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	DIGEST	
SB 209 Original	2025 Regular Session	Hodges

Present law (R.S. 9:2800.27) provides that a claimant's recovery of medical expenses paid by certain collateral sources is limited to the amount actually paid (and any applicable cost sharing amounts paid or owed by the claimant), and not the amount billed.

Present law (R.S. 9:2800.27(A)) defines "contracted medical provider"; "cost of procurement"; "cost sharing"; "health insurance issuer"; and "medical provider".

Present law (R.S. 9:2800.27(B)) 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 (R.S. 9:2800.27(C)) 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 and not the amount billed.

Proposed law retains present law.

Proposed law provides that in cases where a claimant injured in a motor vehicle accident does not have coverage through a health insurance issuer, the claimant's recovery of medical expenses is limited to amounts paid to a medical provider on behalf of the claimant, in addition to the following:

- (1) An amount representing 120% of the Medicare reimbursement rate in effect on the date which the claimant received medical treatment or services, or if there is no applicable Medicare rate for a service, 170% of the applicable state Medicaid rate, to satisfy unpaid charges for past medical treatment or services.

- (2) An amount representing 120% of the Medicare reimbursement rate in effect at the time of trial for the medical treatment or services the claimant will receive, or if there is no applicable Medicare rate for a service, 170% of the applicable state Medicaid rate, to satisfy payment of future medical treatment or services.

Present law (R.S. 9:2800.27(D)) provides that the recovery of past medical expenses other than those where claimant's medical expenses have been paid, in whole or in part, by a health insurance issuer, Medicare, or Medicaid, 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. Provides for the determination of the award pursuant to present law.

Proposed law retains present law and further provides that recovery of past medical expenses in cases where a claimant injured in a motor vehicle accident does not have coverage through a health insurance issuer is not limited as provided in present law (R.S. 9:2800.27(D)).

Present law (R.S. 9:2800.27(E)) provides that in cases where a claimant's medical expenses are paid pursuant to the Louisiana Workers' Compensation Law, 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.

Present law (R.S. 9:2800.27(F)) provides that in a jury trial, only after a jury verdict is rendered may the court receive evidence related to the limitations of recoverable past medical expenses provided by present law.

Present law provides that the jury shall be informed only of the amount billed by a medical provider for medical treatment. Present law further provides that whether any person, health insurance issuer, or Medicare has paid or has agreed to pay, in whole or in part, any of a claimant's medical expenses, shall not be disclosed to the jury. Provides that in trial to the court alone, the court may consider such evidence.

Proposed law retains present law.

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

Effective August 1, 2025.

(Amends R.S. 9:2800.27(D) and (E); adds R.S. 9:2800.27(H))