

2023 LEGISLATIVE REPORT



LPMA

This report is a summary of legislative activity for the 2023 Regular Legislative Session performed for the Louisiana Psychiatric Medical Association



2023 Priorities

The 2023 Regular Session began with generous budgetary forecasts and a surplus. This allowed the Chapter to focus on other imminent policy concerns. Those included:

- Scope of Practice
- Care Access
- Reimbursement

The key bills from each of those categories will be broken down on later pages to highlight legislation, stances and outcomes from this session.



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Scope of Practice

• HB 181

SB 181 by Rep. Devillier that a coroner, who is a physician, or his deputy, who is a physician, may utilize telehealth to conduct the 72-hour independent examination. Initially there was an expansion of roles in this legislation of concern but through amendments we were able to come to a supportive place on behalf of LPMA in partnership with other physician trade associations.

Position: Support After
Amendments
Outcome: Passed



Care Access

- HB 55

provides that the department may establish resources and programs for the treatment of inmates with a mental illness or an intellectual disability, either in a separate facility or as part of other institutions or facilities of the department.

Position: Support
Outcome: Passed

- HB 107

HB 107 by Rep. Turner Changes the local sales and use tax exemption for procurement or administration of certain prescription drugs by a physician's office, infusion clinic, or other outpatient clinic from an optional exemption to a mandatory exemption

Position: Support
Outcome: Failed



Care Access

• HB 419

HB 419 by Rep. Johnson requires a health coverage plan delivered in this state that provides mental health and substance abuse benefits to provide coverage for mental health and substance abuse services delivered through evidence-based, integrated behavioral healthcare models, such as the Psychiatric Collaborative Care Model. (Private Pay Passed Last Year - This Would have Added Medicaid)

Position: Supported
Outcome: Failed

• HB 648

HB 648 by Rep. Firment w prohibits any physician or other medical healthcare professional from performing any gender transition procedures on any person under 18 years of age or referring any person under 18 years of age to any medical doctor for gender transition procedures.

Position: Opposed
Outcome: Passed (Veto Expected)



Care Access

• SB 104

SB 104 by Sen. Stine outlines legislative findings and requires any health coverage plan renewed, delivered, or issued for delivery in this state to include coverage for biomarker testing for the purpose of the diagnosis, treatment, appropriate management, or ongoing monitoring of an individual's disease or condition when the test provides clinical utility as demonstrated by medical and scientific evidence.

Position: Supported
Outcome: Passed

• SB 188

SB 188 by Sen. Stine requires health insurance issuers to submit an annual report that provides a quarterly breakdown that includes a list of all services that require a prior authorization.

Position: Supported
Outcome: Passed



Care Access

• HB 468

HB 468 by Rep. Pressly authorizes a provider to submit a request for utilization review for any service to an issuer at any time, including outside normal business hours. Requires an issuer to notify the provider of the specific clinical review criteria to be used for the specific item or service in its utilization review determination within 72 hours of receiving either an oral or written request from a provide

Position: Supported
Outcome: Passed

• SB 34

SB 34 by Sen. Bernard adds "Crisis Lifeline dial 988" to special identification cards.

Position: Supported
Outcome: Passed



2023 Budget Summary

The Louisiana Department of Health has not currently determined what the \$100 million state funding reduction in the agency's budget might mean for state health care, though it is expected to balloon and could possibly affect low-income residents' access to medical services.

The impact of the reduction has the potential to grow to \$500 million because the state uses its health care money to draw down more federal funding, advocates and the governor implied.

The legislators' health plan also directs the state to reduce some of the spending in one specific way. Of the \$100 million reduction, \$22 million must come from funding for the state's Medicaid disenrollment efforts.



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