

# 2006 LRHA LEGISLATIVE AGENDA

## *\*La. State House of Representatives – Pre filed legislation*

### HB1

ALARIO

ASSIGNED TO HOUSE APPROPRIATIONS

APPROPRIATIONS: Provides for the ordinary operating expenses of state government

**Abstract:** Provides for the ordinary operating expenses of state government.

**Stance:** TRACK

**Action:** Further review; Passed in Senate

### HB87

WHITE

ASSIGNED TO HOUSE JUDICIARY

CRIMINAL/PROCESS: Requires hospitals to notify law enforcement agencies upon the release of certain persons

**Abstract:** Requires hospitals to notify law enforcement agencies of pending discharge of persons issued a summons or arrest warrant and requiring immediate medical attention. Proposed law provides that a hospital shall notify the requesting law enforcement agency within 12 hours of the discharge of a person admitted to the hospital if all of the following conditions exist: (1) The person has been issued a summons or arrest warrant for a felony offense, but as a result of the need for emergency medical care, the warrant has not been executed prior to admission to the hospital. (2) The law enforcement agency has provided the hospital with a written request to be informed upon the discharge of the person from the hospital and contact information for use by the hospital in making the notification.

Proposed law defines "hospital". (Adds R.S. 40:1300.251)

**Stance:** TRACK

**Action:** Further review

### HB106

DURAND

ASSIGNED TO HOUSE HEALTH & WELFARE

HEALTH CARE: Extends the termination date of the Interagency Task Force on the Future of Family Medicine

**Abstract:** Changes the termination date of the Louisiana Interagency Task Force on the Future of Family Medicine to Sept. 1, 2008. Requires reporting to the legislature on Feb. 15, 2007, and Feb. 15, 2008. Present law provides for creation of the Interagency Task Force on the Future of Family Medicine, which shall issue a report by Feb. 15, 2006, and shall cease to exist on Sept. 1, 2006. Proposed law extends the termination date of the task force until Sept. 1, 2008. Additionally, requires the task force to issue reports on Feb. 15, 2007, and Feb. 15, 2008. (Amends R.S. 40:2803(C)(intro. para.) and (D))

**Stance:** SUPPORT

**Action:** N/A

HB133

MARTINY

ASSIGNED TO HOUSE CIVIL LAW & PROCEDURE

HEALTH CARE/RECORDS: Provides that fees paid for copying medical records includes certification of those records.

**Abstract:** Provides that the fees paid for copying medical records at the request of a patient, his legal representative, or any other person, includes the certification of the records.

Present law provides, in part, that a patient or his legal representative, or, after suit has been instituted, the defense counsel or the defense insurance company seeking any medical, hospital, or other record relating to the patient's medical treatment, history, or condition, shall have a right to obtain a copy of such record upon furnishing a signed authorization and upon payment of a reasonable copying charge, not to exceed \$1 per page for the first 25 pages, 50¢ per page for 26 to 500 pages, and 25¢ per page thereafter, a handling charge not to exceed \$15 for hospitals, nursing homes, and other health care providers, and actual postage, and further provides that the above named individuals shall also have the right to obtain copies of patient X-rays, microfilm, and electronic and imaging media, upon payment of reasonable reproduction costs and a handling charge of \$20 for hospitals and \$10 for other health care providers. Present law provides, in part, that if a copy of the record is not provided within a reasonable period of time, not to exceed 15 days following the receipt of the request and written authorization, and production of the record is obtained through a court order or subpoena duces tecum, the health care provider shall be liable for reasonable attorney fees and expenses incurred in obtaining the court order or subpoena duces tecum. Proposed law provides that the present law fees incurred to obtain health care records include the certification of those records. (Amends R.S. 40:1299.96(A)(2)(b) and (c))

**Stance: SUPPORT**

**Action: Seek to raise fees**

HB153

JOHNS

ASSIGNED TO HOUSE HEALTH & WELFARE

HEALTH CARE: Creates the Prescription Monitoring Program

**Abstract:** Creates an electronic system for the monitoring of controlled substances and other drugs of concern dispensed in the state or dispensed to an address within the state in order to improve the state's ability to identify and inhibit the diversion of controlled substances and drugs in an efficient and cost-effective manner and in a manner that shall not impede the appropriate utilization of these drugs for legitimate medical purposes. Proposed law provides for the short title, purpose, and definitions of proposed law. Proposed law requires that the La. Board of Pharmacy (LABP) work with the advisory council to establish the prescription monitoring program which shall consist of an electronic system for monitoring of controlled substances and drugs of concern dispensed in the state or to an address in the state. Authorizes the LABP to contract with a vendor in order to maintain the monitoring system. Proposed law creates an advisory council which consists of the following members or their designees: (1) The president of the Louisiana State Board of Medical Examiners. (2) The president of the Louisiana State Board of Dentistry. (3) The president of the Louisiana State Board of Nursing. (4) The president of the Louisiana State Board of Optometry Examiners. (5) The president of the Louisiana State Board of Examiners of Psychologists. (6) The president of the Louisiana State Board of Veterinary

Medicine. (7) The president of the Louisiana Board of Pharmacy. (8) The superintendent of the Louisiana State Police. (9) The administrator of the U.S. Drug Enforcement Administration. (10) The speaker of the Louisiana House of Representatives. (11) The president of the Louisiana Senate. (12) The chairman of the House Committee on Health and Welfare. (13) The chairman of the Senate Committee on Health and Welfare. (14) The secretary of the Department of Health and Hospitals. (15) The president of the Louisiana State Medical Society. (16) The president of the Louisiana Dental Association. (17) The president of the Louisiana Association of Nurse Practitioners. (18) The president of the Optometry Association of Louisiana. (19) The president of the Louisiana Veterinary Medical Association. (20) The president of the Louisiana Pharmacists Association. (21) The president of the Louisiana Independent Pharmacies Association. (22) The president of the National Association of Chain Drug Stores. (23) The president of the Louisiana Sheriffs' Association. (24) The president of the Louisiana District Attorneys Association. (25) The president of the Pharmaceutical Research and Manufacturers of America. (26) The president of the Louisiana Academy of Medical Psychologists. Proposed law provides for the operation of the advisory council including specific topics which it must consider in advising the LABP. Proposed law provides for specific information that each dispenser must include in reporting each prescription dispensed for a drug monitored by the program. Proposed law provides for access to the information in the prescription monitoring program. Proposed law provides for educational courses that the LABP must implement. Proposed law provides for a dispenser who fails to submit prescription monitoring information to the board as required by proposed law. Proposed law provides for procedures for persons authorized to possess prescription monitoring information who knowingly disclose such information in violation of proposed law. Proposed law requires the LABP to implement an evaluation component to identify cost benefits of the prescription monitoring program and report its finding to the appropriate legislative oversight committees on a periodic basis. Proposed law requires the LABP to promulgate rules for the implementation of proposed law. Proposed law authorizes the LABP to receive public or private grants and collect an annual fee of \$25 for certain controlled dangerous substance permits issued in the state. Effective July 1, 2006. (Adds R.S. 40:1001-1014)

**Stance: TRACK**

**Action: Further review**

HB205

LAFONTA

ASSIGNED TO HOUSE HEALTH & WELFARE

HEALTH CARE: Extends the termination date of the Louisiana Commission on HIV, AIDS and Hepatitis C

**Abstract:** Changes the termination date of the Louisiana Commission on HIV, AIDS and Hepatitis C from September 1, 2006, to September 1, 2008. Present law provides for the Louisiana Commission on HIV, AIDS and Hepatitis C. Present law provides for the Louisiana Commission on HIV, AIDS and Hepatitis C to terminate on September 1, 2006. Proposed law retains present law but changes the termination date to September 1, 2008. (Amends R.S. 40:2018.1(G))

**Stance: TRACK**

**Action: Further review**

HB261

JOHNS

ASSIGNED TO HOUSE HEALTH & WELFARE

HEALTH CARE: Provides relative to the Pharmacy Practice Act

**Abstract:** Makes various changes in the Pharmacy Practice Act.

Present law provides that approved college of pharmacy means a college or school of pharmacy which is accredited by the American Council on Pharmaceutical Education. Proposed law deletes present law and defines approved college of pharmacy as a college or school of pharmacy which is accredited by the Accreditation Council for Pharmacy Education. Present law requires a pharmacist currently licensed in another jurisdiction to present to the board evidence that any other license granted to the applicant by any other state has not been suspended, revoked, or otherwise restricted for any reason except non-renewal or for the failure to obtain the required continuing education credits in any state where the applicant is currently licensed but not engaged in the practice of pharmacy in order to obtain a license as a pharmacist by reciprocity in this state. Proposed law deletes present law. Proposed law requires that in order for a pharmacist currently licensed in another jurisdiction to obtain a license as a pharmacist by reciprocity in this state, the applicant shall present to the board evidence of any disciplinary, criminal, or other adverse action, including arrests taken against him by another licensing jurisdiction, government agency, law enforcement agency, or court. Such action may serve as grounds for the denial of reciprocity to an applicant. Present law provides for the board to waive the annual renewal fee requirement for annual renewal of certificates for licensed pharmacists who have been duly registered and licensed to practice in Louisiana for not less than 50 years. Requires that in lieu thereof the board shall award to such pharmacists an honorary gold-embossed certificate of licensure effective for the remainder of the natural life of the registrant. Proposed law eliminates the effectiveness of the licensure for the remainder of the life of the registrant. Requires pharmacists desiring to continue to practice pharmacy to file the annual renewal application and meet all other requirements for active licensure. Present law requires an out-of-state pharmacy granted an out-of-state pharmacy permit by the board to disclose to the board the location, names, and titles of all principal corporate officers. A report containing this information shall be made to the board on an annual basis and within 30 days after any change of office, corporate officer, or pharmacist-in-charge. Proposed law retains present law and further requires the report to be within 10 days of departure of the prior pharmacist in charge. Present law requires a prescriber to perform certain acts in compliance with federal law in order for the pharmacist to receive reimbursement for prescriptions by Medicaid or Medicare. Proposed law removes references to Medicare contained in present law. (Amends R.S. 37:1164(2)(a), 1203(A)(7), 1209, 1232(B), and 1241(A)(17)(c))

**Stance: TRACK**

**Action: Further review**

HB302

M STRAIN

ASSIGNED TO HOUSE HEALTH & WELFARE

DENTISTRY/DENTISTS: Provides for retired dentists to practice at community health care clinics for no remuneration

**Abstract:** Provides for the procedure and requirements for obtaining a retired volunteer dental license. Proposed law permits the LA State Board of Dentistry to issue a retired

volunteer dental license to an applicant to practice dentistry in community health care clinics upon submission of and application to the board with a notarized statement that they shall not accept any form of remuneration directly or indirectly for providing dental services.

Proposed law requires the applicant to: (1) Maintain for at least 10 years prior to retirement full licensure in good standing in Louisiana without disciplinary action.

(2) Have held an active status dental license in good standing in Louisiana within one year of the date of application for a retired volunteer's license, provided, that the board may waive the one-year requirement. (3) Be of good moral character, and affirm that the applicant has no felony convictions or other criminal convictions that would affect the applicant's ability to render competent care. Proposed law provides that the retired license is valid for one year and shall expire annually on June 30. Proposed law requires all documentation and certification, including any plan to reestablish competency, be submitted to the board for review. Proposed law requires the board to deny issuance of a retired volunteer license to a person who is not qualified under this proposed law to hold a retired volunteer license.

Requires the holder of the retired volunteer license to practice a minimum, on average, eight hours per month. If the community health care clinic at which a retired volunteer dentist seeks to practice permanently ceases operation, the licensee must begin working at another community health care clinic within

90 days or the license will be automatically revoked. Proposed law provides that if the holder of a retired volunteer dental license who practices dentistry other than as authorized in proposed law shall be guilty of a felony with each day's violation constituting a separate offense which may result in a suspension or revocation of the volunteer license after notice to the licensee. Proposed law provides that a retired volunteer dental licensee may apply to the board for a return to active licensure status by filing an application in the form and manner prescribed by the board and meeting all requirements of this present law and proposed law. Licensees who desire to change a retired license to an active license and have not practiced at least one year out of the five years immediately preceding application for an active license, shall document and certify to the board how they have maintained their professional ability, skills, and knowledge. Proposed law requires the retired volunteer status of a licensee be plainly indicated on the face of any retired license issued pursuant to proposed law. Proposed law requires retired volunteer dental licensees to comply with the continuing dental education requirements adopted by the board which shall include cardiopulmonary resuscitation (CPR) training. Proposed law permits the board to charge an administrative fee for issuing a retired volunteer license pursuant to proposed law which shall be between \$50-\$200. However, a dentist who possesses an active Louisiana license and who desires to convert the active license to a volunteer license shall not pay an administrative fee for the conversion. (Adds R.S. 37:761.1 and 795(B)(1)(l))

**Stance: SUPPORT**

**Action: Explore adding Rural Health Clinics to Bill**

HB406

DANIEL

ASSIGNED TO HOUSE APPROPRIATIONS

MEDICAID: (Constitutional Amendment) Authorizes the investment of a portion of the Medicaid Trust Fund for the Elderly in equities

**Abstract:** Authorizes investing up to 35% of the Medicaid Trust Fund for the Elderly in

equities. Present constitution prohibits the loan, pledge of donation of funds, credit, property, or things of value of the state or a political subdivision except as specifically provided in the constitution. Further prohibits the state or a political subdivision from subscribing to or purchasing the stock of a corporation or association or for any private enterprise except as specifically provided in the constitution. Proposed constitutional amendment authorizes up to 35% of the Medicaid Trust Fund for the Elderly to be invested in equities. Provides for submission of the proposed amendment to the voters at the statewide election to be held September 30, 2006. (Amends Const. Art. VII, §14(B))

**Stance: TRACK**

**Action: Further review if placed on ballot**

HB412

JOHNS

ASSIGNED TO HOUSE CIVIL LAW & PROCEDURE

MALPRACTICE/MEDICAL: Provides relative to definitions in medical malpractice

**Abstract:** Adds the donation of blood to the definitions of "patient", "malpractice", and "health care" under the private medical malpractice act. Present law defines "patient" as a natural person who receives, or should have received, health care from a licensed health care provider. Proposed law retains present law and includes in the definition of "patient" a donor of human blood or blood components. Present law provides that "malpractice" is the failure to exercise the reasonable standard of care, when such failure proximately causes injury to a patient. Proposed law retains present law and includes in the definition of "malpractice" all legal responsibility of a health care provider arising from acts and omissions during the procurement of blood or blood components. Present law defines "health care" as any act or treatment which was performed or furnished or which should have been performed or furnished by a health care provider for, to, or on behalf of a patient during the medical care, treatment, or confinement of the patient. Proposed law retains present law and includes in the definition of "health care" any treatment relating to the procurement of human blood or blood components. (Amends R.S. 40:1299.41(A)(3), (8), and (9))

**Stance: TRACK**

**Action: Further review**

HB428

TUCKER

ASSIGNED TO HOUSE & GOVERNMENTAL AFFAIRS

STATE OFFICIALS: (Constitutional Amendment) Establishes term limits for statewide elected officials

**Abstract:** Prospectively limits the number of terms a person can be elected to the same statewide elected office (except for the office of governor) to no more than three terms by providing that no person who has served as a statewide elected official for more than two and one-half terms, that service beginning on or after January 14, 2008, shall be elected to that same office for another term. Present constitution (Const. Art. IV, §3(A)) provides that, except for any of the following offices made appointive in accordance with the present constitution (Const. Art. IV, §20), the governor, lt. governor, secretary of state, attorney general, treasurer, commissioner of agriculture, commissioner of insurance, supt. of education, and commissioner of elections each shall be elected for a term of four years by the electors of the state at the time and place of voting for members of the legislature and

that the term of each such official shall begin at noon on the second Monday in January next following the election. (Pursuant to Const. Art. IV, §20, the offices of supt. of education and commissioner of elections have been made appointive by law.) Present constitution (Const. Art. IV, §3(B)) additionally provides that no person who has served as governor for more than one and one-half terms in two consecutive terms shall be elected governor for the succeeding term. Proposed constitutional amendment retains the present constitution and additionally provides that, except as otherwise provided for the governor, no person who has served as a statewide elected official for more than two and one-half terms, that service being during a term of office that began on or after January 14, 2008, shall be elected to that same office for another term. Specifies that for the purposes of the proposed constitutional amendment, the term "statewide elected official" shall mean those officials listed in the present constitution (Art. IV, §3(A)) who are elected statewide. Provides for submission of the proposed amendment to the voters at the statewide election to be held November 7, 2006. (Amends Const. Art. IV, §3(B))

**Stance: TRACK**

**Action: Further review if placed on ballot**

HB453

TOOMY

ASSIGNED TO HOUSE CIVIL LAW & PROCEDURE

EMERGENCY PREPAREDNESS: Provides a limitation of liability and license suspension for health care providers during a state of emergency

**Abstract:** Provides relative to a limitation of liability and license requirements for health care providers during a state of emergency. Proposed law provides that any health care provider who voluntarily provides care during a state of emergency shall not be civilly liable for causing death or injury to a person or property, unless the damage was intentional or caused by a grossly negligent act of the provider. Proposed law provides that health care providers from other states shall be licensed in their home state, be in good standing, and present their license and photo ID to the corresponding Louisiana licensing board within three months of the disaster. (Adds R.S. 29:735.1)

**Stance: SUPPORT**

**Action: N/A**

HB477

DURAND

ASSIGNED TO HOUSE HEALTH & WELFARE

HEALTH/DHH: Changes the name of the Department of Health and Hospitals to the Department of Health

**Abstract:** Changes the name of DHH to the Department of Health in all places in the law. Proposed law changes the name of DHH to the Department of Health. Proposed law authorizes the Louisiana State Law Institute to review all statutes which contain phrases being changed by this Act and in all locations it deems appropriate change said references, particularly those to DHH. Effective upon signature of governor or lapse of time for gubernatorial action. (Amends R.S. 36:251(A), (B), and (C)(1), 253, 254(A)(11) and (12)(b) and (c) and (B)(9), 254.1(C)(4), 254.2, 256(A) and (B), 257(A), 258(A), and 259)

**Stance: TRACK**

**Action: Further review; connected to HB480**

HB480

DURAND

ASSIGNED TO HOUSE HEALTH & WELFARE

SUNSET LAW: Provides for the re-creation of the Department of Social Services

**Abstract:** Re-creates the Department of Social Services. Present law requires, under the "sunset" law, that DSS and all statutory entities made a part of DSS by law shall begin to terminate its operations on July 1, 2006. Provided that all legislative authority for such entities shall cease as of July 1, 2007, unless legislation is enacted which authorizes the recreation of DSS and its statutory entities prior thereto. Proposed law provides for the re-creation of DSS and its statutory entities, effective June 30, 2006, in accordance with the "sunset" law. Supersedes the provisions of the "sunset" law which set out the procedure for review and re-creation and which require a separate bill to re-create each statutory entity within DSS along with additional provisions. July 1, 2011, is the new termination date, and termination would begin July 1, 2010, unless DSS is again re-created. Effective June 30, 2006. (Amends R.S. 49:191(3); Repeals R.S. 49:191(1)(f))

**Stance:** TRACK

**Action:** Further review; connected to HB477

HB576

WALSWORTH

ASSIGNED TO HOUSE HEALTH & WELFARE

VITAL STATISTICS: Establishes a full and complete vital records registry domiciled in Ouachita Parish no later than 2007

**Abstract:** Creates an identical, equal, and separate office of vital records within the vital records registry. Present law provides for a central vital records registry with one single office domiciled in New Orleans. Proposed law provides for two equal, identical independent offices both with complete records relative to the vital records registry. Effective January 1, 2008. (Amends 40:33(A) and (D))

**Stance:** SUPPORT

**Action:** N/A

HB621

BURNS

ASSIGNED TO HOUSE HEALTH & WELFARE

PUBLIC HEALTH: Enacts the Public Health Program Beneficiary Employer Disclosure Act

**Abstract:** Creates the Public Health Program Beneficiary Employer Disclosure Law which requires hospitals to report information on the uncompensated care they provide pursuant to federal Medicare cost reporting and determine, from information that may be provided by a person receiving uncompensated or charity care, whether that person is employed, and if the person is employed the identity of the employer. Further requires the hospital submit to the Department of Health and Hospitals an annual summary report of the employment status information obtained from persons receiving uncompensated or charity care. Proposed law provides for title and definitions in proposed law. Proposed law provides that an applicant for health care benefits under a public health program, or a person requesting uncompensated care in a hospital, may identify the employer or employers of the proposed beneficiary of the health care benefits. If the proposed public health program beneficiary is not employed, the applicant may identify the employer or employers of any adult who is

responsible for providing all or some of the proposed beneficiary's support. Proposed law requires hospitals to report information on the uncompensated care they provide pursuant to federal Medicare cost reporting and to determine, whether that person is employed, and if the person is employed, the identity of the employer. Further requires the hospital annually submit a report to the Department of Health and Hospitals (DHH). Proposed law requires DHH to annually prepare a public health access program beneficiary employer report to the legislature. Such report shall provide the following information for each employer who has more than 100 employees and 25 or more public health access program beneficiaries: (1) The name and address of the qualified employer. (2) The number of public health access program beneficiaries. (3) The number of persons requesting uncompensated or charity care from the hospitals required to report under this Part and the cost of that care. (4) The number of public health access program beneficiaries who are spouses or dependents of employees of the employer. (5) Information on whether the employer offers health insurance benefits to employees and their dependents. (6) Information on whether the employer receives health insurance benefits through the company. (7) Whether an employer offers health insurance benefits and, if so, information on the level of premium subsidies for such health insurance. (8) The cost to the state of Louisiana of providing public health access program benefits for the employer's employees and enrolled dependents. Proposed law requires the report to include a description of the methodology used in the collection of the data and an analysis regarding the effect of employment and health coverage on the assistance programs provided by the state. DHH shall include available data regarding: (1) The numbers of employees and dependents of employees. (2) The identity of employers by type of industry and by public, private, profit, or nonprofit status. (3) The employees' full-time or part-time status. (4) Other variables that the department determines essential. Proposed law prohibits the report from including the names of any individual public health access program beneficiary in accordance with privacy standards both in the Health Insurance Portability and Accountability Act of 1996 and in Title XIX of the federal Social Security Act. The first report must be submitted on or before October 1, 2007, and subsequent reports shall be submitted on or before that date each year thereafter. (Adds R.S. 40:1300.251-1300.254)

**Stance: TRACK**

**Action: Further review**

HB623

DORSEY

ASSIGNED TO HOUSE HEALTH & WELFARE

**MEDICAID:** Provides for the prevention of Medicaid cuts to providers with a 40% Medicaid utilization rate or higher

**Abstract:** Prevents Medicaid cuts on any providers whose Medicaid utilization rate is 40% or higher. Present law provides for the department to adopt and promulgate rules to provide for maximum Medicaid rates and funding for hospitals that provide services to fragile newborns or critically ill children or hospitals with a Medicaid utilization rate of 25% or higher. Proposed law retains present law but mandates that the DHH shall not cut reimbursement rates for providers who have a Medicaid utilization rate of 40% or higher. (Adds R.S. 46:979(D))

**Stance: TRACK**

**Action: Further review; SB595 identical**

HB638

M JACKSON

ASSIGNED TO HOUSE HEALTH & WELFARE

HEALTH/DHH: To create an office of behavioral health within the Department of Health and Hospitals to provide addictive disorders and mental health services

**Abstract:** Creates an office of behavioral health within DHH to be responsible for the providing services and continuity of care for the prevention, detection, treatment, rehabilitation, and follow-up care of mental and emotional illness and addictive disorders. Administers residential and outpatient care facilities of the state for persons who are mentally ill and persons suffering from addictive disorders or co-occurring mental illness and addictive disorders. Present law provides for the area management and structure for the office of mental health. Proposed law retains present law but transfers present law to the office of behavioral health. Present law provides for the administration of the office for addictive disorders. Proposed law retains present law but transfers present law to the office of behavioral health. Present law provides that DHH be composed of the executive office of the secretary, the office of management and finance, the office of public health, the office of mental health, the office for citizens with developmental disabilities, and the office for addictive disorders. Proposed law dissolves the office of mental health and office for addictive disorders and creates the office of behavioral health. Proposed law provides that the office behavioral health (formerly the office of mental health) performs the functions of the state which provide services and continuity of care for the prevention, detection, treatment, rehabilitation, and follow-up care of mental and emotional illness and addictive disorders in Louisiana and shall perform functions related to mental health. It shall administer residential and outpatient care facilities of the state for persons who are mentally ill, persons suffering from addictive disorders, and persons suffering from co-occurring mental illness and addictive disorders. Proposed law furnishes the office of behavioral health with additional duties as follows: (1) Administering the addictive disorders programs in the state. (2) Providing a 24-hour, toll-free telephone service to provide information regarding available services to assist with compulsive or problem gambling behavior. (3) Requiring any patient who is given a urine drug screen in a state-operated outpatient or inpatient alcohol or drug abuse facility as part of his treatment to pay a copayment of not more than \$12 per screen to the provider of the screen if he is able to pay such copayment based on a sliding fee scale. Such copayments shall be charged and collected by the provider. (4) Promulgating rules and regulations to establish a sliding fee scale and criteria for determining a patient's ability to pay. Present law provides for the duties and functions of the office for addictive disorders. Proposed law repeals present law. Effective July 1, 2007. (Amends R.S. 28:21(A), (B), and (E)(intro. para.) and(1)(d), (2)(c), and (3)(c), 771(A) and (B)(5)(c) and R.S. 36:251(C)(1) and 258(C) and (E))

**Stance: TRACK**

**Action: Further review**

HB663

LAMBERT

ASSIGNED TO HOUSE HEALTH & WELFARE

MENTAL HEALTH: Repeals the moratorium on the licensure of mental health clinics

**Abstract:** Repeals the moratorium on the licensure of mental health clinics and mental health centers. Present law provides for a moratorium on the licensure of all mental health

clinics and mental health centers until July 1, 2008. Proposed law repeals present law.  
(Repeals R.S. 28:567(E))

**Stance: SUPPORT**

**Action: N/A**

HB687

M JACKSON

ASSIGNED TO HOUSE HEALTH & WELFARE

HUMAN SERVICES: Provides relative to the establishment of human services districts and authorities in all regions of the state

**Abstract:** Authorizes the secretary of DHH to develop a plan to establish human services districts in all regions of the state not currently included in a human services district or authority. Proposed law provides for the secretary of DHH to develop a plan to establish human services districts in all areas where none currently exist. Proposed law provides that the secretary shall report to the House and Senate Committees on Health and Welfare before the beginning of the 2007 R.S. Effective upon signature of governor or lapse of time for gubernatorial action. (Adds R.S. 28:382.2(D))

**Stance: TRACK**

**Action: Further review; similar to SB125**

HB691

GRAY

ASSIGNED TO HOUSE HEALTH & WELFARE

HEALTH CARE/FACILITIES: Provides relative to the licensing fees for supervised independent living, personal care attendant, adult day health care, and adult day care providers

**Abstract:** Raises the maximum fees allowable for licensure of personal care attendant services, respite care services, supervised independent living service providers, adult day care agencies, and family support agencies. Present law allows for a maximum licensure fee of \$200 per year for each personal care attendant service agency. Present law allows for a maximum licensure fee of \$200 per year for each supervised independent living program. Present law allows for a maximum licensure fee of \$200 per year for each agency providing in home respite care. Present law allows for a maximum licensure fee of \$50 per year for each adult day care agency. Present law allows for a maximum licensure fee of \$50 per year for each family support agency. Present law requires a nonrefundable license fee in the amount set by the licensing agency in accordance with R.S. 40:2120.4. Proposed law allows for a maximum licensure fee of \$600 per year for each personal care attendant service agency. Proposed law allows for a maximum licensure fee of \$600 per year for each supervised independent living program. Proposed law allows for a maximum licensure fee of \$600 per year for each agency providing in home respite care. Proposed law allows for a maximum licensure fee of \$400 per year for each adult day care agency. Proposed law allows for a maximum licensure fee of \$250 per year for each agency providing in home respite care. Proposed law requires a nonrefundable license fee in the amount set by the licensing agency in accordance with R.S. 40:2120.14. Proposed law explicitly states that Part II-F of Chapter 11 is only intended for adult day care or adult day health care providers. (Amends R.S. 40:2120.4(D)(1), 2120.14(C), 2120.15(B), and 2120.24(C); Adds R.S. 40:2120.17)

**Stance: TRACK**

**Action: Further review**

HB745

RICHMOND

ASSIGNED TO HOUSE JUDICIARY

EMERGENCY PREPAREDNESS: Provides with respect to the evacuation of health care facilities

**Abstract:** Requires the Governor's Office of Homeland Security and Emergency Preparedness and the DHH to notify the administration of healthcare facilities in the projected area 60 hours before landfall that they are required to evacuate their facilities if a mandatory evacuation is ordered and requires the notification to include specified information. Proposed law requires the Governor's Office of Homeland Security and Emergency Preparedness and the Department of Health and Hospitals to notify the administration of healthcare facilities in the projected area 60 hours before the estimated time of landfall of a Category 3 or higher hurricane that they are required to evacuate their facilities if a mandatory evacuation is ordered. Proposed law requires the notification to be by e-mail or facsimile and a confirmation of receipt is required as evidence that notification was made to the facility. Provides for requirements for notification. Proposed law provides that a healthcare facility which received the timely notification and does not evacuate shall be subject to regulatory sanctions. Proposed law provides that healthcare facilities shall not be liable for injury or death, unless grossly negligent, for participating in a mandatory evacuation. Proposed law provides for reimbursement for reasonable costs directly related to the evacuation and temporary sheltering of Medicaid patients. (Adds RS 29:766(G))

**Stance: OPPOSE**

**Action: Until further review; Identical to SB197**

HB789

DURAND

ASSIGNED TO HOUSE HEALTH & WELFARE

HEALTH CARE/PROVIDERS: Provides that applicants for licensure as optometrists and medical psychologists be subject to criminal history background checks

**Abstract:** Authorizes the Louisiana State Board of Optometry Examiners to conduct criminal history checks on optometrists and the State Board of Examiners of Psychologists to conduct criminal history checks on medical psychologists. Proposed law grants that both the Louisiana State Board of Optometry Examiners and the State Board of Examiners of Psychologists the authority to require an applicant, as a condition to eligibility for licensure, to submit a full set of fingerprints and to permit the board to request and obtain state and national criminal history record information on the applicant. Also authorizes the board to charge and collect from the applicant, in addition to all other applicable fees and costs, such amount as may be incurred by the board in requesting and obtaining state and national criminal history record information on the applicant. Proposed law allows the board to request and obtain state and national criminal history record information from the La. Bureau of Criminal Identification and Information of the office of state police within the Dept. of Public Safety and Corrections and the FBI of the U. S. Dept. of Justice relative to any applicant for licensure whose fingerprints the board has obtained pursuant to proposed law for the purpose of determining the applicant's suitability and eligibility for licensure. Proposed law provides that upon request by the board and upon the board's submission of an applicant's fingerprints, and such other identifying information as may be required, the bureau must conduct a search of its criminal history record information relative to the

applicant and report the results of its search to the board within 60 days after receipt of any such request. Authorizes the bureau to charge the board a processing fee for conducting and reporting on any such search. Proposed law provides that if the criminal history record information reported by the bureau to the board does not provide grounds for disqualification of the applicant for licensure under applicable law, the board has the authority to forward the applicant's fingerprints and such other identifying information as may be required to the FBI with a request for a search of national criminal history record information relative to the applicant. Proposed law provides that any and all state or national criminal history record information obtained by the board from the bureau or FBI which is not already a matter of public record be deemed nonpublic and confidential information restricted to the exclusive use of the board, its members, officers, investigators, agents, and attorneys in evaluating the applicant's eligibility or disqualification for licensure. Further provides that no such information or records related thereto shall, except with the written consent of the applicant or by order of a court of competent jurisdiction, be released or otherwise disclosed by the board to any other person or agency. (Adds R.S. 37:1064.1 and 2379)

**Stance: SUPPORT**

**Action: N/A**

HB792

K CARTER

ASSIGNED TO HOUSE INSURANCE

INSURANCE/HEALTH: Provides for a grace period and a lapse notice prior to cancellation for failure to pay premiums or prepaid charges

**Abstract:** Provides for a grace period and lapse notice prior to cancellation of failure to pay health and accident insurance premiums assessed by an insurer, including a nonprofit risk indemnification trust, or prepaid charges assessed by a health maintenance organization (HMO). Present law provides that whenever an insurer which issues an individual accident and health policy does not receive a premium payment 15 days prior to the end of the grace period, the insurer shall mail a notice to the policyholder. Specifies that the notice shall state that if the premium has not been paid by the end of the grace period, the policy will lapse, but that the policy will be reinstated with no penalties whatsoever to the insured if the full premium payment is received within the period allowed for reinstatement. Does not apply to policies issued by an insurance company whose products are marketed on the home service distribution method and which issues a majority of these policies on a monthly or weekly basis. Proposed law retains present law relative to lapse notices for individual health insurance policies except requires them to be mailed 20 days prior to the end of the grace period. Additionally requires that every insurer issuing a policy of individual, group, family group, blanket, or association health and accident policies include in such policy a provision providing the policyholder a grace period of 31 days from the date the premium was due. Further provides that during the grace period, the policy coverage shall continue in full force and effect, unless the policy holder has given the insurer written notice of cancellation in advance of the date of cancellation and in accordance with the terms of the policy. Present law requires every health maintenance organization (HMO) to notify each master contract group in writing at least 45 days before any increase of 20% or more in prepaid charges or at least 60 days before any cancellation or nonrenewal of an agreement for basic health care services. However, provides that such notice may be waived for a basic health care service agreement which covers 100 or more persons, provided a provision for such waiver is made

part of the basic health care services agreement agreed upon by the insurer and the holder of the master contract. Also provides that nothing in present law shall be construed to grant to the HMO any additional authorization in relation to cancellation, nonrenewal, or other termination of an agreement for basic health care services. Specifically provides that no basic health care services agreement shall be cancelled, nonrenewed, or otherwise terminated because the health maintenance organization failed to meet the notice provisions of present law. Further provides that these notice provisions shall not apply to cancellations due to nonpayment on a timely basis of the prepaid charges. Proposed law deletes present law making the notice provisions of present law inapplicable to cancellations by HMOs due to nonpayment on a timely basis of the prepaid charges, otherwise retains present law. Provides further that every HMO issuing a contract for health care services shall include in such contract a provision providing the subscriber or enrollee a grace period of 31 days from the date the prepaid charge was due. Further provides that during the grace period, the contract coverage shall continue in full force and effect, unless the subscriber or enrollee has given the HMO written notice of cancellation in advance of the date of cancellation and in accordance with the terms of the contract. Additionally provides that whenever a HMO does not receive a prepaid charge payment 20 days prior to the end of the grace period, the HMO shall mail, by first class mail, a notice to the subscriber or enrollee. Requires that the notice state that if the prepaid charge has not been paid by the end of the grace period, the contract will lapse as provided by the provisions of the contract. Further requires that the notice also state that the contract will be reinstated with no penalties whatsoever to the subscriber or enrollee if the full payment is received within the period allowed for reinstatement.

Present law provides that a nonprofit risk indemnification trust shall not be considered an insurance company or to be in the business of insurance, nor shall it be subject to regulation by the commissioner of insurance, except as provided for in certain specific provisions of present law. Includes among these provisions a requirement for a trust issuing a policy of group, family group, blanket, or association health and accident insurance to a group to notify the policyholder in writing at least 45 days before any increase of 20% or more in policy rates or at least 60 days before any cancellation or nonrenewal of such policy.

However, provides a trust from canceling or refusing to renew any policy of group or family group health and accident coverage for nonpayment of premium until 60 days after the insurer has mailed written notice to the policyholder. Requires the notice to include the reason that the policy is being canceled. However, also provides that such notice may be waived for a policy which covers 100 or more persons, provided a provision for such waiver is made part of the policy agreed upon by the insurer and the policyholder. Also provides that nothing in present law shall be construed to grant to the insurer any additional authorization in relation to cancellation, nonrenewal, or other termination of a policy.

Specifically provides that no policy shall be canceled, nonrenewed, or otherwise terminated because the insurer failed to meet the notice provisions of present law. Further provides that these notice provisions shall not apply to cancellations due to nonpayment of premiums. Proposed law deletes present law making the notice provisions of present law inapplicable to cancellations by insurers due to nonpayment of premiums; otherwise retains present law. Additionally requires that every trust issuing a policy of individual, group, family group, blanket, or association health and accident policies include in such policy a provision providing the policyholder a grace period of 31 days from the date the premium was due. Further provides that during the grace period, the policy coverage shall continue in full force and effect, unless the policyholder has given the insurer written notice of

cancellation in advance of the date of cancellation and in accordance with the terms of the policy. Further provides that whenever an insurer which issues an individual accident and health policy does not receive a premium payment 20 days prior to the end of the grace period, the insurer shall mail a notice to the policyholder. Specifies that the notice shall state that if the premium has not been paid by the end of the grace period, the policy will lapse, but that the policy will be reinstated with no penalties whatsoever to the insured if the full premium payment is received within the period allowed for reinstatement. Effective upon signature of governor or lapse of time for gubernatorial action. (Amends R.S. 22:213.3, 221(B), 2027(C), and 2059; Repeals R.S. 22:215.9(C))

**Stance: SUPPORT**

**Action: Further review**

HB831

M JACKSON

ASSIGNED TO HOUSE HEALTH & WELFARE

HEALTH CARE/RECORDS: Creates the Health Care Consumers Right to Know Act

**Abstract:** Creates the "Health Care Consumer's Right to Know Act" to provide for public disclosure of price and performance data that is already collected on Louisiana's hospitals and outpatient facilities. Present law expresses the intent of the legislature to create an understanding of patterns and trends in the availability, use, and charges for health care services and associated health circumstances through the collection of certain health care data and requires DHH, office of public health, to act as a state health care data clearinghouse. Proposed law expresses the further intent of the legislature to create consumer awareness of the true costs of health care services to assist in the delivery of high-quality and cost-efficient services. Present law requires the office of public health, in consultation with other agencies, to define the core data elements to be reported in accordance with existing national and international standards and to develop standards of accuracy, quality, efficiency, and confidentiality, among others, for the collection and transmission of data. Proposed law provides that the office of public health shall require all licensed hospitals and ambulatory surgical centers to electronically submit patient billing by a specified deadline and further provides that the office shall define core data elements to be reported in accordance to the extent possible with electronic transaction standards and code sets to be adopted by the secretary of DHH no later than Oct. 1, 2006. Proposed law requires that standards of confidentiality already provided by present law shall be consistent with state and federal law including the Gramm-Leach-Bliley Act (12 USC §1811 et seq.). Present law provides that the office may create an advisory group consisting of representatives from hospitals, outpatient care centers, health professional licensing boards, other state agencies, and other representatives appointed by the office. Proposed law mandates the creation of an advisory group by Aug. 1, 2006, consisting of representatives from the health care professions, medical care facilities, patient groups, health care purchasers, health plans, clinical and health services researchers, and other appropriate state agencies. Present law allows the office of public health to contract with private entities for the data collection and to release data that does not include any individual patient identifier and provides for cooperation between the office of public health and other state agencies. Proposed law provides that all licensed hospitals and ambulatory surgical centers shall electronically submit patient billing data for each patient no later than 45 days after the end of each calendar quarter and further stipulates the information that shall be included in the patient billing data. Proposed law provides the office of public health may

contract with a vendor for the collection of data. Present law provides for the duties and responsibilities of the office of public health relative to compiling and disseminating health care data including promulgating rules and regulations necessary to carry out such duties and responsibilities. Proposed law provides that the office shall provide electronic access to its patient billing data in accordance with confidentiality provisions, shall not restrict the use or disclosure of facility or provider identifiers, shall determine reasonable fees to be charged for providing access to data and shall deposit all fees in a special fund, and shall provide assistance to the House and Senate Committees on Health and Welfare in the development of information necessary in the examination of health care issues. Present law provides for the submission of a special report to the legislature summarizing the status of the implementation of the state health care data clearinghouse and outlining funding requirements for further implementation and operation. Proposed law provides that the report shall be prepared in consultation with the advisory group and submitted to the legislature by Jan. 1, 2007. The report shall further include recommendations for the disclosure of hospital and ambulatory surgical center performance and price information on an interactive statewide website. Present law provides that the state health care data clearinghouse shall operate only to the extent funds are available. Proposed law retains present law penalties for violations relative to confidentiality of information, except that proposed law increases the fine from \$500 to \$1,000 to \$10,000 and the time of imprisonment from one month to 12 months. Proposed law retains present law penalties for violations of any other provisions of this Part and increases the fine from \$1,000 to \$10,000. Proposed law provides for penalties for any hospital or ambulatory surgical center that fails to report data pursuant to this Part and retains present law provisions that license renewal by DHH shall be predicated in part on compliance with data reporting requirements. Proposed law provides for a special fund to be established for the deposit of penalty fines collected. Proposed law provides for public disclosure of price, billing, and collection information as well as provisions for access to specifically requested price, billing, and collection data. Proposed law defines "charge master" and provides for the disclosure of information contained in as well as policies for revisions of a facility's charge master. Proposed law provides for disclosure of written good faith estimates for a particular treatment as well as any financial commitment required of a patient or patient's third-party payor prior to a treatment being rendered in nonemergency situations. Proposed law provides for billing in the event of unanticipated complications. Proposed law requires disclosure by hospitals or ambulatory surgical centers of contract status with a patient's health insurance plan and provides for billing by noncontracted hospitals and ambulatory surgical centers. Proposed law provides for penalties for failure to provide requested price and billing information. Effective upon signature of governor or lapse of time for gubernatorial action. (Amends R.S. 40:1300.111-1300.114)

**Stance: Oppose**

**Action: N/A**

HB846

DORSEY

ASSIGNED TO HOUSE JUDICIARY

EMERGENCY PREPAREDNESS: Authorizes temporary registration of health care professionals during a declared state of public health emergency

**Abstract:** Authorizes boards and commissions under DHH to provide for the temporary registration of health care professionals licensed in another state during a state of public

health emergency. Proposed law provides that boards and commissions under DHH provide for the temporary registration of health care professionals licensed in another state during a state of public health emergency for not more than 60 days, subject to two 60-day extensions. Provides that the boards and commissions shall file a plan with DHH relative to the certification of health care professionals. Effective upon signature of governor or lapse of time for gubernatorial action. (Adds R.S. 29:769(E))

**Stance: SUPPORT**

**Action: Further review**

HB896

WALSWORTH

ASSIGNED TO HOUSE HEALTH & WELFARE

PHYSICIANS: Provides for physician discounts for rendered health care services

**Abstract:** Allows physicians and hospitals to discount any health care services rendered to individuals. Proposed law allows licensed physicians and licensed hospitals to discount any health care services rendered to individuals as long as the discounts do not violate the provisions of a contract for health delivery services. Effective upon signature of governor or lapse of time for gubernatorial action. (Adds R.S. 37:1302)

**Stance: SUPPORT**

**Action: N/A**

HB897

McDONALD

ASSIGNED TO HOUSE HEALTH & WELFARE

HOSPITALS: Allows a hospital to operate an ambulance service solely to transport its own patients between parts of its own campus under certain circumstances

**Abstract:** Changes criteria by which a hospital may run an ambulance service without a license and changes the definition of "campus". Present law provides for the licensure of ambulance providers and qualifications to operate ambulances. Prohibits any person, firm, corporation, association, or government entity from conducting, managing, operating, or maintaining an ambulance service in Louisiana without a valid current license from DHH. Provides, however, that no license is required for any hospital that operates a vehicle solely for the purpose of moving its own patients between parts of its own campus, provided that all of the following conditions are met: (1) The parts of the hospital's campus are not more than 1,000 yards apart. (2) At the time of transport, the patient is attended by at least two individuals who are emergency medical technicians, a licensed practical or registered nurse, or a physician. (3) The vehicle utilized by the hospital for transport contains the same equipment as is required for a licensed ambulance. Proposed law retains present law exception from licensure, but expands the allowable distance to transport patients between campuses of a hospital from 1,000 yards to 10 miles apart. Defines "campus" as the grounds and facilities of any licensed hospital and other health care provider operating under the same provider number. Effective upon signature of governor or lapse of time for gubernatorial action. (Amends R.S. 40:1235.2(A)(1))

**Stance: TRACK**

**Action: Further review; Identical to SB147**

HB989

SCALISE

## ASSIGNED TO HOUSE APPROPRIATIONS

**MEDICAID:** Payments for uncompensated care costs to community hospitals

**Abstract:** Provides for payments to community hospitals for their uncompensated care costs through the state Medicaid plan. Present law provides for the annual submission of an executive budget by the governor, which shall be his complete financial and programmatic plan for government for the ensuing fiscal year. Proposed law retains present law and requires that any such executive budget which contains a proposal for the payment of uncompensated care costs of state hospitals shall also contain a proposal for the payment of uncompensated care costs of community hospitals. Proposed law defines the term "community hospital" to be a public or private hospital which is not an agency of the state, which is not a small rural hospital as defined in R.S. 40:1300.143, and which is eligible under the state Medicaid plan to receive disproportionate share payments to hospitals. Proposed law notwithstanding any contrary provisions of present law and restricts reductions to the budget for payments of uncompensated care costs of community hospitals to an amount not to exceed like reductions to payments for state hospitals. Proposed law requires that public community hospitals certify to the Department of Health and Hospitals the state, nonfederal share of expenditures for all of their Medicaid claims and provide a certification of incurred uncompensated care costs that constitute public expenditures that are eligible for federal match under Title XIX of the Social Security Act (Medicaid). Both certifications shall be submitted in a form satisfactory to the department. The department shall by regulation specify how any certification is to be made. Proposed law restricts the use of federal proceeds of any such certification to payments to community hospitals. No less than 90% shall be used to pay the hospitals which participated in the instant certification, which payments shall be pro-rated so as to reflect each hospital's relative contribution to the total pool of monies certified. Up to 10% of such federal proceeds, to the extent such payments are permissible under federal law, shall be used to provide for payments to private community hospitals. (Adds R.S. 39:34(D) and 46:2762)

**Stance: TRACK**

**Action: Further review**

HB996

CROWE

## ASSIGNED TO HOUSE APPROPRIATIONS

**MEDICAID:** Provides for Medicaid payments for uncompensated care provided by public and private community hospitals

**Abstract:** Provides for payments to community hospitals for their uncompensated care costs through the state Medicaid plan. Present law provides for the annual submission of an executive budget by the governor, which shall be his complete financial and programmatic plan for government for the ensuing fiscal year. Proposed law retains present law and requires that any such executive budget which contains a proposal for the payment of uncompensated care costs of state hospitals shall also contain a proposal for the payment of uncompensated care costs of community hospitals. Proposed law defines the term "community hospital" to be a public or private hospital which is not an agency of the state, which is not a small rural hospital as defined in R.S. 40:1300.143, and which is eligible under the state Medicaid plan to receive disproportionate share payments to hospitals. Proposed law requires that public community hospitals certify to the Department of Health and Hospitals the state, nonfederal share of expenditures for all of their Medicaid claims and provide a certification of incurred uncompensated care costs that constitute public

expenditures that are eligible for federal match under Title XIX of the Social Security Act (Medicaid). Both certifications shall be submitted in a form satisfactory to the department. The department shall by regulation specify how any certification is to be made. Proposed law restricts the use of federal proceeds of any such certification to payments to community hospitals. (Adds R.S. 39:34(D) and R.S. 46:2762)

**Stance: TRACK**

**Action: Further review**

HB1001

GRAY

ASSIGNED TO HOUSE HEALTH & WELFARE

HOSPITALS: Provides for state reimbursement for certain medical care delivered by non-state hospitals to persons evacuated from a state hospital in the event of emergency

**Abstract:** Creates the Care for Evacuated Patients Program for the payment for the provision of medical care by nonstate hospitals with respect to certain patients who have been evacuated from a state hospital. Present law provides, with respect to the Interim Emergency Board, that an "emergency" is an event or occurrence not reasonably anticipated by the legislature. Proposed law retains present law and provides that payment for medical care provided to medically indigent or Medicaid patients pursuant to the Care for Evacuated Patients Program as provided in proposed law shall be deemed to be an emergency for purposes of present law. Proposed law establishes the Care for Evacuated Patients Program to be administered by the secretary of the Department of Health and Hospitals, hereinafter the "secretary". Proposed law provides that if a state of emergency is declared by the governing authority of the political subdivision in which a public hospital is located, and such emergency necessitates the evacuation of patients from the state hospital, the provision of medical care by a nonstate hospital to such evacuated patients shall be eligible for reimbursement by the state. Proposed law provides that medically necessary services rendered to medically indigent or Medicaid patients from the date of the admission necessitated by the evacuation from a state hospital through the 60th day of the admission at the nonstate hospital shall be eligible for payment by the state. Further, for patients who are medically indigent, the state shall pay on a per service basis an amount not to exceed the Medicare DRG rate. For Medicaid patients, the state shall pay on a per service basis the difference between the Medicaid rate and the Medicare DRG rate for each service. Proposed law requires that statements of the costs of services for which reimbursement is sought be submitted to the secretary within 120 days of the declaration of the emergency. Further requires submission to the Interim Emergency Board, within 180 days of the declaration of the emergency, a request by the secretary for funding the payment of the total amounts owed to hospitals seeking reimbursement. Proposed law authorizes rulemaking by the secretary as he deems appropriate and necessary to carry out the provisions of proposed law. Effective upon signature of governor or lapse of time for gubernatorial action.

(Amends R.S. 39:461.1(A)(2); Adds R.S. 46:2771)

**Stance: TRACK**

**Action: Further review**

HB1024

SCALISE

ASSIGNED TO HOUSE APPROPRIATIONS

APPROPRIATIONS: Appropriates funds for Fiscal Year 2005-2006 for payment of uncompensated care costs of community hospitals

**Abstract:** Appropriates funding for payment of uncompensated care costs of public and private community hospitals. Appropriates \$63,000,000 out of Federal Funds for FY 2005-2006 to Schedule 09-306 Medical Vendor Payments for the payment of uncompensated care costs of public community hospitals. Provides that "public community hospitals" means any nonstate hospital which has participated in the "public provider participation financing" required under Act 16 of the 2005 R.S. of the

Legislature. Such payments shall be prorated to reflect each hospital's relative contribution to the total pool of monies available for certification. Appropriates \$5,000,000 out of the State General Fund (Direct) for FY 2005-2006, plus \$11,720,000 out of Federal Funds for FY 2005-2006 to Schedule 09-306 Medical Vendor Payments, to provide for the payment of uncompensated care costs of private community hospitals.

Effective upon signature of governor or lapse of time for gubernatorial action.

**Stance: TRACK**

**Action: Further review**

***\*La. State Senate – pre filed legislation***

SB19

MCPHERSON

ASSIGNED TO SENATE HEALTH & WELFARE

**MEDICAID:** Requires Medicaid providers to donate to charitable pharmacies or any entity approved for distribution and charitable pharmacies to accept unused portions of prescription drugs that are within the expiration date and for such prescription drugs to be dispensed, in accordance with the determination of the pharmacist.

**Abstract:** Present law provides that charitable pharmacies may accept donations of medications packaged in single-unit doses that are intact, but the outside packaging has been opened. Present law provides that the pharmacist at the charitable pharmacy may refuse to accept the donation of such medications to the charitable pharmacy. Proposed law provides that charitable pharmacies are mandated to accept donations of medications packaged in single-unit doses that are intact, but the outside packaging has been opened. Proposed law provides that such single-unit doses of medication shall be subject to approval of the pharmacist at the charitable pharmacy regarding the safety of redispensing. Proposed law provides that hospitals, health care facilities and governmental entities enrolled in the Medicaid program shall donate all prescription drugs that meet the criteria of the proposed law to charitable pharmacies or entity approved by law for such donation. Proposed law provides for a deduction of any and all charges when unopened and unused prescription drugs are returned to the supplying pharmacy.

**Stance: SUPPORT**

**Action: N/A**

SB100

CRAVINS

ASSIGNED TO SENATE HEALTH & WELFARE

HEALTH/HOSPITALS DEPT: Establishes the adult day health care program in the DHH division of Long-Term Care Supports and Services/Health Standards Unit as a state plan option entitlement program.

**Abstract:** Present law provides relative to adult day care facilities, agencies and providers. Proposed law provides that such providers shall be designated as adult day health care facilities, agencies and providers. Proposed law provides that adult day health care services be incorporated as a mandatory state plan service, rather than a waiver service, subject to the approval of a state plan amendment by the Centers for Medicare and Medicaid Services and state appropriations.

**Stance: TRACK**

**Action: Further review**

### SB105

MARIONNEAUX

ASSIGNED TO SENATE HEALTH & WELFARE

ENVIRONMENTAL HEALTH: Establishes the Louisiana Clean Indoor Air Act to prohibit smoking in indoor areas. (gov sig)

**Abstract:** Proposed law authorizes the creation of the Louisiana Clean Indoor Air Act and provides for definitions. Proposed law provides that the purpose of the Act is to preserve and improve the health, comfort, and environment of the people of this state by limiting exposure to tobacco smoke. Proposed law prohibits smoking in the following areas and places: (1) Public meetings. (2) Buildings, offices, shops, or elevators.

(3) Buses, trains, and other forms of public transportation. (4) Shopping malls, retail stores, grocery stores, or arcades. (5) Libraries, theaters, concert halls, museums, art galleries, planetariums, historical sites, auditoriums, or arenas. (6) Jury waiting and deliberation rooms. (7) Courtrooms. (8) Child day care facilities. (9) Health care facilities, including hospitals, health care clinics, doctors' offices, and other health-care related facilities. (10) Any place of employment that is not exempted. (11) Restrooms, lobbies, reception areas, hallways, and other common-use areas. (12) Restaurants, cafes, or cafeterias. (13) Gymnasiums, indoor sports arenas, and sports and fitness facilities. (14) Lobbies, hallways, and other common areas in apartment buildings, condominiums, and other multi-unit residential facilities. (15) Lobbies, hallways, elevators, restaurants, cafeterias, and other common areas in hotels and motels. (16) Retirement facilities, assisted living facilities, and nursing homes, except for specially designated smoking areas not located near residential quarters. (17) Public and non-public schools; and other educational and vocational institutions. Proposed law provides for exceptions for the following places: (1) Private homes, private residences, and private automobiles; except that this Section will apply if any such home, residence, or vehicle is being used for child care or day care or if a private vehicle is being used for the public transportation of children or as part of health care or day care transportation. (2) Limousines under private hire. (3) A hotel or motel room designated as a smoking room and rented to a guest. (4) Any retail tobacco business. (5) Any tobacco bar. (6) Any bar. (7) Any airport smoking concession. (8) The room of a hospice patient in a hospice facility, so long as such room is appropriately segregated from the rooms and common facilities of other hospice patients. (9) The outdoor area of any business, except that the owner or manager of such business may post signs prohibiting smoking in any such outdoor area, which will have the effect of making that outdoor area a non-smoking area. (10) Horse racing tracks, offtrack wagering facilities, places licensed for the holding of charitable raffles, bingo, keno, pull-tabs, and electronic video bingo, riverboats, the landbased casino, a licensed establishment for the

operation of video draw poker machines, and an eligible facility licensed to conduct slot machine gaming. Proposed law provides that in the case of employers otherwise exempted from proposed law, each such employer will provide a smoke-free work area for every employee. Proposed law expressly preempts and supersedes any municipal or parish ordinance relative to the regulation of smoking. Proposed law requires the proprietor or other person in charge of a public place where smoking is prohibited to make reasonable efforts to prevent smoking in such place by posting appropriate signs, arranging seating to provide a smoke-free area, requesting smokers to extinguish the tobacco product and any other means deemed appropriate. Proposed law provides for the following penalties: (1) Any person who owns, manages, operates, or otherwise controls the use of any premises subject to proposed law, will be assessed a civil penalty of not less than \$250 nor more than \$750 for the first violation and not less than \$500 nor more than \$2,000 for each subsequent violation. (2) Any person who smokes in a prohibited area will be subject to a civil penalty of not more than \$100 for the first violation and not more than \$500 for each subsequent violation. Proposed law requires the secretary of the department to adopt and promulgate rules and regulations necessary to carry out the provisions of the Louisiana Clean Indoors Air Act in accordance with the Administrative Procedure Act. Effective upon signature of the governor or lapse of time for gubernatorial action.

**Stance: SUPPORT**

**Action: N/A**

#### SB125

DUPRE

ASSIGNED TO SENATE HEALTH & WELFARE

HUMAN DEVELOPMENT: Creates the South Central Louisiana Human Services Authority. (gov sig)

**Abstract:** Present law provides for a statewide human services and accountability framework to be developed and implemented by the Department of Health and Hospitals to assure the provision of the delivery of services for mental health, developmental disabilities, and addictive disorders. Further provides for the establishment of a Human Services Interagency Council, chaired by the secretary of DHH, to serve as the planning, monitoring, and coordinating body. Proposed law retains present law but provides that those functions relative to mental health, developmental disabilities, and addictive disorders in the parishes of Assumption, Lafourche, St. Charles, St. James, St. John the Baptist, St. Mary, and Terrebonne shall be provided by the South Central Louisiana Human Services Authority. Proposed law requires DHH to continue to be responsible for and perform the services in the respective parishes if funds are not appropriated to the authority by the legislature. Proposed law creates the South Central Louisiana Human Services Authority as a body corporate and authority of the state. Provides that the authority be governed by a nine member board including two residents each from the parishes of Lafourche and Terrebonne and one resident each from the parishes of Assumption, Lafourche, St. Charles, St. James, St. John the Baptist, and St. Mary. Provides for three-year terms with staggered initial terms. Provides that the governing authorities of the parishes shall appoint the members, subject to ratification by the legislative delegation representing the seven parishes within the authority. Requires the appointments to represent a balance of professionals and advocates in the fields of community-based mental health, developmental disabilities, and addictive disorders. Prohibits members or their immediate family members from having ownership or interest in any public or private organization that conducts business with the authority. Authorizes the

board to adopt bylaws to provide for governance of the board including procedures for election and removal of officers and board members and filling of vacancies. Requires board members to be removed upon conviction of a felony. Provides for members of the board and employees of the authority to be subject to the Code of Governmental Ethics. Proposed law provides for the functions, powers, and duties of the authority but restricts these functions, powers, and duties to the operation and management of only community-based programs and services. Excludes any inpatient mental health, developmental disabilities, or addictive disorder facility currently under the jurisdiction of DHH and any operation, management, and performance of functions and services relating to environmental health, the La. Vital Records Registry and the collection of vital statistics, services related to laboratory analyses by the division of laboratories, and services relating to education provided by or authorized for any state or local education department or agency. Requires that services provided be maintained at the level the state maintains similar programs in other parishes or regions of the state. Proposed law creates the authority as a body corporate with the power to sue and be sued and to perform acts in its corporate capacity and name necessary to effectuate the purposes for which the authority was created. Further creates the authority as an authority and political subdivision of the state with the powers and privileges of a political subdivision excluding the rights to incur long-term debt, issue bonds, and levy taxes and special assessments. Proposed law requires the board to submit an annual written report, including audited financial statements and a summary of the utilization of traditional providers, to the legislative delegation representing the seven parishes included within the authority at least thirty days prior to each regular session. Proposed law authorizes the secretary of DHH and the board to enter into all agreements necessary to transfer the functions and funds relative to the operation of services for the parishes from DHH to the authority. Requires such agreements to be promulgated by the secretary and the authority by rule in accordance with the APA. Proposed law provides for the transfer of employees engaged in the performance of these services and programs and their benefits from DHH to the authority. Specifies that such employees shall remain subject to applicable civil service laws, rules, and regulations. Further authorizes the risk management fund to be used for the payment of losses incurred by the authority. Proposed law further authorizes the authority to participate in the state program for medical malpractice provided the authority or covered contract service delivery employee has paid the premium to the office of risk management. Proposed law provides that the functions relative to the operation and management of community-based mental health, developmental disabilities, and addictive disorder services for the parishes of Assumption, Lafourche, St. Charles, St. James, St. John the Baptist, St. Mary, and Terrebonne transferred in accordance with R.S. 28:871 et seq. shall be the responsibility of and shall be performed by the South Central Louisiana Human Services District. Further provides that if funds are not appropriated by the legislature for the district to perform these functions in those parishes, the functions shall be the responsibility of and shall be performed by the department in those parishes. Further provides that funds appropriated by the legislature for the costs of providing those functions and services transferred from the department to the district shall be included in the department budget and shall be transferred from the department to the district in accordance with the agreement between the secretary of the department and the district, and that the secretary shall provide for the inclusion of such funds in the department budget request. Further provides that funding for the district from such source shall be at least at the same level and from the same means of financing as provided for similar programs funded through the department budget in other parishes or

regions of the state. Effective upon signature of the governor or lapse of time for gubernatorial action.

**Stance: TRACK**

**Action: Further review; Similar to HB687**

SB135

HINES

ASSIGNED TO SENATE HEALTH & WELFARE

MEDICAID: Provides relative to direct reimbursement of healthcare services provided to Medicaid recipients by an advanced practice registered nurse.

**Abstract:** Present law provides that qualified basic benefit plans under a health care cost control program shall not exclude direct reimbursement health care services provided by an advanced practice registered nurse that provides health care services under the direction of a physician. Proposed law retains present law, except that the health care services provided by an advanced practice registered nurse must be in accordance with the collaborative practice agreement rather than under the direction of a physician.

**Stance: SUPPORT**

**Action: Further review**

SB147

ELLINGTON

ASSIGNED TO SENATE HEALTH & WELFARE

HOSPITALS: Allows a hospital to operate an ambulance service solely to transport its own patients between parts of its own campus under certain circumstances. (gov sig)

**Abstract:** Present law provides for the licensure of ambulance providers and qualifications to operate ambulances. Prohibits any person, firm, corporation, association, or government entity from conducting, managing, operating, or maintaining an ambulance service in Louisiana without a valid current license from the DHH. Provides, however, that no license is required for any hospital that operates a vehicle solely for the purpose of moving its own patients between parts of its own campus, provided that all of the following conditions are met: (1) The parts of the hospital's campus are not more than 1,000 yards apart. (2) At the time of transport, the patient is attended by at least two individuals who are an emergency medical technician, a licensed practical or registered nurse, or a physician. (3) The vehicle utilized by the hospital for transport contains the same equipment as is required for a licensed ambulance. Proposed law retains present law exception from licensure, but expands the allowable distance to transport patients between campuses of a hospital from 1,000 yards to 10 miles apart. Defines "campus" as the grounds and facilities of any licensed hospital and other health care provider operating under the same provider number. Effective upon signature of the governor or lapse of time for gubernatorial action.

**Stance: TRACK**

**Action: Further review; Identical to HB897**

SB197

MCPHERSON

ASSIGNED TO SENATE HEALTH & WELFARE

HEALTH CARE: Provides for the evacuation of health care facilities in the event of an approaching hurricane.

**Abstract:** Proposed law requires the office of homeland security to notify the administrators of health care facilities, in the projected impact area of a Category 3 or higher hurricane at least 60 hours prior to estimated landfall, that the facility must evacuate if a mandatory evacuation is ordered. The notification shall include the following: (a) information on the mode of transportation to be used in the evacuation; (b) information on the sheltering of patients who are unable to be transported; (c) information on the host shelter; (d) information on the method of transportation of supplies and equipment; and (e) information on personnel. Proposed law subjects the administration of healthcare facility, that does not evacuate after receiving timely notice, to regulatory sanctions. Proposed law limits the liability of the evacuating healthcare facility for injuries, deteriorating condition or death, except in the case of gross negligence. Proposed law allows for reimbursement of costs incurred by healthcare facilities participating in a compelled evacuation directly related to the evacuation and sheltering of Medicaid patients.

**Stance: OPPOSE**

**Action: Further review; Identical to HB745**

SB246

MCPHERSON

ASSIGNED TO SENATE HEALTH & WELFARE

MEDICAID: Requires a common payment methodology for Medicaid reimbursement for hospitals by the year 2007.

**Abstract:** Present law provides that DHH shall not implement a common Medicaid and disproportionate share change in the hospital inpatient or outpatient methodology before July 1, 2009. Proposed law repeals present law and provides that such methodology be based upon acuity and diagnosis related groups and be implemented no later than January 1, 2007.

**Stance: TRACK**

**Action: Further review**

SB247

MCPHERSON

ASSIGNED TO SENATE HEALTH & WELFARE

HEALTH SERVICES: Requires certification of public expenditures for uncompensated care. (gov sig)

**Abstract:** Present law (R.S. 47:8058) provides that any non-state hospitals, other than a small rural hospital, shall certify to DHH no later the October 1 of each year, all state expenditures for Medicaid claims as well as all federally qualifying uncompensated care costs incurred. Present law (R.S. 47:8058) provides that if the non-state hospitals fails to make such certifications, they shall be excluded from disproportionate share payment for the fiscal year and shall have Title XIX payments withheld. Proposed law repeals present law but retains the language of present law within the proper title relative to the subject matter. Effective upon signature of the governor or lapse of time for gubernatorial action.

**Stance: TRACK**

**Action: Further review; Similar to HB1001**

SB280

FIELDS

ASSIGNED TO SENATE EDUCATION

EDUCATION: Beginning in 2006-07, requires a family income equal to or under the federal poverty level in addition to academic requirements to be eligible for TOPS. (gov sig)

**Abstract:** Proposed law requires to be eligible to receive a TOPS award beginning with the 06-07 school year that the student have an annual adjusted gross family income as reported to LOSFA that does not exceed 100% of the poverty guidelines established by the U.S. Dept. of Health and Human Services under the authority of 42 U.S.C. 9902(2) in addition to present law requirements. Proposed law specifies that new financial requirements do not apply to continuation requirements for all those receiving an award before 2006-2007, but do apply as continuation requirements thereafter. Proposed law defines "family" whether the applicant - student is a dependent student or an independent student. Proposed law requires LOSFA to take all administrative action necessary to expedite full implementation of the provisions of proposed law. Also requires LSFAC to disseminate information to students and others regarding program changes pursuant to proposed law in the most timely manner possible. Effective upon signature of the governor or lapse of time for gubernatorial action. (Adds R.S. 17:3048.6)

**Stance: OPPOSE**

**Action: N/A**

### SB311

HINES

ASSIGNED TO SENATE HEALTH & WELFARE

HEALTH CARE: Provides for the needs assessment review for the approval of federally qualified health centers. (gov sig)

**Abstract:** Present law provides for the expansion of federally qualified health centers and rural health clinics. Proposed law requires that DHH perform a needs assessment with respect to every request for departmental support of an application as a federally qualified health center. Proposed law provides that DHH shall not support an application unless it is determined that the nearest rural hospital and its medical staff is unable to meet the medical needs of those the federally qualified health center seeks to serve. Proposed law requires DHH encourage collaboration among federally qualified health centers, the nearest rural hospital, and the medical staff of such hospital. Effective upon signature of the governor or lapse of time for gubernatorial action.

**Stance: TRACK**

**Action: Further Review**

### SB312

HINES

ASSIGNED TO SENATE HEALTH & WELFARE

PHARMACISTS: Enacts the Rural Pharmacy Preservation Act.

**Abstract:** Proposed law enacts the "Rural Pharmacy Preservation Act." Proposed law sets out particular challenges that pharmacies operating in rural areas of the state contend with, while defining "rural pharmacy." Proposed law provides for specific minimum levels of reimbursement through the Medicaid program, as well as the office of group benefits. Proposed law provides for the promulgation of certain rules by DHH, the office of group benefits, and the governor's office of homeland security and emergency preparedness. Proposed law prohibits the exclusion of pharmacies in rural areas from certain health care organizations and provides particular protections for pharmacies operating in rural parishes

or municipalities. Proposed law provides for maintenance and access to rural pharmacies during a declaration of emergency.

**Stance: SUPPORT**

**Action: Medicare Part D enrollment connection**

SB322

HINES

ASSIGNED TO SENATE HEALTH & WELFARE

HEALTH CARE: Provides relative to a hospital-based mobile rural health clinic.

**Abstract:** Present law provides relative to the licensure of rural health clinics that are hospital-based and operated by a rural hospital. Proposed law provides that a mobile rural health clinic shall be treated as a rural health clinic for purposes of licensure. Proposed law provides that a mobile rural health clinic that is hospital-based and operated by a rural hospital shall be allowed to operate under the license of the hospital.

**Stance: SUPPORT**

**Action: N/A**

SB481

ADLEY

ASSIGNED TO SENATE HEALTH & WELFARE

HOSPITALS: Requires all licensed hospitals to report on an annual basis all incidents of hospital-acquired infections to the Department of Health and Hospitals.

**Abstract:** Present law provides for areas of concern that are appropriate for rulemaking by DHH relative to hospital licensure. Proposed law provides for the "Hospital Infections Disclosure Act" which requires hospitals to report on the rate of infections acquired within a hospital. Definitions of terms are included. Proposed law provides for reports to be submitted to DHH and for the formation of an advisory committee to assist the department in setting standards and determining methodologies for collecting, analyzing, and disclosing information regarding hospital-acquired infections. Proposed law provides for including in DHH rules relative to hospital licensure, the failure to abide by the provisions of the Hospital Infections Disclosure Act as grounds for license termination. Authorizes termination of license and civil penalties for violation.

**Stance: OPPOSE**

**Action: N/A**

SB487

HEITMEIER

ASSIGNED TO SENATE INSURANCE

HEALTH/ACC INSURANCE: Provides relative to medical necessity review determinations by health maintenance organizations.

**Abstract:** Present law provides that every HMO shall establish procedures for continuous review of quality of care, performance of providers, utilization of health services, facilities, and costs which are designed to provide adequate and necessary medical treatment for its insureds. The medical necessity review requirements and administrative treatment guidelines of the health maintenance organization shall not fall below the appropriate standard of care and shall not impinge upon the independent medical judgment of the treating health care provider. Proposed law retains present law but provides that, for the purpose of medical necessity reviews, a healthcare provider who contracts with or is employed by an HMO shall

be deemed an agent of the health maintenance organization. Proposed law provides that the HMO is, therefore, precluded from denying payment for health care services deemed appropriate and medically necessary by its agent on the basis that such services are not medically necessary. Proposed law provides that all limitations, exclusions, exemptions, waiting periods, co-payments, or other terms and conditions of the policy or agreement shall be applicable to such claims.

**Stance: TRACK**

**Action: Further review**

SB520

SCHEDLER

ASSIGNED TO SENATE HEALTH & WELFARE

HOSPITALS: Enhances the ability of hospital service districts to compete in the health care industry. (gov sig)

**Abstract:** Present law, as interpreted by the U. S. Court of Appeals for the Fifth Circuit, does not provide explicit immunity from antitrust actions, specifically the Sherman Antitrust Act. Proposed law provides findings that service district hospitals in the state are at a competitive disadvantage. Proposed law explicitly extends to all service district hospitals in the state the same immunity from suit that the state enjoys, specifically insulation from the provisions of the Sherman Antitrust Act, 15 U.S.C. 1 et seq. Proposed law limits such integration agreements to the DHH region in which the service district hospital is located.

**Stance: SUPPORT**

**Action: N/A**

SB555

L JACKSON

ASSIGNED TO SENATE HEALTH & WELFARE

MEDICAID: Provides for clinical social workers to qualify as Medicaid providers.

**Abstract:** Present law provides for the care and treatment, in privately owned hospitals and other institutions, of indigent or destitute sick persons, including mentally ill and mentally deficient persons, provided that individual is a resident of the state needing medical care as may be required or permitted under the provisions of the federal Social Security Act.

Proposed law retains present law and further provides for the inclusion of clinical social workers as providers and for Medicaid reimbursement.

**Stance: SUPPORT**

**Action: N/A**

SB562

BAJOIE

ASSIGNED TO SENATE HEALTH & WELFARE

HEALTH/HOSPITALS DEPT: Creates an office of aging and adult services within the Department of Health and Hospitals. (gov sig)

**Abstract:** Present law provides that the geriatric hospital in Jackson, Louisiana, known as Villa Feliciana Medical Complex (VFMC), is established under the administration of the office of management and finance of DHH. Proposed law removes the VFMC from falling under the office of management and finance thereby allowing the complex to be administered directly by DHH. Present law provides that DHH shall be composed of the executive office of the secretary, the office of management and finance, the office of public

health, the office of mental health, the office for citizens with developmental disabilities, and the office for addictive disorders. Proposed law retains present law and further adds the office of aging and adult services to DHH. Proposed law provides that the office of aging and adult services shall be responsible for the programs and functions of the state related to the protection and long-term care of the elderly and persons with adult onset disabilities. It shall administer the residential state-operated nursing homes, the Villa Feliciana Medical Complex, the protection services program, the long-term supports and services programs, as well as other related programs of the state. Present law provides that the secretary or his designee shall perform the functions of the state relative to the administration of the state-operated nursing homes for the aged and infirm. Proposed law repeals present law. Requires DHH to complete all adjustments to departmental accounting procedures relative to the transfer of functions to the office of aging and adult services no later than 6/30/07. Further requires that the Fiscal Year 2007-2008 Executive Budget shall reflect the establishment of the office of aging and adult services as a separate single budget unit within the DHH. Instructs the Louisiana State Law Institute to incorporate the provisions of specific Acts in the appropriate sections and subdivisions of the Louisiana Revised Statutes. Effective upon signature of the governor or lapse of time for gubernatorial action.

**Stance: TRACK**

**Action: Further review**

SB568

DARDENNE

ASSIGNED TO SENATE HEALTH & WELFARE

HEALTH/HOSPITALS DEPT: Repeals R.S. 40:2155(B)(9) that requires the Department of Health and Hospitals to promulgate certain rules during times of emergency and natural disaster.

**Abstract:** Present law requires DHH to promulgate rules establishing standards for adult residential care homes. Requires such rules to prevent facilities from ordering residents to vacate the facility in advance of an approaching weather event, natural disaster or other emergency except under circumstances provided by applicable law or regulation. Proposed law repeals the requirement for such a rule.

**Stance: TRACK**

**Action: Further review**

SB570

HINES

ASSIGNED TO SENATE HEALTH & WELFARE

HEALTH CARE: To provide for the protection of rural hospitals and to ensure ethical referral practices by physicians.

**Abstract:** Proposed law provides relative to rural hospitals and physician referral practices. Proposed law provides statements in support of the encouragement of collaboration between rural hospitals and physicians. Proposed law provides definitions and standards for ethical referral by physicians. Proposed law provides prohibitions for physicians and healthcare facilities as well as exceptions. Proposed law provides that the State Board of Medical Examiners and DHH promulgate appropriate rules for the implementation of these provisions.

**Stance: TRACK**

**Action: Further Review**

SB595

DARDENNE

ASSIGNED TO SENATE HEALTH & WELFARE

HOSPITALS: Provides for the prevention of Medicaid cuts to providers with a 40% Medicaid utilization rate or higher.

**Abstract:** Present law provides for the department to adopt and promulgate rules to provide for maximum Medicaid rates and funding for hospitals that provide services to fragile newborns or critically ill children or hospitals with a Medicaid utilization rate of 25% or higher. Proposed law retains present law but mandates that the DHH shall not cut reimbursement rates for providers who have a Medicaid utilization rate of 40% or higher. Effective retroactively beginning 7/18/05.

**Stance: TRACK**

**Action: Further review; Identical to HB623**

SB624

MCPHERSON

ASSIGNED TO SENATE HEALTH & WELFARE

MENTAL HEALTH: Makes provisions to add nurse practitioner and psychiatric Mental Health Nurse Practitioner relative to mental health law.

**Abstract:** Present law provides for duties and responsibilities of physicians, psychiatrists, and psychologists in mental health law. Proposed law defines a "nurse practitioner" as a person who is an advanced practice registered nurse educated in a specified area of care and certified according to the requirements of a nationally recognized accrediting agency such as the American Nurses Association, American Nurses Credentialing Center, National Certification Corporation for Obstetric, Gynecologic and Neonatal Nursing Specialties, or the National Certification Board of Pediatric Nurse Practitioners and Nurses, or as approved by the board and who is authorized to provide primary, acute, or chronic care as an advanced nurse practitioner acting within his scope of practice to individuals, families, and other groups in a variety of settings including, but not limited to, homes, institutions, industry, schools, and other community agencies. Proposed law defines a "psychiatric mental health nurse practitioner" as an advanced practice registered nurse who focuses clinical practice on individuals, families, or populations across the life span at risk for developing and/or having a diagnosis of psychiatric disorders or mental health problems. The psychiatric-mental health nurse practitioner is a specialist who provides primary mental health care to patients seeking mental health services in a wide range of settings. Primary mental health care provided by the psychiatric-mental health nurse practitioner involves the continuous and comprehensive services necessary for the promotion of optimal mental health, prevention and treatment of psychiatric disorders and health maintenance. This includes the assessment, diagnosis, and management of mental health problems and psychiatric disorders. The psychiatric-mental health nurse practitioner is a provider of direct mental health care services, and synthesizes theoretical, scientific, and clinical knowledge for the assessment and management of both health and illness states. Proposed law retains present law, but adds nurse practitioners as having the same duties and responsibilities as a physician in mental health law. Proposed law retains present law, but adds psychiatric mental health nurse practitioners as having the same duties and responsibilities as a psychiatrist in mental health law.

**Stance: TRACK**

**Action: Further review**