

2017 Regular Session

HOUSE BILL NO. 586

BY REPRESENTATIVE HUNTER

Prefiled pursuant to Article III, Section 2(A)(4)(b)(i) of the Constitution of Louisiana.

HEALTH CARE: Requires certain publicly funded healthcare facilities and providers to institute policies relative to continuity of patient care

1 AN ACT

2 To enact R.S. 40:1186.1 through 1186.3 and R.S. 46:460.53 and 460.54, relative to
3 continuity of care for persons receiving certain publicly funded healthcare services;
4 to provide relative to care of patients served by federally qualified health centers,
5 rural health clinics, and Medicaid managed care organizations; to require such
6 facilities and organizations to develop policies and procedures for care coordination
7 and continuity of care; to require the Louisiana Department of Health to assist in
8 developing such policies and procedures in certain circumstances; to provide for
9 notification to patients concerning closure of certain healthcare facilities or provider
10 practices; to provide for promulgation of administrative rules; to provide for
11 redesignation and organization of certain laws; and to provide for related matters.

12 Be it enacted by the Legislature of Louisiana:

13 Section 1. R.S. 40:1186.1 through 1186.3 are hereby enacted to read as follows:

14 §1186.1. Definitions

15 As used in this Subpart, the following terms have the meaning ascribed in this

16 Section:

17 (1) "Department" means the Louisiana Department of Health.

18 (2) "Federally qualified health center" has the meaning ascribed in R.S.

19 40:1185.3.

20 (3) "Rural health clinic" has the meaning ascribed in R.S. 40:1185.3.

1 (4) "Secretary" means the secretary of the Louisiana Department of Health.

2 §1186.2. Closure of a federally qualified health center, rural health clinic, or any
3 facility thereof; continuity of patient care

4 A. Each federally qualified health center and rural health clinic which
5 operates a healthcare facility in this state shall establish policies and procedures for
6 care coordination and continuity of care for patients in the event that the health
7 center or clinic, or any facility thereof, anticipates a temporary or permanent closure.

8 B. The department, through the bureau of primary care and rural health or
9 any other division as designated by the secretary, shall provide assistance in
10 developing the policy required by Subsection A of this Section to each federally
11 qualified health center and rural health clinic which submits a written request to the
12 secretary for such assistance.

13 C. Each federally qualified health center and rural health clinic which
14 anticipates a temporary or permanent closure of any of its facilities shall do all of the
15 following prior to the closure:

16 (1) Report the impending closure to the secretary as soon as is practicable
17 following the decision by the governing board of the health center or clinic to
18 implement the closure.

19 (2) Notify each of its patients of the impending closure and transmit to those
20 patients all information concerning care coordination and continuity of care
21 developed pursuant to the requirements of Subsection A of this Section.

22 D. The department shall actively assist any patient of a federally qualified
23 health center or rural health clinic, or any facility thereof, which closes either
24 permanently or temporarily in transitioning to another healthcare provider upon
25 receipt of a request from the patient for such assistance.

26 §1186.3. Rules and regulations

27 The department shall promulgate all rules and regulations in accordance with
28 the Administrative Procedure Act as may be necessary to implement the provisions
29 of this Subpart.

1 Section 2. R.S. 46:460.53 and 460.54 are hereby enacted to read as follows:

2 §460.53. Care coordination and continuity; requirements of managed care
3 organizations

4 A.(1) Each managed care organization shall implement policies and
5 procedures for care coordination and continuity of care for enrollees. Such policies
6 and procedures shall include, without limitation, all of the following:

7 (a) Provisions to ensure that each enrollee has an ongoing source of
8 preventive and primary care appropriate to his needs.

9 (b) Procedures for actively assisting each enrollee receiving treatment for
10 chronic or acute medical conditions or for behavioral health conditions in
11 transitioning to another provider when the enrollee's healthcare provider has
12 terminated participation with the managed care organization.

13 (c) Provisions for continuation of treatment until the member is reasonably
14 transferred to an appropriate provider without interruption of care.

15 B. In addition to the requirements of Subsection A of this Section, each
16 managed care organization shall implement all other policies and procedures for care
17 coordination and continuity of care required by the department in Medicaid policy
18 or administrative rules.

19 §460.54. Provider termination or unavailability; notice to enrollees required

20 A. Each managed care organization shall give written notice of the
21 termination of participation with the organization by a provider to each enrollee who
22 received his primary care from or was seen on a regular basis by the provider. The
23 managed care organization shall provide such notice to the enrollee within fifteen
24 calendar days of the earlier of the following dates:

25 (1) The date the managed care organization receives notice from the provider
26 of his termination.

27 (2) The date the managed care organization terminates participation by the
28 provider.

1 B.(1) When an enrollee has received a course of treatment pursuant to a prior
2 authorization process and the treating provider becomes unavailable, the managed
3 care organization with which the provider participates shall provide notice of the
4 unavailability to the enrollee or to the parent, legal guardian, or state agency with
5 custody of the enrollee, as appropriate.

6 (2) The managed care organization shall provide the notice required by this
7 Subsection within seven calendar days from the date the managed care organization
8 becomes aware of the provider's unavailability. The notice shall indicate the period
9 of unavailability if such period is known to the managed care organization.

10 C. When a provider becomes unable to care for enrollees due to illness,
11 death, relocation away from the service area without notice to the managed care
12 organization, failure to meet credentialing requirements, or displacement as a result
13 of a natural or man-made disaster, the managed care organization shall notify each
14 enrollee who received his primary care from or was seen on a regular basis by the
15 provider as soon as practicable after becoming aware of the circumstances.

16 Section 3.(A) The Louisiana State Law Institute is hereby directed to change the
17 heading of Part II of Subchapter B of Chapter 5-D of Title 40 of the Louisiana Revised
18 Statutes of 1950 to "Federally Qualified Health Centers and Rural Health Clinics", and to
19 redesignate to this Part R.S. 40:1183.1 through 1186.3, as more specifically provided in this
20 Section.

21 (B) The Louisiana State Law Institute is hereby directed to redesignate Part II of
22 Subchapter B of Chapter 5-D of Title 40 of the Louisiana Revised Statutes of 1950,
23 comprised of R.S. 40:1183.1 through 1183.4, as Subpart A of Part II of Chapter 5-D of Title
24 40 of the Louisiana Revised Statutes of 1950, and to entitle the Subpart "Federally Qualified
25 Health Center Preservation Act".

26 (C) The Louisiana State Law Institute is hereby directed to redesignate Part III of
27 Subchapter B of Chapter 5-D of Title 40 of the Louisiana Revised Statutes of 1950,
28 comprised of R.S. 40:1185.1 through 1185.6, as Subpart B of Part II of Chapter 5-D of Title

1 40 of the Louisiana Revised Statutes of 1950, and to entitle the Subpart "Federally Qualified
2 Health Center and Rural Health Clinic Expansion".

3 (D) The Louisiana State Law Institute is hereby directed to designate R.S. 40:1186.1
4 through 1186.3, as enacted by Section 1 of this Act, as Subpart C of Part II of Subchapter
5 B of Chapter 5-D of Title 40 of the Louisiana Revised Statutes of 1950, and to entitle the
6 Subpart "Continuity of Patient Care".

7 (E) The Louisiana State Law Institute is hereby directed to change references to
8 Parts of law in R.S. 40:1183.1, 1183.2(B), 1183.3(introductory paragraph), 1185.1, 1185.3
9 (introductory paragraph), and 1185.5, and in any other provision of law as may be necessary
10 to reflect the new Part and Subpart designations provided for in this Section.

DIGEST

The digest printed below was prepared by House Legislative Services. It constitutes no part of the legislative instrument. The keyword, one-liner, abstract, and digest do not constitute part of the law or proof or indicia of legislative intent. [R.S. 1:13(B) and 24:177(E)]

HB 586 Original

2017 Regular Session

Hunter

Abstract: Provides for continuity of care for persons receiving publicly funded healthcare services through federally qualified health centers, rural health clinics, and the Medicaid managed care program.

General Provisions

Proposed law applies to the following healthcare providers:

- (1) Federally qualified health centers (FQHCs).
- (2) Rural health clinics.
- (3) Medicaid managed care organizations (MCOs).

Proposed law provides for duties of such providers and for the La. Dept. of Health (LDH) relative to continuity of patient care in the event that a healthcare facility closes or a provider otherwise discontinues healthcare services.

Proposed law requires LDH to promulgate all rules and regulations in accordance with the Administrative Procedure Act as may be necessary to implement the provisions of proposed law.

Proposed law provides for redesignation and organization by the La. State Law Institute of certain segments of present law and proposed law.

Provisions Relative To Federally Qualified Health Centers (FQHCs) And Rural Health Clinics

Proposed law requires each FQHC and rural health clinic in this state to establish policies and procedures for care coordination and continuity of care for patients in the event that the facility anticipates a temporary or permanent closure.

Proposed law requires LDH to provide assistance in developing the policy required by proposed law to each FQHC and rural health clinic which submits a written request to the department for such assistance.

Proposed law requires each FQHC and rural health clinic which anticipates a temporary or permanent closure of any of its facilities to do all of the following prior to the closure:

- (1) Report the impending closure to the secretary of LDH as soon as is practicable following the decision by its governing board to implement the closure.
- (2) Notify each of its patients of the impending closure and transmit to those patients all information concerning care coordination and continuity of care developed pursuant to the requirements of proposed law.

Proposed law requires LDH to actively assist any patient of a FQHC or rural health clinic, or any facility thereof, which closes either permanently or temporarily in transitioning to another healthcare provider upon receipt of a request from the patient for such assistance.

Provisions Relative to Medicaid Managed Care Organizations (MCOs)

Proposed law requires each MCO to implement policies and procedures for care coordination and continuity of care for enrollees. Provides that such policies and procedures shall include, without limitation, all of the following:

- (1) Provisions to ensure that each enrollee has an ongoing source of preventive and primary care appropriate to his needs.
- (2) Procedures for actively assisting each enrollee receiving treatment for chronic or acute medical conditions or for behavioral health conditions in transitioning to another provider when the enrollee's healthcare provider has terminated participation with the managed care organization.
- (3) Provisions for continuation of treatment until the member is reasonably transferred to an appropriate provider without interruption of care.

Proposed law further requires each MCO to implement all other policies and procedures for care coordination and continuity of care required by policy or administrative rules of LDH.

Proposed law provides that each MCO shall give written notice of the termination of participation with the organization by a healthcare provider to each Medicaid enrollee who received his primary care from or was seen on a regular basis by the provider. Provides that the MCO shall provide such notice to the enrollee within 15 calendar days of the earlier of the following dates:

- (1) The date the MCO receives notice from the provider of his termination.
- (2) The date the MCO terminates participation by the provider.

Proposed law provides that when a Medicaid enrollee has received a course of treatment pursuant to a prior authorization process and the treating provider becomes unavailable, the MCO with which the provider participates shall provide notice of the unavailability to the

enrollee or to the parent, legal guardian, or state agency with custody of the enrollee, as appropriate.

Proposed law provides that when a healthcare provider becomes unable to care for Medicaid enrollees due to illness, death, relocation away from the service area without notice to the MCO, failure to meet credentialing requirements, or displacement as a result of a natural or man-made disaster, the MCO shall notify each enrollee who received his primary care from or was seen on a regular basis by the provider as soon as practicable after becoming aware of the circumstances.

(Adds R.S. 40:1186.1-1186.3 and R.S. 46:460.53 and 460.54)