. Dept. of Labor, Bureau of Labor Statistics
- requires a health coverage plan to include at least one insulin from each therapeutic class in the plan's formulary



# CONSUMER COST SHARING

In the 2018 Regular Legislative Session, Senator Fred Mills introduced SB 282 (ACT 579).

## This measure:

- requires certain health insurance issuers to notify enrollees and prospective enrollees that they may be subject to an excess consumer cost burden when an enrollee is charged more for a prescription drug than his issuer pays or would pay after accounting for the issuer's estimate of at least 50% of future rebate payments for the enrollee's actual point of sale prescription drug claim
- prohibits a health insurance issuer from publishing or otherwise revealing information regarding the actual amount of rebates the health insurance issuer receives, including but not limited to information regarding the amount of rebates it receives on a product, manufacturer, or pharmacy specific basis. New law provides that such information is a trade secret, is not a public record as defined under prior law (Public Records Law), and will not be disclosed directly or indirectly
- requires certain health insurance issuers to annually make available to the commissioner of insurance information regarding the value of rebates expressed as a percentage that the health insurance issuer made available to enrollees at the point of sale
- requires a health insurance issuer to impose the confidentiality protections of new law on any third parties or vendors with which it contracts that may receive or have access to rebate information.





# MANDATED HEALTH BENEFITS

# Mandated Health Benefits

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Authored by Representative Paula Davis in the 2016 Regular Legislative Session, House Bill 312 (ACT 45), reconstituted the Louisiana Mandated Health Benefits Commission and eliminated the 2004-2008 moratorium on health insurance mandates.



The commission consists of five members, including:

1. The chairman of the House Committee on Insurance or his designee.
  2. The chairman of the Senate Committee on Insurance or his designee.
  3. The commissioner of administration or his designee.
  4. Two persons appointed by the commissioner of insurance.
- The commission provides for an optional review of all proposed legislation that would mandate coverage by health insurers of specifically enumerated benefits, services, conditions, or medical products.

Pursuant to federal law, the annual cost of any mandated benefit in excess of Essential Health Benefits (EHBs) for Qualified Health Plans (QHPs) shall be a legal obligation of the state of La. and shall be defrayed by the state through direct reimbursement to any health insurance issuer entitled to such reimbursement pursuant to such federal law.



# ENDING THE PUBLIC HEALTH EMERGENCY

## WHAT'S CHANGING?

- Certain Medicare and Medicaid waivers and broad flexibilities for health care providers are no longer necessary and will end
- Coverage for COVID-19 testing for Americans will change
- Reporting of COVID-19 laboratory results and immunization data to CDC will change
- Certain FDA COVID-19-related guidance documents for industry that affect clinical practice and supply chains will end or be temporarily extended
- FDA's ability to detect early shortages of critical devices related to COVID-19 will be more limited
- Public Readiness and Emergency Preparedness (PREP) Act liability protections for may be impacted
- The ability of health care providers to safely dispense controlled substances via telemedicine without an in-person interaction is affected; however, there will be rulemaking that will propose to extend these flexibilities

# Ending The Public Health Emergency

The Public Health Emergency (PHE) has been in place since January 27, 2020, and is scheduled to end on May 11, 2023.

## WHAT'S NOT CHANGING?

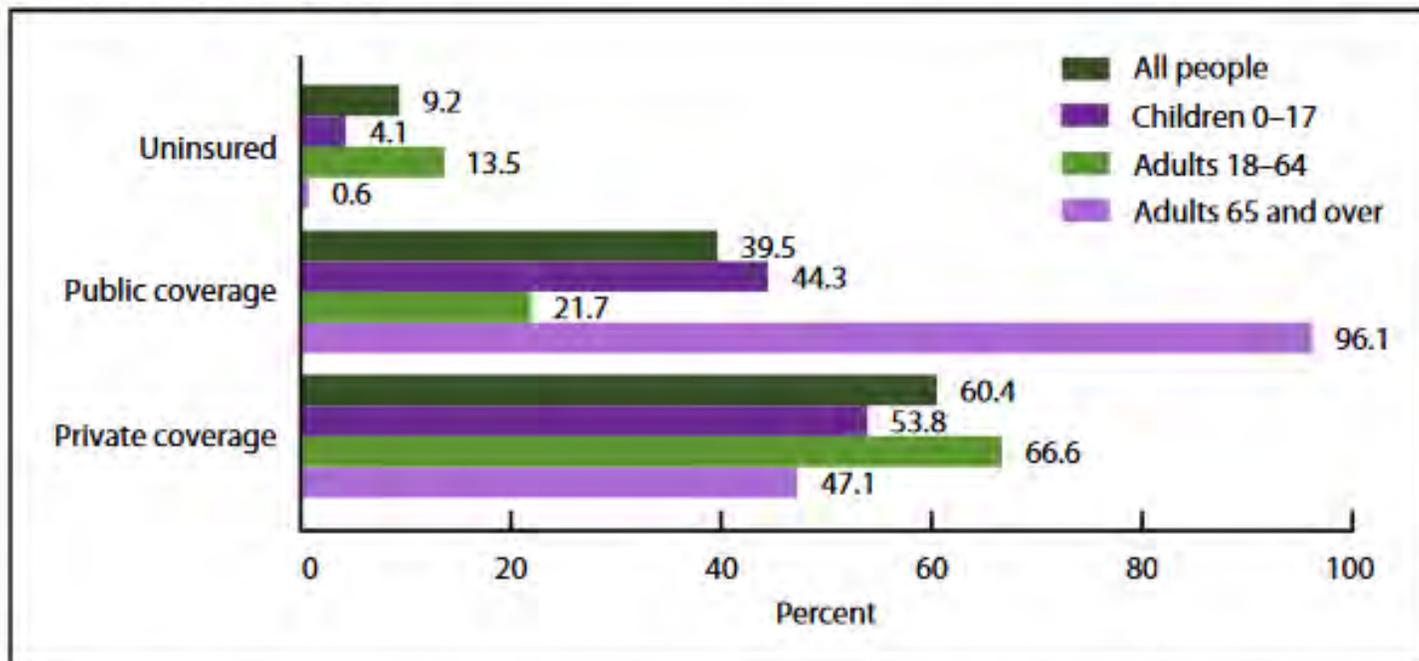
- Access to COVID-19 vaccinations and certain treatments, such as Paxlovid and Lagevrio
- FDA's EUAs for COVID-19 products (including tests, vaccines, and treatments)
- Major Medicare telehealth flexibilities
- Medicaid telehealth flexibilities .
- The process for states to begin eligibility redeterminations for Medicaid
- Access to buprenorphine for opioid use disorder treatment in Opioid Treatment Programs (OTPs)
- Access to expanded methadone take-home doses for opioid use disorder treatment



# HEALTH INSURANCE COVERAGE

# Health Insurance Coverage By The Numbers, 2021

**Figure 1. Percentages of people who were uninsured or had public or private coverage, by age group: United States, 2021**



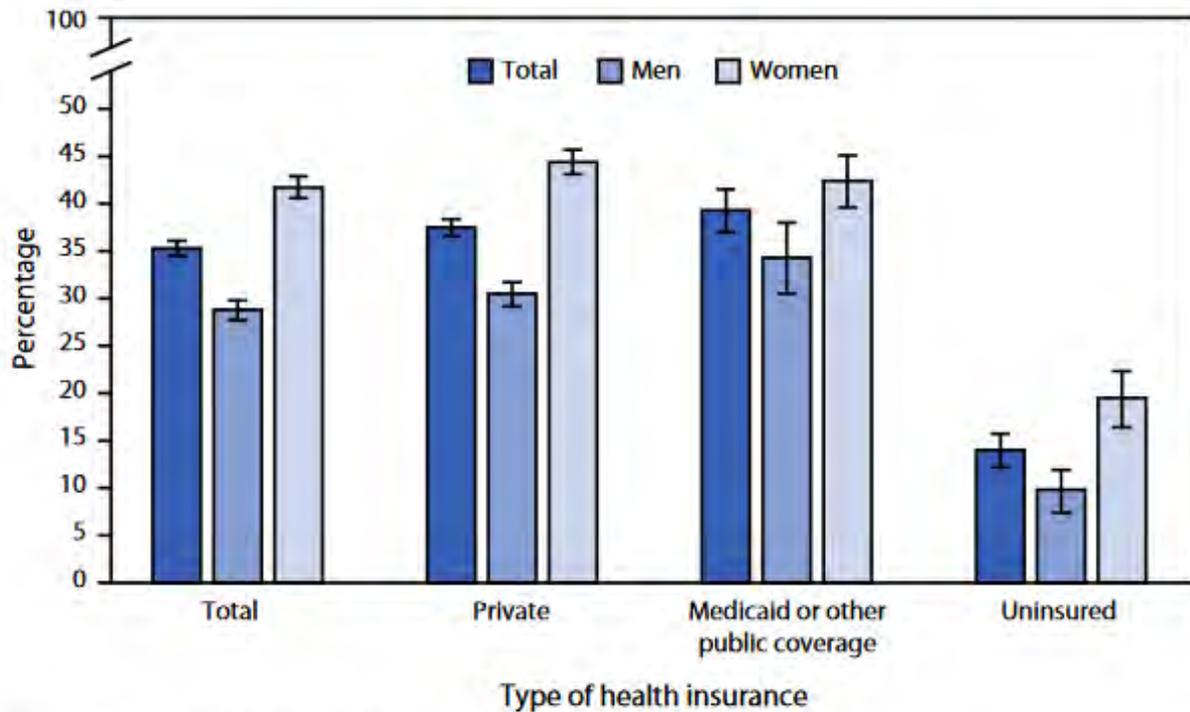
NOTES: People were defined as uninsured if they did not have any private health insurance, Medicare, Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government plan, or military plan. People also were defined as uninsured if they had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care. Public coverage includes Medicaid, CHIP, state-sponsored or other government-sponsored health plan, Medicare, and military plans. Private coverage includes any comprehensive private insurance plan (including health maintenance and preferred provider organizations). These plans include those obtained through an employer, purchased directly, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. Private coverage excludes plans that pay for only one type of service, such as accidents or dental care. A small number of people were covered by both public and private plans and were included in both categories. Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2021.

- In 2021, among people of all ages, 9.2% were uninsured, 39.5% had public coverage, and 60.4% had private coverage at the time of interview (Figure 1).
- Adults aged 18-64 were the most likely to be uninsured (13.5%), followed by children aged 0-17 years (4.1%) and adults aged 65 and over (0.6%).
- Adults aged 65 and over were the most likely to have public coverage (96.1%), followed by children aged 0-17 years (44.3%) and adults aged 18-64 (21.7%).

# Telemedicine and Health Insurance Coverage

Percentage\* of Adults Aged 18–64 Years Who Used Telemedicine in the Past 12 Months,<sup>†</sup> by Sex and Health Insurance Coverage<sup>§</sup> — National Health Interview Survey, United States 2021<sup>¶</sup>



\* With 95% CIs indicated by error bars.

<sup>†</sup> Based on a positive response to the question, “In the past 12 months, have you had an appointment with a doctor, nurse, or other health professional by video or phone?”

<sup>§</sup> Health insurance coverage is based on reported status at the time of interview. Private insurance includes plans obtained through an employer, purchased directly, and received through local and community programs. Public coverage includes Medicaid or other state-sponsored health plans among adults without private insurance. In addition to adults without coverage, uninsured includes a very small percentage of adults who only have Indian Health Service coverage or a private plan that paid for only one type of service. Total includes other types of health insurance coverage not shown separately.

<sup>¶</sup> Estimates are based on household interviews of a sample of the civilian, noninstitutionalized U.S. population.

Overall, in 2021, 35.3% of adults aged 18–64 years had a telemedicine visit with a health care professional in the past 12 months. The percentage was higher among women than men overall (41.7% versus 28.8%). Women were also more likely than were men to have had a telemedicine visit among those with private health insurance (44.4% versus 30.5%), Medicaid or other public coverage (42.4% versus 34.3%), and those who were uninsured (19.5% versus 9.8%). Adults with private health insurance (37.5%) or Medicaid or other public coverage (39.3%) were more likely to use telemedicine compared with uninsured adults (14.0%), and this pattern was seen for women and men.

**Source:** National Center for Health Statistics, National Health Interview Survey, 2021. <https://www.cdc.gov/nchs/nhis.htm>

**Reported by:** Jacqueline Lucas, MPH, [jbw4@cdc.gov](mailto:jbw4@cdc.gov); Maria Villarroel, PhD; Robin Cohen, PhD.



# LOUISIANA HEALTH INSURANCE SURVEY



# LA HEALTH INSURANCE SURVEY

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**The Louisiana Health Insurance Survey provides health insurance related data and has been the primary source of such data in the state since 2003. Historically, the survey has been completed by the LSU E.J. Ourso College of Business.**

**The 2021 Louisiana Health Insurance Survey found that the largest disparities exists in classes of gender and race.**

**The results of the report also show higher levels of satisfaction and greater access to providers for those participants with Medicaid coverage**

**This year marks the 30th anniversary of the survey. Data is expected to be released in November 2023.**

**For more information about the Louisiana Health Insurance survey, visit [www.ldh.la.gov](http://www.ldh.la.gov).**

# LHIS BY THE NUMBERS

	LHIS Unweighted	LHIS Weighted	ACS 2018
<b>Income</b>			
Less than \$10,000	11%	10.1%	10.1%
\$10-15,000	3.8%	5.7%	5.7%
\$15-35,000	17.3%	21.2%	21.2%
\$35-75,000	26.1%	28.2%	28.2%
\$75-150,000	25.9%	24.6%	24.6%
More than \$100,000	15.8%	10.2%	10.2%
<b>Age</b>			
0-5 years	8.1%	6.4%	6.4%
6-15 years	14.5%	14.7%	14.7%
16-18 years	4.9%	3.9%	3.9%
19-26 years	15.8%	9.0%	9.0%
27-45 years	27.0%	25.3%	25.3%
46-65 years	25.6%	24.5%	24.5%
More than 65 years	4.2%	16.1%	16.1%
<b>Race</b>			
White	68.2%	61.8%	61.8%
Black	22.3%	32.4%	32.4%
Other	9.5%	5.8%	5.8%
<b>Gender</b>			
Male	46.7%	48.8%	48.8%
Female	53.3%	51.2%	51.2%
<b>Region</b>			
New Orleans	14.9%	19.2%	19.2%
Baton Rouge	13.6%	14.7%	14.7%
Houma-Thibodaux	11.7%	8.5%	8.5%
Acadiana	10.0%	13.0%	13.0%
Southwest	6.5%	6.6%	6.6%
Central	8.6%	6.4%	6.4%
Northwest	11.8%	11.5%	11.5%
Northeast	8.7%	7.4%	7.4%
Northshore	14.1%	12.7%	12.7%



# CONCLUSION

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We trust that this report is both informative and enlightening to our state legislators. The Louisiana Health Care Commission remains committed to addressing the many health policy issues that play a part in ensuring that Louisiana citizens have access to affordable, quality health care.

The commission will continue to educate and encourage discussion of all stakeholders in the debate of the provision of health care for all Louisiana citizens as well as the search for more effective and efficient solutions for the delivery of health care in Louisiana.

The commission looks forward to playing a role in the search for more effective and efficient solutions for the delivery of health care in Louisiana.

Lists of Louisiana Health Care Commission members and meeting dates are available on the website.

For more information about the Louisiana Department of Insurance and the Louisiana Health Care Commission, you may access the department website at [www.lidi.la.gov](http://www.lidi.la.gov).



# LOOKING AHEAD

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The Louisiana Health Care Commission will continue to study, monitor and make recommendations related to the availability and affordability of health care and health care coverage to the Commissioner of Insurance.

The Louisiana Health Care Commission will continue to study the issue of the uninsured and underinsured in order to make recommendations as to mechanisms to further expand coverage options.

The Louisiana Health Care Commission will continue to monitor all federal and state legislation and make recommendations accordingly.

The Louisiana Health Care Commission will continue to monitor the implementation of federal health care reform as policies develop at both a state and national level.

# MEET OUR TEAM

Our dedicated team



**CRYSTAL STUTES**  
*Director*  
**Director Boards & Commissions**  
*Crystal.Stutes@ldi.la.gov*



**CRYSTAL LEWIS**  
*Assistant Director*  
**Louisiana Health Care Commission**  
*Crystal.Lewis@ldi.la.gov*

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**OFFER INPUT TO THE  
LOUISIANA HEALTH  
CARE COMMISSION**

**DON'T BE SHY! E-MAIL US!**

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# LOUISIANA HEALTH CARE COMMISSION



## REPORT TO THE LEGISLATURE 2022



THIS REPORT WAS PRODUCED BY:  
LOUISIANA HEALTH CARE COMMISSION  
LOUISIANA DEPARTMENT OF INSURANCE  
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[HTTP://WWW.LDI.LA.GOV](http://www.lldi.la.gov)

