Louisiana Health Care Commission

Louisiana Department of Insurance
Commissioner of Insurance James J. Donelon

Report to the Legislature
January 1, 2014 to December 31, 2014
Louisiana Department of Insurance

This public document is published at a total cost of $246.55. Sixty-five copies of this public document were published in this first printing at a cost of $71.93. The total cost of all printings of this document, including reprints, is $246.55. This document was published by the Louisiana Department of Insurance, Post Office Box 94214, Baton Rouge, LA 70804-9214 to review and study the availability and affordability of health care in the state of Louisiana in accordance with La. R.S. 22:2161(I). This material was printed in accordance with the standards for printing by state agencies established pursuant to La. R.S. 43:31.
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The Louisiana Health Care Commission was created in 1992 (La. R.S. 22:2161). The Louisiana Health Care Commission is a 47 member multi-disciplined advisory board which undertakes comprehensive review of complex health care issues facing Louisiana. The Commission examines certain health policy developed by the Department of Insurance as well as other issues addressing reform of the health care and health insurance systems in Louisiana, in order to make access to quality health care more affordable and available for its citizenry.

Through public meetings and forums, the Commission receives testimony, reports and informational presentations from regional and national experts about the availability and affordability of health care and health insurance coverage in the state. The Commission openly solicits, encourages and receives public comment at all meetings. The Commission coordinates its efforts with other study commissions, state agencies and executive initiatives.
The Louisiana Health Care Commission is composed of a great variety of health care experts and stakeholders, including health care payers, providers, employer organizations and community leaders. Members are also nominated from the governing boards of Louisiana’s colleges and universities, the Senate and House Insurance Committees, as well as at-large appointments designated by the Commissioner of Insurance.

Since its inception in 1992, the Louisiana Health Care Commission has included as many as 50 members.

During the 1995 Regular Session of the Louisiana Legislature, Act 594 revised and re-enacted the authorizing legislation to expand the Commission to 39 members and extend its work until June 30, 1999. During the 1997 Regular Session of the Louisiana Legislature, Act 869 increased the membership of the Commission to 44 members. During the 1999 Regular Session of the Louisiana Legislature, Act 446 was passed, which further increased the number of commission members and transferred the Louisiana Health Care Commission to the Department of Insurance by La. R.S. 36:686(B).

During the 2004 Regular Session of the Louisiana Legislature, Act 495 amended La. R.S. 22:9 removing one dissolved organization and adding six new organizations to the Commission, expanding the membership to 50 members. The 2012 Regular Session of the Louisiana Legislature brought Act 271 which amended La. R.S. 22:2161 removing four dissolved organizations, reducing the membership to 46 members.

During the last Regular Legislative Session, Act 90 amended La. R.S. 22:2161, removing one dissolved organization, changing the names of two organizations, and adding two others. The current membership of the LHCC is 47.
**LOUISIANA HEALTH CARE COMMISSION**

**MEMBER LIST**

The following is a list of Louisiana Health Care Commission members, along with the organizations they represent, as of December 31, 2014.

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms. Robelynn Abadie</td>
<td>NAIFA Louisiana - formerly Louisiana Association of Insurance and Financial Advisors</td>
</tr>
<tr>
<td>Mr. Derrell D. Cohoon</td>
<td>America’s Health Insurance Plans</td>
</tr>
<tr>
<td>Mr. Jeff Albright</td>
<td>Independent Insurance Agents &amp; Brokers of Louisiana</td>
</tr>
<tr>
<td>Ms. Amy David</td>
<td>At-Large Appointment</td>
</tr>
<tr>
<td>Ms. Diane Davidson</td>
<td>Louisiana Business Group on Health</td>
</tr>
<tr>
<td>Ms. Rhonda R. Bagby</td>
<td>Humana Health Benefit Plan of Louisiana, Inc.</td>
</tr>
<tr>
<td>Rita J. Finn, MSN, RN</td>
<td>Louisiana State Nurses Association</td>
</tr>
<tr>
<td>Donna Fraiche, Esq.</td>
<td>At-Large Appointment, Chairperson of the LHCC</td>
</tr>
<tr>
<td>Holley Galland, MD</td>
<td>Louisiana Council on Human Relations</td>
</tr>
<tr>
<td>Mr. Korey Harvey</td>
<td>Louisiana Department of Insurance</td>
</tr>
<tr>
<td>Brenda G. Hatfield, PhD</td>
<td>AARP Louisiana, a volunteer representative</td>
</tr>
<tr>
<td>Ms. Linda P. Hawkins</td>
<td>League of Women Voters of Louisiana</td>
</tr>
<tr>
<td>Mr. Scott Broussard</td>
<td>Louisiana Nursing Home Association</td>
</tr>
<tr>
<td>Ms. Hedy S. Hebert</td>
<td>Louisiana Association of Health Underwriters</td>
</tr>
<tr>
<td>Roderick C. Campbell, MBA/HCM</td>
<td>Louisiana Primary Care Association</td>
</tr>
<tr>
<td>Ms. Bridgette R. Jamison</td>
<td>Louisiana Association of Business and Industry</td>
</tr>
<tr>
<td>John Steven Caraway, DC</td>
<td>Chiropractic Association of Louisiana</td>
</tr>
<tr>
<td>Ms. Julie Cherry</td>
<td>Louisiana AFL-CIO</td>
</tr>
<tr>
<td>Anil Kukreja, PhD</td>
<td>Governing Boards of State Colleges and Universities - Xavier University of Louisiana</td>
</tr>
</tbody>
</table>
ARTICLE ONE

NAME

The name of this commission shall be the Louisiana Health Care Commission, created under the provisions of R.S. 22:2161, as created by Act 1068, Section 1 of the 1992 Legislative Session, and as subsequently amended from time to time. The commission shall be domiciled in Baton Rouge.

ARTICLE TWO

PURPOSE

A. The purpose of this commission is to:

1) Study the availability and affordability of health care in the state;

2) Examine the rising costs of health care in the state, including but not limited to the cost of administrative duplication, the costs associated with excess capacity and duplication of medical services, the cost of medical malpractice and liability;

3) Examine the adequacy of consumer protections, as well as the formation and implementation of insurance pools that better assure citizens the ability to obtain health insurance at affordable costs and encourage employers to obtain health care benefits for their employees by increased bargaining power and economies of scale for better coverage and benefit options at reduced costs;

4) Examine the implementation issues related to national health care reform initiatives;

5) Conduct public hearings to receive testimony about the availability and affordability of health care in the state;

6) Receive further information and testimony from regional and national experts, when necessary, on health care access issues;

7) Serve as an advisory body to the commissioner and shall submit to the commissioner its recommendations on all matters which it is charged to examine;

8) 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.
ARTICLE THREE
MEMBERS

A. Membership of the commission shall be comprised as follows:

1) Three members appointed from 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;

2) One member of the Senate Committee on Insurance appointed by the President of the Senate as an ex officio, nonvoting member;

3) One member of the House Committee on Insurance appointed by the Speaker of the House of Representatives as an ex officio, nonvoting member;

4) One member appointed by the secretary of the Department of Health and Hospitals;

5) Five at-large members appointed by the Commissioner of Insurance;

6) The Commissioner of Insurance or his designee, shall serve as ex officio;

7) The remaining members shall be appointed by the Commissioner of Insurance from a list of nominees, one nominee to be submitted by each of the following:

   (1) The Louisiana Insurers’ Conference.
   (2) Louisiana Association of Health Plans.
   (3) America’s Health Insurance Plans.
   (4) A domestic mutual, nonprofit health service and indemnity company.
   (5) Louisiana State Medical Society.
   (6) Louisiana Association for Justice.
   (7) Health Agents for America.
   (8) Agenda for Children.
   (9) Independent Insurance Agents & Brokers of Louisiana.
   (10) AARP Louisiana.
   (13) Louisiana Independent Pharmacies Association.
   (14) AARP, the nominee of which shall be a volunteer representative.
   (15) Louisiana Association of Business and Industry.
   (16) Louisiana Health Plan.
   (17) NAIFA Louisiana.
(18) League of Women Voters.
(19) Louisiana Hospital Association.
(20) Louisiana Primary Care Association.
(22) A domestic commercial health insurance issuer.
(23) Chiropractic Association of Louisiana.
(24) Louisiana AFL-CIO.
(26) Louisiana State Nurses Association.
(27) Louisiana Dental Association.
(28) Louisiana Nursing Home Association.
(29) Louisiana’s Medicare Peer Review Organization as designated by the Health Care Financing Administration.
(30) Louisiana Business Group on Health.
(31) Louisiana Association of Health Underwriters.
(32) Louisiana Psychological Association.
(33) Optometry Association of Louisiana.
(36) National Association for the Advancement of Colored People.
(38) Louisiana Council on Human Relations.
(39) National Dental Association.

B. All members shall be confirmed by the Senate.

C. The members of the commission shall serve without compensation.

D. The members shall serve for a term of two years.

E. Vacancies

1) Vacancies in the offices of the members shall be filled in the same manner as the original appointments for the unexpired portion of the term of the office vacated.

2) Any member who misses four (4) meetings in any given year or three (3) consecutive meetings shall be considered vacating that seat.

3) Vacancy may be declared upon the resignation, death, incapacity, or non-qualification of a member.
ARTICLE FOUR
OFFICERS

A. The Commissioner of Insurance shall appoint a chairman and vice-chairman.

B. Term of office for chairman and vice-chairman is two years.

ARTICLE FIVE
EXECUTIVE COMMITTEE

A. The function of the Executive Committee is to exercise the powers of the Commission which arise between regularly scheduled Commission meetings or when it is not practical or feasible for the Commission to meet.

B. The Committee will consist of the Commission Chair, the Vice-Chair and three Commissioners representing the following groups: provider, insurer and consumer. Except for the Chair and Vice-Chair, members will serve two year staggered terms. Members will be selected by the chair.

C. The Committee shall meet as necessary. A majority of the members shall constitute a quorum.

D. Key Responsibilities

1) Setting the agenda for commission meetings.

2) Strategic Planning

3) Performance Measures

4) Proposing subcommittee assignments (including proposed Chairs) to the commission and coordination of the work of the subcommittees.

5) Any emergency planning or implementation between regularly scheduled meetings.

ARTICLE SIX
MEETINGS

A. A quorum for the transaction of business by the commission shall be 40 percent of the filled seats, excluding the ex-officio members.
B. All official actions of the commission shall require the affirmative vote of a majority of the quorum.

C. The 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.

ARTICLE SEVEN
COMMITTEES

The commission may establish committees, in such areas as may be directed by its membership. The chairman shall appoint the members of such committees and shall designate the chairman of each such committee. The duties and responsibilities of the committee will be determined by the commission membership. Each appointed committee shall make reports as the committee may deem appropriate.

ARTICLE EIGHT
PARLIAMENTARY AUTHORITY

A reasonably current version of Robert’s Rules of Order, Newly Revised shall be the parliamentary authority for this commission.

ARTICLE NINE
AMENDMENT

These bylaws may be amended at any meeting of the membership. Amendments shall be made by a quorum of the membership at such meeting, PROVIDED proper notice is given to the members, together with a copy of the proposed changes, prior to the meeting. These bylaws may be further amended at any time in which the provisions of R.S. 22:2161 are amended.

ARTICLE TEN
NOTICE

All notices relative to this commission are posted pursuant to the Open Meetings Law.
The Louisiana Health Care Commission conducted four meetings during the calendar year, January 1 – December 31, 2014. Throughout the year, the Commission heard from various experts on health care issues that are of importance to the state of Louisiana. The Commission also closely monitored the introduction and the ensuing passage of the federal health care reform legislation, also known as the Affordable Care Act, and its implementation as well as impact on Louisiana residents.

The Executive Committee for the Health Care Commission consists of the Chair, Vice-Chair and three commission members representing health care providers, insurers and consumers. The mission of the LHCC Executive Committee is to plan the agenda for LHCC meetings, schedule any emergency meetings necessary between regular meetings and to propose subcommittee assignments. The LHCC Executive Committee held five meetings during the calendar year, January 1– December 31, 2014.

**LHCC Meeting – February 7, 2014**

The meeting began with introductions of the newest Louisiana Health Care Commission members. The Commission then heard from the Vice President of Network Development and Provider Relations for the Louisiana Health Cooperative (LAHC). He discussed enrollment in the health insurance exchange of the ACA and stated that the health plan was severely impacted by the failure of Healthcare.gov. He advised that the emphasis of the LAHC was on outreach communication and had been most successful in south Louisiana. He further advised that many individuals were not aware that the LAHC was an insurance company and competitive with other companies offering health insurance.

The Senior Economist and Exchange Coordinator with Blue Cross Blue Shield of Louisiana (BCBSLA), stated that BCBSLA had one hundred additional employees compare to five years ago; the primary focus of these employees is to handle compliance work and programming driven specifically by the ACA. He stated that most of the health insurance applications received were from new individuals, not existing members and that there was an enormous lack of knowledge in the marketplace regarding the ACA. He advised that many individuals believed the insurance was free - which may result in a processed application without a payment from the Healthcare.gov website. He also stated that there is no payment redirect, meaning there is not a button to direct the individual to a payment portal. He advised that individuals do not pay as often when enrolling in the health insurance exchange on their own compared to individuals assisted by a producer.
The Deputy Commissioner for the Office of Health Insurance at the Louisiana Department of Insurance gave an overview of the Marketplace enrollment figures. He advised that the Department of Health and Human Services (HHS) enrollment figures reflected only the number of people who selected a plan from the website; however, it did not indicate how many individuals paid a premium. He stated that the percentage of women enrolled in Louisiana was slightly higher than the national average, which was about 55 percent. He advised that a large issue was the “young invincibles,” a term used for individuals that range in age from 18 to 34 and account for approximately 27 percent enrolled in the Louisiana Exchange at the time. He stated that the national average was 24 percent and that was significantly short of what many industry consultants and actuaries advised was necessary in order to sustain the rating regime.

He stated that the LDI received complaints regarding issues related to the ACA and assisted consumers in navigating the health insurance exchange. He also informed the Commission members that the LDI conducted numerous educational outreach programs throughout Louisiana and the staff participated in call-in radio shows to educate consumers about the exchange. He stated that the LDI had a new program to review insurance rates which would be underway soon. He also stated that a section in the ACA requires all premium increases to be reviewed by actuaries to determine if rate increases are necessary. He advised that Louisiana was previously one of fewer than ten states that did not review rates; however, through the new program Louisiana would begin reviewing rates, taking over the responsibility from HHS.

The Assistant Director of the LHCC discussed the two most recent Health Care Resource Brochures for the Uninsured for the Houma and Northshore Louisiana areas. She advised that 10,000 brochure copies of each region were printed and ready for distribution. She advised that work was soon to begin on brochures for the final two regions: Acadiana and Southwest Louisiana.

The Chairperson of the LHCC discussed the basic charge and recommendations of the Affordable Care Act Working Group before the meeting adjourned.
LHCC Meeting – May 30, 2014

At the May 30 meeting, the Commission members heard from the State Rural Health Officer in the Bureau of Primary Care and Rural Health for the Department of Health and Hospitals (DHH). She discussed the free resources that were available to Louisiana’s rural and medically underserved areas. She stated that their office worked to build the health care safety net for Louisiana citizens in the best possible way; which included Medicaid, Medicare and the uninsured population. She advised that the State Office of Rural Health lies within the Bureau of Primary Care and Rural Health and had a federal grant within DHH to collect and disseminate information, coordinate rural health activities and provide technical assistance.

She stated that Federally Qualified Health Centers (FQHCs) were generally larger centers, must be nonprofit and located in urban or rural areas; also they must serve the uninsured, Medicaid and Medicare populations and provide mental health and dental services. Conversely, rural health clinics must be located in rural and underserved areas yet are not required to provide mental health and dental services. She advised that most of the clinics served the uninsured and charge based on a sliding fee scale. She stated that rural health clinics are licensed in Louisiana and FQHCs involve a grant and federal process.

The Chief of Staff for the Department of Health and Hospitals stated that Louisiana was a “Determination State” allowing the federal exchange to determine Medicaid eligibility when individuals accessed the Healthcare.gov website or called the toll free number. He advised that the federal government was not at the point of electronically transferring the individual’s file, so DHH received a “flat file,” which was an Excel spreadsheet that DHH staff used to review the determination records for accuracy. He advised that a single streamline application the federal government created was about three times longer than the one previously used in the state. He also advised that DHH had seen a one percent decrease in Medicaid enrollment. He stated that determining the number of new Marketplace enrollees previously uninsured was difficult and that estimates varied in national surveys and polls. He also stated that on a national level, only 28 percent of new Marketplace enrollees fell in the 19-34 age group often called the “young invincibles.” In Louisiana, this group made up approximately 32 percent of enrollees.

The DHH Chief of Staff also reported on LSU Partnerships with several local hospitals and the improvements that hospitals were experiencing due to the partnerships. He updated the Commission members on the Bayou Health Medicaid program which was in its third year of operation and served approximately 900,000 enrollees, about two-thirds of the Medicaid enrollment. He discussed a health initiative by DHH called Well Ahead which encourages businesses, schools, hospitals, workplaces, etc. to be recognized as a health leader in Louisiana upon meeting certain criteria.
The Chair of the ACA Working Group reported that the Working Group had conducted several meetings and the members clarified the mission of the Group. He stated that the Working Group was seeking to determine the type of information that was needed pertaining to the ACA, to establish data points to identify and prioritize the issues. He also stated that the Working Group was made up of three groups: LHCC members, other interested volunteer members and the LHCC staff.
LHCC Meeting - August 22, 2014

On August 22, the Commission heard from a Freeport-McMoran Professor, who is also the Executive Director of the LSU Division of Economic Development; he discussed the 2013 Louisiana Health Insurance Survey. He stated that the survey provides detailed information on Louisiana’s uninsured population and assists in planning programs. He also stated that it estimates the Medicaid eligible population for the state budget and helps in federal reporting on LaCHIP (Louisiana’s Children Health Insurance Program). Approximately 8,500 Louisiana households were surveyed for the 2013 report, with a goal of targeting 60 homes in each of the parishes across the state equalling 640 households per Medicaid region.

The Medicaid Director for the Department of Health Hospitals, (DHH) discussed the Medicaid Bayou Health program. She stated that Medicaid has the largest state contract for the new Bayou Health plans, which was to be approximately ten billion dollars over three years. She stated that the second phase of Bayou Health will continue the commitments of the past which include current provider rate floors, 85 percent Medical Loss Ratio requirements and timely payment requirements. She discussed several changes in Bayou Health which include the benefits of Hospice and in-home personal care services for children and youth under age 21. She stated that a new requirement for the health plans is that the company must hire one full-time investigator per 100,000 enrollees. She stated there is an increased collaboration to identify risks and detect waste and medically unnecessary spending.

The Medicaid Deputy Director and Chief Financial Officer, DHH, discussed Senate Resolution number 29 of the 2014 Regular Legislative Session directing DHH to form a work group to study the issue of primary care utilization in emergency departments. She advised that DHH formed a work group approximately two years prior to 2014 SR 29. She stated that DHH received feedback of opposition prompting the group to publish a notice of intent, which received further opposition from stakeholders on several bases. She stated that DHH abandoned the notice of intent which had been published and then formed its own work group comprised of several stakeholders, including hospitals, health plans, physicians and pharmacists, and started meeting in April 2014. The Work Group met weekly during the Legislative Session, took a break in July and reconvened in August as the SR 29 Work Group. She stated that the Work Group will submit a report to the Legislature prior to the 2015 Regular Legislative Session.

The Deputy Commissioner of the Office of Health Insurance at the LDI, discussed Act 718 of the 2014 Regular Legislative Session which authorized the LDI to review health insurance rates submitted by health insurance companies. He stated that it is a requirement of the ACA that any rate increase of ten percent or more be reviewed to determine if the rate increase is reasonable or unreasonable. He stated that the LDI has been reviewing all rates and advised that the actual rate filings and any companies’ specific information remain confidential each year until open enrollment begins.
The Chair of the LHCC ACA Working Group gave an update on the Working Group. He stated that the Group has continued to identify information related to the issues of ACA implementation and identify ideas for the LHCC agenda meeting items to propose to the LHCC Executive Committee. He stated that the ACA Working Group discussed issues of interest and to bring awareness about resources beyond the scope of the LHCC.

The Assistant Director of the LHCC, briefly discussed the latest Health Care Resources for the Uninsured brochures for the Southwest and Acadiana regions. She stated that since the formation of the Subcommittee on July 1, 2012, approximately 100,000 brochures for various regions have been printed and over 61,000 brochures have been distributed. She stated that the Greater Baton Rouge brochure will be updated and re-printed and work will begin on the New Orleans region. She stated that electronic versions of all completed regional brochures are available on the LDI website, www.ldi.la.gov/healthuninsured.
LHCC Meeting - November 7, 2014

The Commission heard from the Regional Administrator/Medical Director with the Department of Health and Hospitals on November 7; she presented information regarding the Ebola Virus Disease (EVD). She stated that the first Ebola virus species was discovered in 1976 near the Ebola River, in what is now the Democratic Republic of the Congo. She advised that researchers believe that EVD is animal-borne and that bats are the most likely reservoir; outbreaks have appeared sporadically since 1976. She stated that Ebola is spread by direct contact with a symptomatic person through body fluids including blood, sweat, saliva and objects contaminated with the virus during care. She stated that people with EVD become more contagious as they get sicker. She advised that Ebola is not spread through air, food or by water and there is no evidence that mosquitoes or other insects can transmit Ebola. She stated that the Ebola virus can survive several hours and up to several days in body fluids at room temperature on dried surfaces such as doorknobs and countertops.

She discussed the early symptoms of Ebola, which are flu-like, and the stages of contagiousness as the disease progresses. There are no approved vaccines or medications available and experimental vaccines and treatments for Ebola are under development, but have not yet been fully tested for safety or effectiveness.

A representative of the Capital Area Agency on Aging (CAAA) discussed the navigator outreach efforts in preparing to enroll individuals in the health insurance Marketplace. She stated that their organization targeted individuals ages 50 – 64 who are not eligible for Medicare, individuals who do not have health insurance available through their employer and legal refugees who do not have Medicaid. The CAAA works in a thirteen parish area.

A representative of the Family Road Healthy Start program advised that their organization was a new navigator grantee and obtained a grant through National Healthy Start; they hired and trained three navigators. During open enrollment, the Program served all age groups in East Baton Rouge Parish.

The Executive Director for the Southwest Louisiana Area Health Education Center gave a brief update on Centers for Medicare and Medicaid Services (CMS). He discussed the navigators for the new enrollment period which began November 15, 2014: the Southwest Louisiana Area Health Education Center, the Capital Area Agency on Aging, the Martin Luther King Health Center (grantee funded until the end of open enrollment), and the National Healthy Start Association.
He advised that two sets of money came from the federal government to provide enrollment assistance to consumers in Louisiana. He stated that money from CMS was allocated to fund navigator entities and money from the Health Resources and Services Administration was used to hire certified application counselors. He stated that Federally Qualified Health Centers have certified application counselors who can assist people in their community with enrollment and one on one assistance.

The Deputy Commissioner for the Office of Health Insurance gave an update on the ACA Marketplace health plans. He stated that the plans and rates on the exchange would remain confidential until November 15. He stated that all of the major medical companies which were on the exchange in 2013 signed on with the Health and Human Services again with the addition of UnitedHealthcare and one of its subsidiaries.

The Chair of the LHCC ACA Working Group gave a brief update. He stated that the Working Group was an outlet to bring additional information or suggest more issues for priority. He stated that two researchers at the Louisiana Public Health Institute joined the Working Group; they were commissioned by a local foundation to get secondary information on the ACA and how it is working in Louisiana.

Commissioner Jim Donelon gave closing remarks and thanked all of the LHCC members for their contribution and service.
**OTHER ACTION TAKEN**

Action was taken at the October 25, 2013 Louisiana Health Care Commission meeting to create a new subcommittee to serve as the repository for further study of the Affordable Care Act, including serving as a repository for information and comment, as well as receiving questions from the public. The Affordable Care Act Working Group met seven times during this reporting period.

Along with acknowledging the Department of Health and Hospitals, the Kaiser Family Foundation and the Louisiana Health Care Quality Forum as reliable sources of current statistical data, the Working Group received the following reports:

» A report from the Louisiana Health Care Quality Forum on current programs in place and how statistics are derived.
» A report from the Louisiana Department of Health and Hospitals on Medicaid Eligibility and how it has been affected by the Affordable Care Act.

Recommendations of the Working Group included, among other items, the following:

» Create an “Affordable Care Act Related Issue Submission Form” for commission members to submit recommendations of aspects of the Affordable Care Act to be studied.
» Post information gathered to the Department of Insurance website, adding links to useful resources of information related to the Affordable Care Act.
» Make public service announcements regarding open enrollment.
» Provide on the Department of Insurance website an interactive way to give consumers applicable information on navigators and Federally Qualified Health Centers.
The Louisiana Department of Insurance held its Annual Health Care Conference on Tuesday, May 20, 2014, in Baton Rouge, at the Crowne Plaza. There were approximately 550 consumers, health care providers, academics, government and business representatives from Louisiana and surrounding states in attendance. We also welcomed 16 exhibitor booths at this year’s conference.

Local and national speakers discussed health care issues that could affect many Louisiana policyholders, employers and providers. Conference panel topics included a status of Louisiana’s public health care system, a federal health care reform update, effects of the Affordable Care Act on access to the provider community, a panel on navigators and producers in the new Marketplace and Louisiana’s private health insurance market. Our keynote speaker was John Maginnis, the late author and founder of LaPolitics Weekly.
ANNUAL HEALTH CARE CONFERENCE  
POWERPOINT PRESENTATIONS

Following you will find a list of presentations given during the 2014 Annual Health Care Conference; each listed presentation contains a link to the Louisiana Department of Insurance website where you may access the PowerPoint presentations in their entirety.

**Louisiana’s Public Health Care System  
Identifying the Uninsureds and Medicaid Eligibles**

**Calder Lynch**  
Chief of Staff, Department of Health and Hospitals  

**Affordable Care Act Update  
Federal Health Care Reform and its Impact on Louisiana’s Health Insurance Market**

**Josh Goldberg**  
Health Policy and Legislative Advisor, National Association of Insurance Commissioners  

**Taking It to the Streets  
The Crucial Role of Navigators and Producers in the New Marketplace**

**Brian Burton**  
State Director, Southwest Louisiana Area Health Education Center  

**Hedy Hebert**  
President, Louisiana Association of Health Underwriters  

**B. Ronnell Nolan, HIA, CHRS**  
President and Chief Executive Officer, Health Agents for America, Inc.  
LOOKING AHEAD

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 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.

The Louisiana Health Care Commission will coordinate and host the Department of Insurance Annual Health Care Conference scheduled for March 10, 2015, in Baton Rouge.
CONCLUSION

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.

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.

Donna D. Fraiche, Chair
Louisiana Health Care Commission

Crystal Marchand Campbell, Executive Director
Louisiana Health Care Commission

For more information about the Department of Insurance and the Louisiana Health Care Commission, you may access the Department of Insurance website at www.ldi.la.gov. Lists of Louisiana Health Care Commission members and meeting dates are available on the website.
APPENDIX

The following is a list of Louisiana Health Care Commission members, along with the organizations they represent and contact information as of December 31, 2014.

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(NAIFA Louisiana - formerly Louisiana Association of Insurance and Financial Advisors)

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Chief Executive Officer  
Independent Insurance Agents & Brokers of Louisiana  
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