



**Final Report on Matters related to
Legislative Issues identified by members for 2004**

I. Improve access to prescription drugs for all Louisiana families

Trahan (HB 1681) Act No. 405 New law requires a community health care clinic to conduct a screening to determine if a patient is enrolled in or eligible for gratuitous medical or dental benefits, including public entitlement programs and requires community health care clinics and pharmacies to assist an eligible patient in enrolling in a gratuitous plan or entitlement program within 60 days of the screening. New law authorizes a community health care clinic or pharmacy to provide or arrange services, including diagnoses, prevention, treatment or cure, for an enrolled or eligible patient for the immediate condition, illness, injury, or disease. New law provides that these provisions do not prohibit any patient from receiving services from a community health care clinic or pharmacy.

Effective August 15, 2004.

Act 504 Hebert (HB 448) Provides relative to continuity of care under health insurance coverage. New law requires the health care provider to notify the health insurance issuer of any enrollee or insured who has begun a course of treatment by the provider before the effective date of the termination. Based upon this notice, requires the health insurance issuer to notify the enrollee or insured of a termination of a health care provider from that health insurance issuer's network and the enrollee's or insured's right to continuity of care. Provides that when the enrollee or insured has been diagnosed as being in a high-risk pregnancy or is past the 24th week of pregnancy, the enrollee or insured shall be allowed to continue receiving covered health care services, subject to the consent of the treating health care provider, through delivery and postpartum care related to the pregnancy and delivery. Also provides that when the enrollee or insured has been diagnosed with a life-threatening illness, the enrollee or insured shall be allowed to continue receiving covered health care services, subject to the consent of the treating health care provider, until the course of treatment is completed, not to exceed three months from the effective date of such termination.

New law provides that in the event a treating health care provider advises the health insurance issuer of an enrollee or insured who meets the criteria of new law, the health insurance issuer shall continue payment of the health insurance issuer liability to the health care provider that was in effect prior to the termination of the contract or agreement with such health care provider. Further provides that the contractual requirements for the health care provider to follow the health insurance issuer's utilization management and quality management policies and procedures shall remain in effect for the applicable period of continuity of care.

K. Carter (HB 334) Act No. 495 Provides relative to the Louisiana Health Care Commission. New law additionally provides that the functions, duties, and responsibilities of the commission shall be to review and study the delivery of quality health care in the state. New law corrects the names of certain associations to: the La. Association of Health Plans, America's Health Insurance Plans, the La. Association of Insurance and Financial Advisors, and the Optometry Association of La. Deletes members from the Home Options Mission for Elders Coalition and the La. Pharmacists Associations. New law adds members to the commission from the following organizations: the La. Independent Pharmacies Association, the National Medical Association, the National Dental Association, the National Independent Insurance Agents, the National Association for the Advancement of Colored People (NAACP), the Association of Community Organizations for Reform Now (ACORN), and the Louisiana Council on Human Relations. Effective August 15, 2004.

Johns (HB 698) Act No. 131. Provides relative to the powers and duties of the Board of Pharmacy. New law authorizes the Louisiana Board of Pharmacy to acquire, develop, maintain, expand, sell, lease, or otherwise contract with respect to immovable property. New law further authorizes the board to borrow and expend funds relative to the acquisition of immovable property and any improvements thereon, with approval of the State Bond

Commission. New law authorizes the board to retain any revenue derived from the sale of immovable property and any improvements thereon. Existing law requires a licensed pharmacist to have no more than two pharmacy technicians under their supervision. Prior law permitted the board to certify individuals as pharmacy technicians who were authorized to assist in all aspects of the practice of pharmacy except counseling patients. New law permits the board to register individuals as pharmacy technician candidates as well as to certify individuals as pharmacy technicians and authorizes each to assist a pharmacist in the practice of pharmacy in accordance with board rules.

Prior law provided that pharmacy support personnel, such as cashiers, technician candidates, and pharmacy interns, graduate and undergraduate, shall be excluded from the pharmacist supervision ratio. New law provides that pharmacy support personnel, such as cashiers, pharmacy technician candidates, and pharmacy interns shall be excluded from the pharmacist supervision ratio.

Durand (HB 1140) Act No. 10 Provides prescriptive authority for physician assistants. New law provides limited prescriptive authority for physician assistants who have completed a minimum of one year of clinical rotation and at least one year of practice under a supervising physician. New law authorizes a physician assistant to prescribe drugs contained in Schedules III, IV, and V of R.S. 40:964 and legend drugs and medical devices to the extent delegated by the supervising physician.

Salter (HB 1426) Act No. 11 Authorizes specially trained medical psychologists to prescribe and to distribute certain drugs

New law retains prior law but adds medical psychologist to the list of those who are prescribing medicines. New law extends certain prescriptive authority to medical psychologists limited to those agents related to the diagnosis and treatment of mental and emotional disorders as defined in R.S. 37:2352(5). Prohibits medical psychologists from prescribing narcotics. New law defines "medical psychologist" as a psychologist who has undergone specialized training in clinical psychopharmacology and has passed a national proficiency examination in psychopharmacology approved by the board and who holds from the board a current certificate of responsibility. New law defines "board" as the State Board of Examiners of Psychologists and further, defines "certificate of prescriptive authority", "drug", "narcotic", and "prescription".

New law provides for the following powers and duties of the State Board of Examiners of Psychologists:

- (1) Provide for an application form for examination, certification, and certification renewal.
- (2) Develop and implement a procedure to review the educational and training credentials of a psychologist applying for a certificate of prescriptive authority and for renewal of the certificate in accordance with current standards of professional practice.
- (3) Issue a certificate of prescriptive authority to any duly qualified medical psychologist and renew the certificate of prescriptive authority of any medical psychologist who is not in violation of any provisions of this law.
- (4) Deny, revoke, or suspend a certificate of prescriptive authority of any medical psychologist who is found guilty of violating any provisions of this law.
- (5) Issue an identification number to be placed on the certificate of prescriptive authority.
- (6) Maintain a current roster of every medical psychologist certified to prescribe under the this law, including each such medical psychologist's name, last known address, identification number issued by the board, and the Drug Enforcement Agency (DEA) registrations and numbers.
- (7) Have all other powers necessary to implement the provisions of the law.

New law provides that the board shall issue a certificate of prescriptive authority to any psychologist who files an application and who furnishes satisfactory evidence that he meets each of the following requirements:

- (1) Holds a current Louisiana license to practice psychology with an applied clinical speciality as defined by the board.
- (2) Has successfully graduated from a regionally accredited institution with a post-doctoral master's degree in clinical psychopharmacology or equivalent to such degree, as approved by the board. The curriculum shall include instruction in anatomy and physiology, biochemistry, neurosciences, pharmacology, psychopharmacology, clinical medicine/pathophysiology and health assessment, including relevant physical and laboratory assessment.

New law provides for the renewal of a certificate of prescriptive authority in conjunction with the renewal of a medical psychologist's license to practice and requires medical psychologists to complete 30 additional hours of approved relevant continuing education in order to renew a certificate of prescriptive authority.

New law prohibits a medical psychologist from issuing a prescription unless he holds a valid certificate of authority and further requires the psychologist to prescribe only in consultation and collaboration with the patient's primary or attending physician.

Also requires additional consultation and collaboration with the patient's primary or attending physician for any change to prior prescription. Further prohibits the medical psychologist from delegating the prescriptive authority to any other person and prohibits issuance of a prescription if there is no primary or attending physician.

New law requires the medical psychologist to obtain a Drug Enforcement Agency (DEA) registration and number to be filed with the board before the medical psychologist issues a prescription for a controlled substance.

New law provides that the board annually send to the Board of Pharmacy a list of medical psychologists holding valid certificates of prescriptive authority including the name and identification number of the medical psychologist and the effective date of each certificate of authority. Further, requires the board to notify the Board of Pharmacy when a name is added or deleted from the list and when a certificate is revoked, suspended, or reinstated.

New law provides that whoever violates any provision of this law shall be guilty of a misdemeanor and shall, upon conviction, be imprisoned for not more than six months, fined not more than \$500 or both.

New law directs the Louisiana State Law Institute to designate R.S. 37:2351 through 2367 as "Part I. Licensure and Regulation of Psychologists". Effective August 15, 2004.

Townsend (HB 1468) Act No. 876 Provides relative to prompt payment of health insurance claims submitted by pharmacies or pharmacists. New law adds separate standards exclusively for prompt payment of health insurance claims submitted by pharmacies and pharmacists. Provides for legislative intent, including the intent to have payment of pharmacy claims based on payment calculations that reflect nationally recognized pricing references such as average wholesale price (AWP) and maximum allowable cost (MAC). Adds definitions of "pharmacist", "pharmacist services", and "pharmacy" for purposes of new law. Specifically defines "pharmacy" as any appropriately licensed place within this state where prescription drugs are dispensed and pharmacist services are provided and any place outside of this state where prescription drugs are dispensed and pharmacist services are provided to residents of this state. Specifically excludes the Office of Group Benefits from the definition of "health insurance issuer" for purposes of new law. New law requires payment of a nonelectronic claim submitted by a contracted pharmacist or pharmacy within 45 or 60 days of furnishing a correctly completed claim form, depending upon the date of submission of the claim. Further requires payment of a claim due an insured or noncontracted pharmacist or pharmacy within 30 days of furnishing a correctly completed claim form. New law requires that an electronic claim for payment for prescription drugs, other products and supplies, and pharmacist services submitted by a pharmacist or pharmacy that is electronically adjudicated shall be paid not less than the 15th day after the date on which the claim was electronically adjudicated.

New law provides that a claim shall be deemed submitted when it is furnished or electronically submitted to the health insurance issuer, its agent, or any other party that makes payment directly for the prescription drugs, other products and supplies, and pharmacist services identified on the claim. New law further allows health insurance issuers to use a standard 30-day payment standard for compliance with new law relative to nonelectronic claims by providing written notice to the commissioner of insurance. Also provides that issuers which limit the time that a contracted pharmacy or pharmacist has to submit a claim shall be limited to the same period of time following its payment to review or audit the claim. New law further provides that reimbursement under a contract to a pharmacist or pharmacy for prescription drugs and other products and supplies that is calculated according to a formula that uses a nationally recognized reference in the pricing calculation shall use the most current nationally recognized reference price or amount in the actual or constructive possession of the health insurance issuer, its agent, or any other party responsible for such reimbursement on the date of electronic adjudication or on the date of service shown on the nonelectronic claim. Also requires that health insurance issuers, their agents, and other parties responsible for such reimbursement update these nationally recognized reference prices or amounts used for calculation of reimbursement no less than every three business days. New law requires that health insurance issuers pay a late payment adjustment of 1% of the amount due to any claimant for any reimbursements not paid within the time frames as required by new law. Also provides that for any period of more than 25 days

following such time frames, an additional late payment adjustment of 1% of the unpaid balance due shall be paid for each month or partial month that the claim remains unpaid. New law also provides that any health insurance issuer that does not comply with the requirements of new law relative to use of benchmarks to calculate reimbursements paid to pharmacists and pharmacies shall be subject to the late payment provision of new law to the extent of any amount not paid. New law provides for standards for coordination of benefits requirements by health insurance issuers. Further authorizes the commissioner of insurance to adopt regulations on the order of benefits payments when a person is covered by two or more health plans. New law defines recoupment as a reduction, offset, adjustment, or other act to lower or lessen the payment of a claim or any other amount owed to a pharmacy or pharmacist for any reason unrelated to that claim or other amount owed to that pharmacy or pharmacist. Establishes specific procedures for such recoupment, including written notification, acceptance, appeal, and dispute resolution. New law authorizes the commissioner, after notice and hearing, to address violations of new law by issuing cease and desist orders, imposing fines, or suspending or revoking a health insurance issuer's certificate of authority. Provides that such fines shall be limited to \$1,000 for each act, not to exceed a total penalty of \$100,000. For intentional acts, increases the amount of such fines to \$25,000, not to exceed a total penalty of \$250,000 in any six-month period. Also provides for penalties for violation of cease and desist orders. New law authorizes the commissioner of insurance to adopt regulations necessary to implement new law. New law provides that existing law relative to prompt payment of health insurance claims by health care providers generally shall not apply to new law. Effective January 1, 2005. (Adds R.S. 22:250.51-250.62)

LaBruzzo HCR No. 292 Urges and requests the Dept. of Health and Hospitals to establish a study commission to research and study the implementation of a recycling method for unused prescription drugs, and to report its findings and recommendations to the legislature prior to the 2005 R.S. Revises the term "diagnostic and therapeutic pharmaceutical agent" as defined in the Optometry Practice Act. Proposed law revises the definition of "diagnostic and therapeutic pharmaceutical agent" to include a narcotic but does not include any drug or other substance listed in Schedule I and Schedule II of the Uniform Controlled Dangerous Substance Law. Proposed law would therefore allow a licensed optometrist to use or prescribe a substance listed in Schedules III, IV, and V in diagnosing, preventing, treating, or mitigating abnormal conditions and pathology of the eye and its adnexa when used in treatment of disorders or diseases of the eye and its adnexa. Present law requires licensed pharmacists to fill prescriptions for pharmaceutical agents of licensed optometrists certified by the board to use such pharmaceutical agents. Authorizes such licensed optometrists to direct licensed registered nurses and licensed practical nurses to execute diagnostic and therapeutic orders and administer pharmaceutical agents and requires licensed registered nurses and licensed practical nurses to execute such orders and administer such pharmaceutical agents prescribed by the licensed optometrist.

(Amends R.S. 37:1041(C)(2))

Jackson (SB 691) Act No. 677 New law provides that nominating organizations shall certify that nominees to serve on the committee either care for or supervise the care for at least 150 Medicaid recipients. Effective August 15, 2004.

SR137 IRONS Requests DHH, Bureau of Health Services Financing, to take all steps necessary to end the illegal practice of pharmacists demanding a co-payment on Medicaid prescription medications for pregnant women and recipients under age twenty-one, in violation of 42 CFR 447.53.

SR173 CAIN Requests the Senate Committee on Insurance to study pharmacy benefit managers and creates the Pharmacy Benefit Manager Advisory Committee to assist the committee in its study.

Requires that the advisory committee submit a report to the legislature prior to the 2005 RS.

2. Eliminate all restrictions on Louisiana Medicaid prescription drug access, especially the eight prescription limit

Jackson (SB 689) Act No. 705 New law provides that the department shall annually provide a written and public report to the legislature and governor, prior to the legislative regular session, regarding the cost of administering the preferred drug list, the cost of development and maintenance of the PDL, and provides an analysis of the utilization trends for medical services provided in the state and any correlation to the PDL. Effective August 15, 2004.

Jackson (SB 446) Act No. 653 Prior law provided for the functioning of the Medicaid Pharmaceutical and Therapeutics Committee. New law reiterates the public nature of P & T committee meetings and guarantees the public comment before any committee vote. Minutes of the committee would be required to be made public within five days of approval and documents given to committee members should be made available to the public within five days of the meeting. New law provides that any clinical decisions of the P & T committee should be transparent and that any decisions contrary to clinical evidence shall be justified in writing. New law requires that all drugs must be reviewed by the P & T committee prior to inclusion on the preferred list. Effective August 15, 2004.

SCR41 FIELDS Requests that DHH study the feasibility of passing on to the uninsured the reduced prices the state pays for prescription drugs for Medicaid beneficiaries.

HBI DEPARTMENT OF HEALTH AND HOSPITALS

For Fiscal Year 2004-2005, cash generated by each budget unit within Schedule 09 may be pooled with any other budget unit within Schedule 09 to avoid a cash deficit. No budget unit may expend more revenues than are appropriated to it in this Act except upon the approval of the Division of Administration and the Joint Legislative Committee on the Budget, or as may otherwise be provided for by law. The secretary shall implement reductions in the Medicaid program as necessary to control expenditures to the level approved in this Schedule.

Notwithstanding any law to the contrary, the secretary is hereby directed to utilize various cost-containment measures to accomplish these reductions, including but not limited to precertification, preadmission screening, diversion, fraud control and utilization review, and other measures as allowed by federal law. Notwithstanding any law to the contrary and specifically R.S. 39:82(E), for Fiscal Year 2004-2005 any over-collected funds, including interagency transfers, fees and self-generated revenues, federal funds, and surplus statutory dedicated funds generated and collected by any agency in Schedule 09 during Fiscal Year 2003-2004 may be carried forward and expended in Fiscal Year 2004-2005 in the Medical Vendor Program. Revenues from refunds and recoveries in the Medical Vendor Program are authorized to be expended in Fiscal Year 2004-2005. No such carried forward funds, which are in excess of those appropriated in this Act, may be expended without the express approval of the Division of Administration and the Joint Legislative Committee on the Budget. Notwithstanding any law to the contrary, the secretary of the Department of Health and Hospitals may transfer, with the approval of the commissioner of administration via midyear budget adjustment (BA-7 Form), up to twenty-five (25) authorized positions and associated personal services funding from one budget unit to any other budget unit and/or between programs within any budget unit within this schedule. Not more than an aggregate of 100 positions and associated personal services may be transferred between budget units and/or programs within a budget unit without the approval of the Joint Legislative Committee on the Budget. In the event this Act provides for increases or decreases in funds for agencies within Schedule 09 which would impact services provided by 09-300 (Jefferson Parish Human Services Authority), 09-301 (Florida Parishes Human Services Authority), 09-302 (Capital Area Human Services District), and 09-304 (Metropolitan Human Services District), the commissioner of administration is authorized to transfer funds on a pro rata basis within the budget units contained in Schedule 09 in order to effect such changes. The commissioner shall provide written documentation of all such transfers approved after the initial notifications of the appropriation to the Joint Legislative Committee on the Budget. Provided, however, that the department shall submit a plan detailing the programmatic allocations of appropriations for the Medical Vendor Program in this Act to the Joint Legislative Committee on the Budget for its review no later than September 1, 2004, and monthly thereafter. The report shall present a detailed account of actual Medical Vendor Program expenditures for Fiscal Year 2003-2004 from schedule 09-306; this report shall include the department's most recent projection of comparable Medical Vendor

Program expenditures for Fiscal Year 2004-2005.....

09-306 MEDICAL VENDOR PAYMENTS EXPENDITURES:

Payments to Private Providers - Authorized Positions (0) \$ 3,274,466,126 27

Program Description: Provides payments to private providers of health services to Louisiana residents who are eligible for Title XIX (Medicaid), while ensuring that reimbursements to providers of medical services to Medicaid recipients are appropriate.....

Objective: To reduce the rate of growth of expenditures for drugs in the DHH Pharmacy Benefits Management Program by implementing a prior authorization (PA) with a preferred drug list (PDL) and obtaining supplemental rebates from drug manufacturers resulting in approximately \$52 to \$58 million in cost avoidance for the Program in FY 2005.

Performance Indicator: Amount of cost avoidance (in millions) \$53.0..... Provided, however, that the drug cost reimbursement provided to retail pharmacies shall be Average Wholesale Price (AWP) minus 13.5% for independent pharmacies and shall be Average Wholesale Price (AWP) minus 15% for chain

3. Provide contraceptive equity for insured women in Louisiana

All measures to provide contraceptive equity for insured women in Louisiana failed.

4. Establish the Risk Reduction of Sudden Infant Death Syndrome (SIDS) In Child Care Settings program advocated by Louisiana Maternal and Child Health Coalition

SB241 IRONS FAILED HOUSE FINAL PASSAGE

Summary: CHILDREN: Requires certain licensed child care facilities to adopt a written safe sleep policy and to provide training.

5. Fully fund the www.louisianaseniorrxx.org program

HBI

Payable out of the State General Fund (Direct) for funding the SeniorRx Drug Assistance Program \$ 1,000,000

SCR 33 BY SENATOR HINES

Expresses preference of the Louisiana Legislature to fully fund the Louisiana Senior Prescription Drug Program. Clarifies that the proposed 04-05 state budget does not fully fund the Louisiana Senior Prescription Program. Expresses the preference of the Louisiana Legislature to fully fund for the 2004-05 fiscal year the Louisiana Senior Prescription Program in the office of elderly affairs.

6. Strengthen Louisiana's donated drug repository

Walker (HB 1402) Act No. 811 Provides relative to drug returns, exchanges, and redispensing. New law requires that donations to charitable pharmacies meet the following requirements:

- (1) The charitable pharmacy may accept only those drugs in their original sealed and tamper-evident packaging; except that drugs packaged in single unit doses may be accepted and dispensed when the outside packaging is opened if the single unit dose packaging is intact.
- (2) The pharmacist-in-charge of the charitable pharmacy shall determine if the drug is not adulterated or misbranded and is safe to dispense. No product where integrity cannot be assured shall be accepted for redispensing by the pharmacist of the charitable pharmacy.
- (3) The donor shall execute a form stating the donation of the drugs. The pharmacy shall retain that form along with other acquisition records.
- (4) The patient's name, prescription number, and any other identifying marks shall be obliterated from the packaging prior to redispensing the medication to another patient.
- (5) The drug name, strength, and expiration date shall remain on the medication package label. The redispensed medication shall be assigned the expiration date stated on the package.
- (6) Expired drugs accepted by a charitable pharmacy shall not be redispensed.
- (7) The charitable pharmacy shall comply with state and federal laws regarding controlled dangerous substances.
- (8) No drug dispensed through a charitable pharmacy shall be eligible for reimbursement from the Medicaid Pharmacy Program.

New law authorizes the board of pharmacy to promulgate rules and regulations for purposes of administering new law. Existing law exempted from liability pharmaceutical manufacturers for any claim or injury arising from the transfer of any prescription drug pursuant to existing law, including limiting liability for failure to transfer or communicate product or consumer information concerning such drug, as well as its expiration date. New law retains existing law.

New law additionally exempts all persons, drug manufacturers, health care facilities, or government agencies that donate prescription drugs from criminal prosecution, tort liability, civil action, death, loss to person, loss to property, or disciplinary action. New law further exempts the board of pharmacy, the pharmacist at the charitable pharmacy, the pharmacist who originally dispensed the donated prescription drug, and the charitable pharmacy from the above actions. Effective August 15, 2004.

7. Work with the American Cancer Society to increase funding for breast and cervical cancer screening

Dorsey HCR No. 332

Requests the House and Senate Health and Welfare Committees to meet and function as a joint committee to study the prevalence of cervical cancer and human papillomavirus in women.

Requests the joint committee to review data relative to cervical cancer and human papillomavirus in Louisiana and to evaluate current methods of providing women with information about cervical cancer, the accuracy of the latest screening technology and access to regular screening, and the efficacy of the latest preventive measures and therapies. Requests the joint committee to solicit the input, recommendations, and advice of various specified persons interested in health and women's issues and to report its findings to the legislature prior to the convening of the next R.S...Summary of Amendments Adopted by House..Committee Amendments Proposed by House Committee on House and Governmental Affairs to the original bill.

I. Instead of creating the Cervical Cancer Elimination Task Force, requests the House and Senate Committees on Health and Welfare to meet and function as a joint committee to conduct the study. Provides for the joint committee to solicit the input, recommendations, and advice of those persons who would have been members of the task force. Removes provisions for compensation, co-chairs, and time of first meeting.

House Floor Amendments to the engrossed bill.

I. Adds to the list of those persons from whom the joint committee shall solicit input, recommendations, and advice a representative of the LSU Health Sciences Center in Shreveport and a representative of the LSU Health Sciences Center in New Orleans and provides for a copy of the resolution to be sent to such Health Sciences Centers.

SRI 43 L JACKSON

Requests the Senate Select Committee on Women and Children to study the prevalence of cervical cancer and human papilloma virus in women in Louisiana and report its findings to the legislature prior to the 05 R.S.

HBI

Payable out of the State General Fund (Direct) for the Breast and Cervical Cancer Screening Program \$ 350,000

Provided however, that in the event budget reductions are necessary during the course of fiscal year 2005 and those cuts are later restored, the Health Care Services Division is hereby directed to provide a pro-rata distribution to the restored funding as much as possible.

HUEY P. LONG MEDICAL CENTER

Performance Indicators: Percentage of women 40 years of age or older receiving mammogram testing in the past year 25%

Percentage of women 18 years of age or older receiving a pap smear test in the past year 25%

UNIVERSITY MEDICAL CENTER

Performance Indicators: Percentage of women 40 years of age or older receiving a mammogram test in the past year 36%

Percentage of women 18 years of age or older receiving a pap smear test in the past year 32%

W.O. MOSS REGIONAL MEDICAL CENTER -

Performance Indicators: Percentage of women 40 years of age or older receiving mammogram testing in the past year 41%

Percentage of women 18 years of age or older receiving a pap smear test in the past year 18%

LALLIE KEMP REGIONAL MEDICAL CENTER -

Percentage of women 40 years of age or older receiving mammogram testing in the past year 32%

Percentage of women 18 years of age or older receiving a pap smear test in the past year 25%

WASHINGTON-ST.TAMMANY REGIONAL MEDICAL CENTER -

Percentage of women 40 years of age or older receiving mammogram testing in the past year 32%

Percentage of women 18 years of age or older receiving a pap smear test in the past year 22%

LEONARD J. CHABERT MEDICAL CENTER

Percentage of women 40 years of age or older receiving mammogram testing in the past year 46%

Percentage of women 18 years of age or older receiving a pap smear test in the past year 36%

CHARITY HOSPITAL AND MEDICAL CENTER OF LOUISIANA AT NEW ORLEANS

Percentage of women 40 years of age or older mammogram tested in the past year 27%

Percentage of women 18 years of age or older having a pap smear test in the past year 22%

8. Increase funding for family planning services

HBI

Objective: For state fiscal years 2001 through 2006, Personal Health Services, through its Family Planning activities, will provide family planning services to women in parish health units and private providers. Performance Indicator: Number of Women In Need of family planning services served 64,904

9. Support scientific and comprehensive Sex Education for age-appropriate audiences

No legislation offered

OFFICE OF FAMILY SUPPORT TANF

To be transferred to the Department of Education for the purpose of providing teen pregnancy prevention initiatives through qualified community-based organizations. Such initiatives shall be provided utilizing research-based best practice models for program operation and curricula and shall be determined on a competitive basis to areas of need using distribution criteria developed by the Department of Social Services and the Department of Education. \$ 5,500,000

DEPARTMENT OF EDUCATION

Payable out of the State General Fund by Interagency Transfers from the Department of Social Services to the School and Community Support Program for administration of the Teen Pregnancy Prevention Program \$ 275,000

10. Fully fund the Office of Women's Policy and the Louisiana Women's Policy and Research Commission

HBI 628 Act 446 ALARIO

Provides for supplemental appropriations for the 2003-2004 Fiscal Year

01-114 OFFICE OF WOMEN'S POLICY

Payable out of the State General Fund (Direct) for operations \$ 50,000

HBI

01-114 OFFICE ON WOMEN'S POLICY EXPENDITURES:

Administrative - Authorized Positions (5) \$ 5,347,945

Program Description: The Governor's Office of Women's Policy focuses on research and policy in three key areas: education, health/safety, and employment/economic development. It works collaboratively to identify, capture, and maximize resources to support programs and services that meet target needs. The OWP collects accurate data and offers technical assistance in these areas: advises state agencies based on findings; provides public information on issues of concern and the status of women in Louisiana; and issues and monitors domestic violence services contracts statewide.

Objective: Through funding of statewide family violence programs, to provide shelter services to 3,750 women and 4,450 children as well as non-residential services to 15,500 women and 6,000 children.

Performance Indicators:

Number of women sheltered 3,750

Number of children sheltered 4,450

Number of non-residential women served 15,500

Number of non-residential children served 6,000

Objective: Through TANF domestic violence initiative funds (rural, urban & children's services in domestic violence program) to provide supportive services to adult and children survivors of domestic violence.

Performance Indicators:

Number of adult/children receiving emergency financial assistance 1700

Number of adult/children survivors receiving intakes 2500

Number of women/children receiving safety plans 2,000

Number of commission meetings held. (Quarterly) 4

TOTAL EXPENDITURES \$ 5,347,945

Statutory Dedications:

Battered Women's Shelter Fund \$ 92,753

Federal Funds \$ 1,468,316

TOTAL MEANS OF FINANCING \$ 5,347,945

Payable out of the State General Fund (Direct) to restore funding to the Faith House Battered Women's Shelter in Lafayette \$ 50,000

Payable out of the State General Fund (Direct) to the Faith House Battered Women's Shelter in Lafayette for Outreach offices in Vermilion, Acadia, Evangeline, and St. Landry Parishes \$ 100,000

Payable out of the State General Fund (Direct) for continuation of the children's services domestic violence contracts \$ 800,000

Bajoie (SB 408) Act No. 644

Creates the Women's Health Commission within the Department of Health and Hospitals. New law requires that the commission will consist of the following members:

- (a) The secretary of the DHH or his designee.
- (b) The secretary of the DSS or her designee.
- (c) The executive director of the office of women's policy or her designee.
- (d) The assistant secretary of the office of public health, DHH, or his designee.
- (e) The director of the La. Coalition Against Domestic Violence or her designee.

- (f) A representative of the La. Medical Assoc. selected by the association.
- (g) Four persons appointed by the governor who have actively participated in health issues for women.
- (h) One representative of the La. Primary Care Assoc. selected by the association.
- (i) One representative of the Women's Health Foundation.
- (j) One representative of the New Orleans Medical Assoc. selected by the association.
- (k) One representative of the Pelican Dental Assoc. selected by the association.
- (l) One representative of the La. State Medical Society selected by the society.
- (m) One representative from Xavier University School of Pharmacy to be appointed by the dean of the pharmacy school.
- (n) One member of the La. Optometry Assoc. selected by the association.
- (o) One representative of the La. Maternal and Child Health Coalition selected by the coalition.
- (p) The president of the Senate or his designee.
- (q) The speaker of the House of Representatives or his designee.
- (r) One representative of the Senate Select Committee on Women and Children Issues.
- (s) The chairman of the Senate Committee on Health and Welfare or his designee, who shall serve as an ex officio member.
- (t) The chairman of the House Committee on Health and Welfare or his designee, who shall serve as an ex officio member.
- (u) One representative of the Tulane/Xavier National Women's Center and Clinic.
- (v) One representative of the New Orleans City Aids Awareness Project.
- (w) One member from Catholic Health Assoc. of La.
- (x) One member from Catholic Community Services of Baton Rouge.
- (y) One representative from the University of Louisiana at Monroe School of Pharmacy to be appointed by the dean of pharmacy.
- (z) One representative of the National Rifle Association's Refuse To Be A Victim Program.
- (aa) One representative of the La. State Comprehensive Cancer Control Plan Coalition selected by the coalition.

All the appointments shall be subject to Senate confirmation.

New law specifies the filling of a vacancy, and requires the first meeting to convene not later than 10/1/04. New law allows legislative members to receive a per diem and travel allowance, but does not allow nonlegislative members to receive any compensation. New law specifies the domicile of the commission to be Baton Rouge, Louisiana, and requires the commission to meet on the call of the chairman or at the call of a quorum of its membership. New law requires the commission to do the following:

- (1) Study issues relating to educating women on women's health focusing on the delivery of and access to health and social services for women in the state.
- (2) Identify any gaps in the health and social services delivery system that particularly affect women and their access to health care services.
- (3) Study issues relative to affordability, availability, and why such services should be accessed.
- (4) Identify wellness and preventive efforts such as the types of critical screening tests (pap smears, mammograms and colorectal cancer detection) women should utilize, as well as factors relative to prevention, management and education about good health.
- (5) Study key health conditions, diseases, and causes of death for women.
- (6) Identify methods for communities to foster good health, efforts to bolster the economic security of women, to address the discrimination they face, to reduce injuries and to improve the environment in which they live.

- (7) Make recommendations to the DHH, other appropriate state agencies, and the legislature for improving the delivery of and access to health and social services for women. The recommendations shall be submitted in a written report to the House and Senate committees on health and welfare not later than 10/1/06.
- (8) Not promote or advocate abortion, abortifacials, drugs or gun control.

New law allows the commission to do the following:

- (1) Hold public hearings and conduct investigations, if necessary.
- (2) Create committees and subcommittees from its membership as it may deem necessary to accomplish its purposes.
- (3) Employ a director and other staff necessary to carry out the provisions of this Act.

Effective August 15, 2004.

I I. Increase substance abuse facilities for women with children

HBI482 Act 5 ALARIO

Appropriates funds for expenses of the judiciary for Fiscal Year 2004-2005. Drug court maintenance and enhancement \$ 14,305,368

Program Description: Drug treatment courts, authorized in 1997 by R.S. 13:5301 through R.S. 13:5304, provided integrated substance abuse treatment, sanctions, and incentives with case processing to place low-level, nonviolent drug-involved defendants in community-based, judicially supervised rehabilitation programs.

Clients are regularly tested and monitored for compliance with educational, employment, and treatment requirements set by the court.

TOTAL - STATE GENERAL FUND (DIRECT) \$ 41,227,905

HBI

LOUISIANA COMMISSION ON LAW ENFORCEMENT AND THE ADMINISTRATION OF CRIMINAL JUSTICE

Objective: To balance the use of Residential Substance Abuse Treatment (RSAT) funds between state and local correctional institutions by ensuring that at least one program funded in any federal fiscal year is local institution-based and one is state institution-based.

Performance Indicators:

Minimum percentage of RSAT funds passed through for the treatment of state adult and juvenile inmates 95%

Number of RSAT grants awarded 2

Number of residential substance abuse treatment programs established by RSAT in local facilities 1

Number of residential substance abuse treatment programs established by RSAT in state facilities 5

Cost per inmate in state facilities \$7,790

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS CORRECTIONS SERVICES C. PAUL PHELPS
CORRECTIONAL CENTER

Health Services - Authorized Positions (17) \$ 1,425,660

Program Description: Provides medical services (including a 10-bed medical observation unit), dental services, mental health services, and substance abuse counseling (including a substance abuse coordinator and both Alcoholics Anonymous and Narcotics Anonymous activities).

LOUISIANA STATE PENITENTIARY

Health Services - Authorized Positions (176) \$ 14,787,364

Program Description: Provides medical services (including a 90-bed hospital), dental services, mental health services, and substance abuse counseling (including a substance abuse coordinator and both Alcoholics Anonymous and Narcotics Anonymous activities).

Objective: To allow for maximum participation of healthy inmates in institutional programs to the greatest extent possible on a daily basis.

Performance Indicators:

Average cost for health services per inmate day \$7.93

Percentage of inmates on regular duty 98.8%

AVOYELLES CORRECTIONAL CENTER

Health Services - Authorized Positions (29) \$ 2,023,126

Program Description: Provides medical services (including an infirmary unit), dental services, mental health services, and substance abuse counseling (including a substance abuse coordinator and both Alcoholics Anonymous and Narcotics Anonymous activities).

Objective: Allow for maximum participation of healthy inmates in institutional programs to the greatest extent possible on a daily basis.

Performance Indicators:

Average cost for health services per inmate day \$3.60

Percentage of inmates on regular duty 99.5%

LOUISIANA CORRECTIONAL INSTITUTE FOR WOMEN

Health Services - Authorized Positions (41) \$ 3,336,898

Program Description: Provides medical services, dental services, mental health services, and substance abuse counseling (including a substance abuse coordinator and both Alcoholics Anonymous and Narcotics Anonymous activities).

Objective: Allow for maximum participation of healthy inmates in institutional programs to the greatest extent possible on a daily basis.

Performance Indicators:

Average cost for health services per inmate day \$8.37

Percentage of inmates on regular duty 96.9%

DIXON CORRECTIONAL INSTITUTE

Health Services - Authorized Positions (32) \$ 5,124,221

Program Description: Provides medical services (including an infirmary unit and dialysis treatment program), dental services, mental health services, and substance abuse counseling (including a substance abuse coordinator and both Alcoholics Anonymous and Narcotics Anonymous activities).

Objective: Allow for maximum participation of healthy inmates in institutional programs to the greatest extent possible on a daily basis.

Performance Indicators:

Average cost for health services per inmate day \$9.96

Percentage of inmates on regular duty 99.6%

J. LEVY DABADIE CORRECTIONAL CENTER

Health Services - Authorized Positions (9) \$ 650,256

Program Description: Provides medical services, dental services, mental health services, and substance abuse counseling (including a substance abuse coordinator and both Alcoholics Anonymous and Narcotics Anonymous activities).

Objective: Allow for maximum participation of healthy inmates in institutional programs to the greatest extent possible on a daily basis.

Performance Indicators:

Average cost for health services per inmate day \$3.24

Percentage of inmates on regular duty 100%

ELAYN HUNT CORRECTIONAL CENTER

Health Services - Authorized Positions (65) \$ 5,896,408

Program Description: Provides medical services, dental services, mental health services, and substance abuse counseling (including a substance abuse coordinator and both Alcoholics Anonymous and Narcotics Anonymous activities).

Objective: Allow for maximum participation of healthy inmates in institutional programs to the greatest extent possible on a daily basis.

Performance Indicators:

Average cost for health services per inmate day \$7.53

Percentage of inmates on regular duty 99.8%

DAVID WADE CORRECTIONAL CENTER

Health Services - Authorized Positions (59) \$ 4,875,441

Program Description: Provides medical services (including an infirmary unit), dental services, mental health services, and substance abuse counseling (including a substance abuse coordinator and both Alcoholics Anonymous and Narcotics Anonymous activities).

Objective: Allow for maximum participation of healthy inmates in institutional programs to the greatest extent possible on a daily basis.

Performance Indicators:

Average cost for health services per inmate day \$6.94

Percentage of inmates on regular duty 99.7%

WASHINGTON CORRECTIONAL INSTITUTE

Health Services - Authorized Positions (26) \$ 2,240,062

Program Description: Provides medical services (including an infirmary unit), dental services, mental health services, and substance abuse counseling (including a substance abuse coordinator and both Alcoholics Anonymous and Narcotics Anonymous activities).

Objective: Allow for maximum participation of healthy inmates in institutional programs to the greatest extent possible on a daily basis.

Performance Indicators:

Average cost for health services per inmate day \$5.42

Percentage of inmates on regular duty 99.4%

JEFFERSON PARISH HUMAN SERVICES AUTHORITY EXPENDITURES:

Jefferson Parish Human Services Authority - Authorized Positions (0) \$ 14,648,552

Program Description: Provide the administration, management, and operation of mental health, developmental disabilities, and substance abuse services for the citizens of Jefferson Parish.

FLORIDA PARISHES HUMAN SERVICES AUTHORITY EXPENDITURES:

Florida Parishes Human Services Authority - Authorized Positions (0) \$ 14,823,858

Program Description: Provide the administration, management, and operation of mental health, developmental disabilities, and substance abuse services for the citizens of Livingston, St. Helena, St. Tammany, Tangipahoa, and Washington Parishes.

CAPITAL AREA HUMAN SERVICES DISTRICT EXPENDITURES:

Capital Area Human Services District - Authorized Positions (0) \$ 21,729,571

Program Description: Direct the operation of community-based programs and services related to public health, mental health, developmental disabilities, and substance abuse services for the parishes of Ascension, East Baton Rouge, Iberville, Pointe Coupee, and West Baton Rouge, and to provide continued program services to the parishes of East Feliciana and West Feliciana.

Objective: To have clinic or school-based outpatient mental health treatment physically located in each of the 7 parishes served by the District, and substance abuse treatment for children/adolescents physically located within at least 4 parishes.

Performance Indicators:

Percentage of total children/adolescents admitted for mental health services who are served within their parish of residence 96%

Percentage of total children/adolescents admitted for substance abuse services who are served within their parish of residence 98%

METROPOLITAN HUMAN SERVICES DISTRICT EXPENDITURES:

Metropolitan Human Services District - Authorized Positions (0) \$ 26,262,576

Program Description: Provide the administration, management, and operation of mental health, developmental disabilities, and substance abuse services for the citizens of Orleans, St. Bernard and Plaquemines Parishes.

OFFICE FOR ADDICTIVE DISORDERS EXPENDITURES:

Administration – Authorized Positions (30) \$ 2,763,805

Program Description: Provides oversight of preventive treatment and public substance abuse rehabilitation services to the citizens of Louisiana.

Objective: To meet or exceed three 80% of the key performance indicators and build a Louisiana Addictive Disorders Data System (LADDS) infrastructure necessary for OAD data-based decisions by completing Phase 1 and 2 (50%) of the required implementation plan.

Performance Indicator:

Percentage of key indicators met or exceeded by agency 80%

Percentage of LADDS infrastructure completed 50%

Prevention and Treatment - Authorized Positions (335) \$ 60,542,746

Program Description: Prevention services are provided primarily through contracts with nonprofit providers for a community-based prevention and education system to encourage abstinence from alcohol, tobacco, illicit drug use, and problem and compulsive gambling. The Office for Addictive Disorders (OAD) provides a continuum of treatment services: detoxification, primary inpatient, community-based, and outpatient. These treatment services include assessment, diagnosis and treatment of alcohol and drug abuse, alcohol and drug addiction, and problem and compulsive gambling. Detoxification services are provided to individuals suffering from prolonged periods of alcohol and/or drug abuse in both a medical and non-medical setting. Outpatient services are provided by state and private providers in regular and intensive day treatment. Primary inpatient treatment is provided in both intensive inpatient and residential programs. Community-based programs are a bridge from inpatient to the community and this treatment is provided through Halfway Houses, Three-Quarter Way Houses, Therapeutic Community and Recovery Homes.

Objective: As a result of staff training, clinical supervision, and implementation of best practices and evidence-based research (strategies proven to work), the quality of intervention will improve as demonstrated by an increase in the percentage of clients continuing treatment for ninety days or more, a decrease in the percentage of change in the frequency of primary drug use and a reduction in arrest from admission to discharge.

Performance Indicators:

Overall Treatment

Percentage of clients continuing treatment for 90 days or more 40%

Percentage decrease in the number of client arrest that have occurred between admission and discharge for individuals receiving treatment 42%

Percentage of change in the frequency of primary drug use from admission to discharge for individuals receiving treatment 55%

Overall number of admissions 23,411

Overall re-admission rate 20%

Social Detox: Percentage of individuals successfully completing the program 80%

Medically Supported Detox: Percentage of individuals successfully completing the program 72%

Primary Inpatient Adult: Percentage of individuals successfully completing the program 80%

Primary Inpatient Adolescent: Percentage of individuals successfully completing the program 69%

Inpatient Compulsive Gambling: Percentage of individuals successfully completing the program 74%

Community-Based Adult: Percentage of individuals successfully completing the program 61%

Community-Based Adolescent: Percentage of individuals successfully completing the program 45%

Outpatient: Percentage of individuals successfully completing the program 40%

Outpatient Compulsive Gambling: Percentage of individuals successfully completing the program 49%

Auxiliary Account - Authorized Positions (0) \$ 144,500

Account Description: Provides therapeutic activities to patients, as approved by treatment teams, and for a revolving fund to make loans to recovering individuals for housing. These activities are funded by the sale of merchandise in the patient canteen, pay phone revenue, and initial funding from Federal Funds that are repaid by participants in the housing loan program.

TOTAL EXPENDITURES \$ 63,451,051

Provided, however, that the funds appropriated above for the Auxiliary Account appropriation shall be allocated as follows:

Joseph R. Briscoe Treatment Center \$ 4,000

Spring of Recovery Treatment Center \$ 22,000

Pines Treatment Center \$ 4,000

Monroe Treatment Center SOAR \$ 3,000

Red River Treatment Center \$ 3,000

ADU Mandeville Treatment Center \$ 3,500

Fountainbleau Substance Abuse I.T. Facility \$ 5,000

Substance Abuse Housing Patient Fund \$ 100,000

Payable out of the State General Fund (Direct) to the Prevention and Treatment Program for Infinity Network of New Orleans, Inc. \$ 75,000

Payable out of the State General Fund by Interagency Transfers to the Prevention and Treatment Program for nonmedical substance abuse assessment and treatment services for women with dependent children \$ 1,916,666

OFFICE OF FAMILY SUPPORT TANF

Client Services

Provided, however, that 4,166,666 of the funds appropriated herein shall be transferred to the Department of Health and Hospitals, Office for Addictive Disorders, for the purpose of providing non-medical residential substance abuse assessment and treatment for women with minor children. Provided, however, that if the Office of Mental Health and/or the Office for Addictive Disorders do not meet the adequate spending levels necessary to fulfill the maintenance of effort requirement in the designated programs, then the funds shall be redirected by the Department of Social Services to other programs and services designed to meet TANF goals. Family Stability. To increase the stability of families through preventative and intervention strategies, the following are appropriated:

To be transferred to the Louisiana Supreme Court to continue drug court initiatives that provide supervised non-medical substance abuse treatment, assessment, counseling, education, and training services for identified low-income parents and juveniles. \$ 5,000,000

12. Gain Health Service Centers for American Indians in Louisiana

OFFICE OF INDIAN AFFAIRS EXPENDITURES:

Administrative - Authorized Positions (1) \$ 3,192,234

Program Description: Addresses issues in legislation and other actions to alleviate social, economic, and educational deprivation of Native Americans; and acts as a transfer agency for \$3.1 million in Statutory Dedications to local governments.

Objective: The Administrative Program, through the Louisiana Indian Education Advocacy Committee (LIEAC), will conduct a summer Indian youth camp program, and promote academic achievement, cultural knowledge, and anti-drug campaigns.

Performance Indicator:

Number of Indian youth camps conducted |

TOTAL MEANS OF FINANCING \$ 3,192,234 47

Dupre (SCR 105) DIGEST

Formally recognizes the Isle de Jean Charles Band of the Biloxi-Chitimacha Confederation of Muskogees ("BCCM"), the Bayou Lafourche Band of the BCCM, the Grand Caillou/Dulac Band of the BCCM, known collectively as the "BCCM Tribes" and the Pointeau-Chien Indian Tribe for the sole purpose of qualifying for Indian education and health care benefits due these Native American citizens by the Legislature of Louisiana.

13. Extend the Medicaid waiver for women with children from 6 months to two years

14. Support Long Term Care Coverage and help for caregivers

Bajoie SCR No. 151 Establishes a group to study and make recommendations regarding proper policy and procedures to ensure quality care and services based on best practices in Louisiana's assisted living communities.

Requests the House and Senate health and welfare committees to study all issues related to assisted living care, including but not limited to direct care, medication management, building and life safety codes, nutrition, staffing, resident rights, quality, consumer self determination, disclosure, admission and discharge criteria requirements and all aspects of implementing a Medicaid assisted living waiver program.

Requests the committees to solicit input, recommendations, and advice from:

- (1) The secretary of DSS or her designee.
- (2) The secretary of DHH or his designee.
- (3) The state fire marshal or his designee.

- (4) A representative of AARP Corp. La.
- (5) A representative of the Alzheimer Association of La., Inc..
- (6) A representative of the La. Aging and Disability Consortium.
- (7) A representative of Gulf States Assoc. of Homes and Services for the Aging.
- (8) A representative of the Advocacy Center.
- (9) A representative of the La. State Board of Nursing.
- (10) A representative of the La. State Nurses' Assoc.
- (11) A representative of the La. State Board of Practical Nurse Examiners.
- (12) A resident of an adult residential care facility designated by the La. Assisted Living Assoc.
- (13) A family member of a resident of an adult residential care facility designated by the La. Assisted Living Assoc.
- (14) The state Medicaid director or his designee.
- (15) The manager of the DHH health standards section or his designee.
- (16) A representative of the La. Nursing Home Assoc.
- (17) A representative of the La. Long Term Care Foundation.
- (18) A representative of the Louisiana Assisted Living Association.
- (19) A representative of the governor's office of elderly affairs.
- (20) A representative of the governor's office of disability affairs."

Requires written report to the legislature no later than 4/1/05.

Summary of Amendments Adopted by Senate Committee Amendments Proposed by Senate Committee on Health and Welfare to the original bill.

1. Adds members to the study group.
2. Changes date of report from February to April, 2005.

Senate Floor Amendments to engrossed bill.

1. Adds representative of La. Nursing Home Assoc.
2. Adds representative of La. Long Term Care Foundation.
3. Deletes authority to create subgroups.

Summary of Amendments Adopted by House

Committee Amendments Proposed by House Committee on House and Governmental Affairs to the engrossed bill.

1. Instead of establishing the Assisted Living Study Group, requests the House and Senate committees on health and welfare to meet and function as a joint committee to conduct the study. Provides for the joint committee to solicit the input, recommendations, and advice of those persons who would have been members of the Assisted Living Study Group.
2. Adds to those persons from whom the joint committee shall solicit input, recommendations, and advice the following: a representative of the Louisiana Assisted Living Association; a representative of the governor's office of elderly affairs; and a representative of the governor's office of disability affairs.

Schedler (SB 492) Act No. 659

Creates the Nursing Home Quality and Efficiency Board to develop recommendations for programs designed to promote quality care and increase efficiency in nursing homes. The members of the board shall be:

1. Secretary of DHH.
2. Undersecretary of DHH.
3. Exec. director of Nursing Home Assoc.
4. Pres. of the Nursing Home Assoc.
5. Chairman of the Nursing Home Assoc.
6. Exec. director of Gulf States Assoc. of Homes and Services for the Aging.
7. The Medicaid director of DHH.
8. One member of the Senate appointed by the president.
9. One member of the House appointed by the speaker.
10. One consumer representative appointed by the governor.

Provides for operators of nursing homes to purchase and close a nursing home and to receive the cost component of the facility for five years. Provides for the board to develop incentives for nursing homes to reduce the number of beds by converting semi-private rooms and to provide for certain limitations. Provides for a Medicaid payment for such incentive.

Provides for the establishment of a fund to buy back through DHH. Provides that the board develop skilled nursing programs to care for the elderly and disabled. The program expires on 6/30/08.

Effective August 15, 2004.

15. Work with the Louisiana Medical Association on Community Care Program Reform

HBI

MEDICAL VENDOR PAYMENTS

Payments to Private Providers - Authorized Positions (0) \$ 3,274,466,126

EXPENDITURES:

For professional services costs associated with the CommunityCARE/KIDMED contract \$ 2,693,498

Objective: To enroll 75% of Medicaid eligibles in the Medicaid primary care case management program and maintain a ratio of 435 CommunityCARE enrollees to each (1) CommunityCARE physician, thereby providing medical homes and supporting continuity of medical care

Performance Indicators:

Percentage of Medicaid eligibles enrolled in the CommunityCARE program 75% Ratio of CommunityCARE enrollees to each (1) CommunityCARE Physician Provided, however, that of the funds appropriated herein for the Payment to Private Providers Program, \$3,577,938 shall be used to fund the CommunityCARE program's primary care case management enhanced fees paid to Primary Care Physicians for the new recipients added to the CommunityCARE program due to the expansion of the program into Orleans, Jefferson, St. Bernard, and Plaquemines parishes.

16. Passage of the Safe Schools Act

Measures failed.