The original instrument and the following digest, which constitutes no part of the legislative instrument, were prepared by Senate Legislative Services. The keyword, summary, 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)]

DIGEST 2025 Regular Session

Talbot

<u>Present law</u> (R.S. 9:2800.27) provides that certain medical expenses paid by collateral sources are recoverable and provides limitation on admissibility of evidence related to recoverable medical expenses.

<u>Present law</u> defines "contracted medical provider"; "cost of procurement"; "cost sharing"; "health insurance issuer"; and "medical provider".

<u>Proposed law</u> removes the definitions of "contracted medical provider", "cost of procurement", and "health insurance issuer" from present law.

<u>Present law</u> provides that in cases where a claimant's medical expenses have been paid in whole or in part by a health insurance issuer or Medicare to a contracted medical provider, the claimant's recovery of medical expenses is limited to the amount actually paid to the contracted medical provider by the health insurance issuer or Medicare, and any applicable cost sharing amounts paid or owed by the claimant, and not the amount billed.

Present law further provides that the court shall award to the claimant 40% of the difference between the amount billed and the amount actually paid to the contracted medical provider by a health insurance issuer or Medicare in consideration of the claimant's cost of procurement, provided that this amount shall be reduced if the defendant proves that the recovery of the cost of procurement would make the award unreasonable. Present law provides that the determination of the award shall be made in both jury trials and bench trials.

Proposed law repeals present law.

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<u>Present law</u> provides that in cases where a claimant's medical expenses have been paid, in whole or in part, by Medicaid to a medical provider, the claimant's recovery of medical expenses actually paid by Medicaid is limited to the amount actually paid to the medical provider by Medicaid, and any applicable cost sharing amounts paid or owed by the claimant.

Proposed law retains present law.

<u>Present law</u> provides that the recovery of past medical expenses other than those paid, in whole or in part, by a health insurance issuer or Medicare to a contracted medical provider, or by Medicaid to a medical provider, shall be limited to amounts paid to a medical provider by or on behalf of the claimant, and amounts remaining owed to a medical provider, including medical expenses secured

by a contractual or statutory privilege, lien or guarantee. <u>Present law</u> further provides that the determination of the award shall be made in both jury trials and bench trials.

Proposed law repeals present law.

<u>Present law</u> provides that in cases where a claimant's medical expenses are paid pursuant to the Louisiana Workers' Compensation Law as provided in <u>present law</u>, a claimant's recovery of medical expenses is limited to the amount paid under the medical payment fee schedule of the Louisiana Workers' Compensation Law.

<u>Proposed law</u> retains <u>present law</u>.

<u>Present law</u> provides that in a jury trial, only after a jury verdict is rendered may the court receive evidence related to limitations of recoverable past medical expenses provided by <u>present law</u>. Further provides that the jury shall be informed only of the amount billed by a medical provider for medical treatment. <u>Present law</u> provides that whether any person, health insurance issuer, or Medicare has paid or has agreed to pay, in whole or in part, any of claimant's medical expenses, shall not be disclosed to the jury. <u>Present law</u> provides that in trial to the court alone, the court may consider such evidence.

Proposed law repeals present law.

<u>Proposed law</u> provides that, except as provided in <u>present law</u>, a party may introduce admissible evidence to establish the basis for an award for medical expenses, which includes the following:

- (1) Amount of medical expenses billed.
- (2) Amount of medical expenses paid.
- (3) Amount of premiums paid for the year preceding the date of the accident or occurrence for the health insurance policy providing health care coverage to the claimant for treatment or services received.
- (4) An agreement between the health care provider and a third party responsible for the financing or collection of medical expenses.
- (5) Expert testimony to establish or refute the reasonableness of the past, present, or projected future medical expenses the claimant seeks to recover.

<u>Proposed law</u> further provides that the trier of fact shall make a determination of the amount of medical expenses to award, if any, after all evidence has been presented. Provides that the claimant's recovery of medical expenses shall not exceed the amount actually paid and the projected related medical expenses to be paid in the future. The trier of fact may also award up to one and one-half times the amount of premiums paid by the claimant during the year preceding the date of the accident or occurrence.

<u>Proposed law</u> provides that <u>proposed law</u> shall have prospective application only and shall not apply to causes of action filed prior to the effective date of <u>proposed law</u>.

Effective January 1, 2026.

(Amends R.S. 9:2800.27; repeals R.S. 9:2800.27(F) and (G))