



ACTION ALERT #9
Contact the House Health and Welfare
Committee on Medicaid Co-Pays

Eight legislative instruments have been filed calling for some type of co-payment or "cost-sharing" for Medicaid services. Due to limited income, many individuals with disabilities and their families are concerned about these co-payment proposals as the added cost of co-payments and/or premiums will increase their monthly expenses.

What the Research Tells Us About Cost-Sharing

The National Health Law Program reviewed decades of literature documenting the impact of cost sharing on access to care and concluded in their brief [Medicaid Premiums and Cost Sharing](#) "that premiums and cost sharing pose barriers to care for low-income and vulnerable populations while doing relatively little to improve the overall efficiency of the health care system."

Exemptions: Who Pays/Who Doesn't

The following groups are **EXEMPT** from most cost-sharing requirements by the federal government:

- All children under the age of 19 (in LA it is under the age of 21);
- Pregnant women;
- People living in institutions.

States have the option to exempt people receiving home and community-based waiver services. In Louisiana, current waiver recipients are exempt from the co-pay on prescriptions unless that person has opted into BayouHealth for their health care services. (*The state plans to exempt waiver recipients enrolled in BayouHealth for prescriptions in the near future.*)

Adults with developmental disabilities on the waiver waiting list are not exempt. It is unclear whether adult waiver recipients would be exempt from the co-payments called for in the proposed bills.

What the Bills Would Do

Two of the bills ([HB 324](#) and [HB 492](#)) only propose a co-pay on "non-emergency services" provided in an emergency room and/or prescriptions on the non-preferred drug list, while three others ([HB 170](#), [HB 309](#), [HB 566](#)) direct the Department of Health and Hospitals to impose a co-pay on ALL Medicaid services for which the federal government allows cost sharing.

These are:

- Inpatient and outpatient services;
- Preferred and non-preferred drugs;
- Non-emergency services provided in an emergency room; and
- Assessment of premiums upon individuals whose income exceeds certain income levels.

The final three bills ([HB 173](#), [HB 435](#), and [HB 461](#)) would require co-payment on non-emergency services in an emergency room and non-institutional services including, but not limited, to physician visits.

Louisiana Medicaid currently has a co-pay requirement for prescription drugs (\$.50 - \$3, depending on the cost of the drug), but if some of these legislative instruments pass, this amount could be increased up to the maximum allowable amount of \$8. Louisiana already uses a preferred drug list, but a drug not on the list can be approved if medically necessary through a prior authorization process.

The federal law gives states the option to apply the co-payment for non-preferred drugs to individuals who are otherwise exempt from cost-sharing. It is not clear if these legislative instruments would require the state to implement this option.

In addition to imposing a co-pay on all allowable Medicaid services, [HB 309](#) by Representative Tony Bacala proposes:

- exclusion of all name brand drugs from the preferred drug list and prohibition of prior authorizations if a generic equivalent medication is available.
- it also prohibits any medication for which an over-the-counter equivalent is available.

These restrictions would be especially harmful to many people with disabilities and those with complex health care needs, but it doesn't appear that these prohibitions are consistent with Medicaid law.

HB 309 also directs DHH to take all necessary action to implement a Managed Long Term Supports and Services system by July 1, 2016. This deadline is just one of the many concerns people with disabilities have about the provisions in this proposed legislation.

Take Action Today!

Contact the Chairmen and Committee Members from Your Region by Tuesday, March 29th, to let them know how you feel about co-payments in general.

Not sure of your region? Click [here](#) for a map.

All Regions

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Regions 1/10

Helena Moreno

Julie Stokes

Thomas Willmott (Vice-Chair)

Region 2

Contact Chairman Hoffman

Region 3

Thomas Willmott (Vice-Chair)

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What to Say

Tell the legislators:

- What you think about Medicaid co-pays and their impact on people with disabilities
- How they would affect you, your family, and/or others you care about

For assistance in contacting your legislator, contact the [LaCAN Leader](#) in your region.



Confirm Your Action

Don't forget to let us know that you took action!

[Reply](#) to this email or notify your [LaCAN Leader](#) to confirm your action.

Why confirm your action? This helps us to know how effective we are in reaching you with this information and engaging members across our state in advocacy for systems change.

Contact Us

If there are any questions about the information in this email, contact LaCAN by replying to this email, or calling the toll free number listed below.

Email: info@lacanadvocates.org

Phone: 1-800-450-8108

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