

Family Impact Statement

The proposed Rule will have no impact on family formation, stability or autonomy, as described in R.S. 49.972B.

Poverty Impact Statement

The proposed Rule will have no impact on poverty as described in R.S. 49:973B.

Small Business Analysis

The proposed Rule will have no impact on small business analysis as described in R.S. 974.5.

Provider Impact Statement

The proposed rules will have no provider impact as described in HCR 170 of 2014.

Public Comments

Interested persons may submit written comments to Gary Beard, Executive Director, Capital Area Groundwater Conservation Commission, 3074 Westfork Dr. Baton Rouge, Louisiana, 70816, either by mail or hand delivery. Comments may also be sent by email to gary.beard@la.gov. All written comments must be received no later than 4 p.m., on October 10, 2024.

Public Hearing

A public hearing will be held at Capital Area Groundwater Conservation Commission, 3074 Westfork Dr. Baton Rouge, Louisiana, 70816, on October 28, 2024 and 10 a.m. Oral comments will be accepted at any public hearing held.

Gary Beard
Executive Director

**FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Measuring Well Yield**

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The proposed rule change is not anticipated to result in any costs or savings to the state or local governmental units, other than the cost of rulemaking and publishing the proposed rule change in the Louisiana Register, which is approximately \$426.

The proposed rule change clarifies how well owners provide flow measurement data to the Capital Area Groundwater Conservation District (henceforth, District), as follows:

- For well owners with District provided monitoring/auditing equipment, the flow measurement data will be provided automatically through the Supervisory Control and Data Acquisition (SCADA) system.
- For well owners that do not have District provided monitoring/auditing equipment, the flow measurement data shall be provided from each well monthly utilizing a comma separated value (CSV) format and delivered to the District via secure file transfer protocol (SFTP).

The proposed rule changes will allow for more detailed understanding of how well owners must provide flow measurement data to the District.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There are no anticipated effects on revenue collections of state or local governmental units by the proposed rule change.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS, SMALL BUSINESSES, OR NONGOVERNMENTAL GROUPS (Summary)

There are no estimated costs and/or economic benefits to directly affected persons, small business, or non-governmental groups anticipated from the proposed rule change. The proposed rule change clarifies how flow measurement data is provided to the District from well owners who do not have District provided monitoring/auditing equipment and from those that do have District provided monitoring/auditing equipment. Well owners already report flow measurement data. This change in rule will allow them to report in a more efficient manner.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

There is no estimated effect on competition and employment as a result of the proposed rule change.

Gary J. Beard
Executive Director
2409#064

Patrice Thomas
Deputy Fiscal Officer
Legislative Fiscal Office

NOTICE OF INTENT

**Office of the Governor
Division of Administration
Office of Group Benefits**

**Dependent Spouse of Deceased Retiree Health Coverage
(LAC 32:I.319)**

In accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., as authorized pursuant to R.S. 42:801 and 42:802, the Office of the Governor, Division of Administration, Office of Group Benefits, proposes to amend Chapter 3 of LAC 32:I, Uniform Provisions—Participation in the Office of Group Benefits. The revisions amend the Surviving Dependents/Spouse Subsection to comply with Act 304 of the 2024 Regular Legislative Session and provide the option of health coverage for a certain class of individuals who meet specific criteria.

Title 32

EMPLOYEE BENEFITS

Part I. General Provisions

Chapter 3. Uniform Provisions—Participation in the Office of Group Benefits

§319. Continued Coverage

- A. - B. ...
- C. Surviving Spouse/Dependents
- C.1. - 4. ...

5. Dependent Spouse of Deceased Retiree (Special Spouse).

a. Notwithstanding the above, any person who previously participated in an OGB sponsored health program as a dependent spouse of a deceased retiree immediately prior to enrolling in an OGB sponsored health program as an active employee, shall, upon termination from state service, be eligible to obtain OGB health coverage as a special spouse provided all of the following conditions are met:

- i. The person is enrolled in OGB health coverage as an active employee as of July 1, 2024.
- ii. The person remains enrolled in OGB health coverage continuously until immediately prior to the date of termination.

iii. The person would have had surviving spouse coverage at the time of death of the retiree spouse but for his or her eligibility for coverage in a group health plan other than Medicare.

iv. The person pays the requisite premiums.

b. A special spouse shall be entitled to receive a state contribution to premiums that is the percentage of the total premium as provided for in applicable OGB rules. The employer premium contributions for a special spouse shall be the responsibility of the school board, state agency, or political subdivision from which the deceased retiree spouse originally retired.

c. A special spouse cannot add new dependents to special spouse coverage other than a child of the deceased retiree born after the enrollee's death.

d. A dependent child of a special spouse and the deceased retiree may continue coverage as a dependent child of the special spouse as long as other dependent child rules are met.

e. Participating Employer/Dependent Responsibilities

i. To continue coverage, it is the responsibility of the participating employer and special spouse to notify OGB in writing within 30 days of the termination of employment from state service.

ii. Application for continued coverage shall be made in writing to OGB within 45 days of the termination of employment from state service. Premiums for special spouse coverage shall be paid within 45 days of the coverage application date for the coverage to be effective on the date coverage would have otherwise terminated.

iii. Coverage for the special spouse under this Paragraph will continue until the earliest of the following:

(a). failure to pay the applicable premium timely;

or

(b). eligibility of the special spouse for coverage under a group health plan other than Medicare.

iv. Coverage for a dependent child eligible for coverage under this Paragraph will continue until the earliest of the following events:

(a). failure to pay the applicable premium timely;

(b). eligibility of the special spouse for coverage under a group health plan other than Medicare;

(c). eligibility of the dependent child for coverage under any group health plan other than Medicare;

(d). the attainment of the termination age for children.

D. - E.3.b. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 42:801(C) and 802(B)(1).

HISTORICAL NOTE: Promulgated by Office of the Governor, Division of Administration, Office of Group Benefits, LR 41:341 (February 2015), effective March 1, 2015, amended LR 43:2152 (November 2017), effective January 1, 2018, amended LR 50:

Family Impact Statement

The proposed amendments are not anticipated to have an impact on family formation, functioning, stability, or autonomy, as described in R.S. 49:972.

Poverty Impact Statement

The proposed amendments are not anticipated to have an impact on poverty, as described in R.S. 49:973.

Small Business Analysis

The proposed amendments are not anticipated to have an adverse effect or economic impact on small businesses in accordance with the Regulatory Flexibility Act.

Provider Impact Statement

The proposed amendments are not anticipated to have an impact on providers of services funded by the state as described in HCR 170 of the 2014 Regular Legislative Session.

Public Comments

Interested persons may submit written comments about the proposed Rules to the Office of Group Benefits, Attn.: Margaret A. Collier, P.O. Box 44036, Baton Rouge, LA 70804 or via fax (225) 342-9917. The deadline for receipt of written comments is Thursday, October 10, 2024 by 4:30 PM.

Public Hearing

A public hearing on the proposed amendments may be held on Tuesday, October 29, 2022, beginning at 9 a.m. in the Louisiana Purchase Room (Room 1-100) on the first floor of the Claiborne Building, located at 1201 North Third Street, Baton Rouge, LA 70802, if such a hearing is requested by Thursday, October 10, 2024 by 4:30 PM. All interested persons will be afforded an opportunity to submit data, views, or arguments, orally or in writing, at the hearing. For assistance in determining if a hearing will be held, please call OGB Customer Service at 225-925-6625, or at 1-800-272-8451.

Heath Williams
Chief Executive Officer

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES

RULE TITLE: **Dependent Spouse of Deceased Retiree Health Coverage**

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The proposed change creates a new class of individuals entitled to health coverage. The change is mandated by Act 304 of the 2024 Regular Legislative Session which amended La. R.S. 42:851 to add Subsection U, permitting a surviving dependent spouse of a deceased retiree to become a surviving spouse after having been enrolled in Office of Group Benefits (OGB) coverage as an active employee as long as certain conditions are met, including that the person must be enrolled in OGB health coverage as an active employee as of July 1, 2024.

It is estimated there are very few existing OGB plan members who previously participated in OGB health coverage programs as a dependent spouse of a deceased retiree immediately prior to enrolling in OGB health coverage as an active employee and who may therefore be entitled to continue participation in the OGB program as a surviving dependent spouse if their employment with the OGB-participating employer terminates. The state share of the premiums will be paid by the deceased spouse's agency from which s/he retired if a surviving dependent spouse elects to continue participation as a surviving dependent spouse under this proposed rule change.

As a result, there may be a minimal, net increase in expenditures to state employers as a result of the rule change. The increase in premiums paid by the employing agency will depend upon the deceased retiree's years of participation in an

OGB health plan, the surviving spouse's choice of health plan, the surviving spouse's coverage level, and the surviving spouse's Medicare status. The participating agency with whom the surviving spouse is employed and enrolled with OGB as an active employee will no longer pay the state share of the surviving spouse's premiums as an active employee. So, while one participating agency may see an increase in premiums paid, another may see a decrease unless the current participating agency is the same as the one from which the deceased spouse retired in which case the amounts may offset within the agency's budget.

There may be minimal one-time costs associated with required programming updates by OGB's vendor. These costs will be performed by a vendor already contracted with OGB at the previously agreed upon rate and are estimated to cost between \$615 and \$1,320.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

OGB does not expect an increase or decrease in revenues as a result of this rule change.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS, SMALL BUSINESSES, OR NONGOVERNMENTAL GROUPS (Summary)

The proposed rule change will benefit a small number of state employees by making them eligible for surviving spouse health coverage.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

The proposed rule change is not expected to have an effect on competition or employment.

Heath C. Williams
Chief Executive Officer
2409#038

Patrice Thomas
Deputy Fiscal Officer
Legislative Fiscal Office

NOTICE OF INTENT

**Office of the Governor
Division of Administration
Office of Group Benefits**

**Primary Plan of Benefits and
Additional Plans and Operations
(LAC 32:III.105, and V.203, 303, and 503)**

Editor's Note: The following Notice of Intent is being repromulgated to add the effective date and to correct technical errors. The original Notice of Intent can be viewed in the July 20, 2024 *Louisiana Register* on pages 1044-1048.

In accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., as authorized pursuant to R.S. 42:801 and 42:802, the Office of the Governor, Division of Administration, Office of Group Benefits, proposes to amend Chapter 1 of LAC 32:III., Primary Plan of Benefits, and Chapters 2, 3, and 5 of LAC 32:V., Additional Plans and Operations. The revisions amend the Out-of-Pocket Maximums to comply with the federal Inflation Reduction Act (IRA) which limits plan participants with Medicare Part D coverage to a maximum out-of-pocket amount of \$2,000 for prescription drugs. The revisions also amend these rules to create a division between medical and prescription maximum out-of-pocket amounts to comply with the IRA. The effective date of the proposed Rule change is January 1, 2025.

Title 32

EMPLOYEE BENEFITS

Part III. Primary Plan of Benefits

Chapter 1. Operation of Primary Plan

§105. Out of Pocket Maximums

A. Plan Participants When OGB Is the Primary Payer for All Plan Participants

Out-of-Pocket Maximum Per Benefit Period (Includes All Eligible Copayments, Coinsurance Amounts and Deductibles)		
	Network	Non-Network
Individual:		
Active Employee/Retirees on or after March 1, 2015	\$3,500	No Coverage
Retirees prior to March 1, 2015	\$2,000	No Coverage
Individual, Plus One Dependent:		
Active Employee/Retirees on or after March 1, 2015	\$6,000	No Coverage
Retirees prior to March 1, 2015	\$3,000	No Coverage
Individual, Plus Two or More Dependents:		
Active Employee/Retirees on or after March 1, 2015	\$8,500	No Coverage
Retirees prior to March 1, 2015	\$4,000	No Coverage

B. Plan Participants When Medicare Is the Primary Payer for at Least One Plan Participant

Out-of-Pocket Maximum¹ Per Benefit Period (Includes All Eligible Copayments, Coinsurance Amounts and Deductibles)		
	Network	Non-Network
Individual:		
Active Employee/Retirees on or after March 1, 2015	Medical: \$1,500 Prescription: \$2,000	No Coverage
Retirees prior to March 1, 2015	Medical: \$500 Prescription: \$1,500	No Coverage
Individual, Plus One Dependent (Medicare Paying Primary for One):		
Active Employee/Retirees on or after March 1, 2015	Medical: \$4,000 Prescription: \$2,000	No Coverage
Retirees prior to March 1, 2015	Medical: \$1,500 Prescription: \$1,500	No Coverage
Individual, Plus One Dependent (Medicare Paying Primary for Two):		
Active Employee/Retirees on or after March 1, 2015	Medical: \$2,000 Prescription: \$2,000 per participant	No Coverage
Retirees prior to March 1, 2015	Medical: \$0 Prescription: \$1,500 per participant	No Coverage
Individual, Plus Two or More Dependents (Medicare Paying Primary for One):		
Active Employee/Retirees on or after March 1, 2015	Medical: \$6,500 Prescription: \$2,000 per participant	No Coverage