

2025 Regular Session

SENATE BILL NO. 230

BY SENATOR KLEINPETER

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

HEALTH/ACC INSURANCE. Provides relative to recovery of past medical expenses.
(1/1/26)

AN ACT

To enact R.S. 22:1839, relative to the payment of health care expenses; to provide for limits of payment and of recovery; to provide for exceptions; to provide for prospective application; to provide an effective date; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 22:1839 is hereby enacted to read as follows:

§1839. Healthcare expenses; payments

A. Notwithstanding any provision of R.S. 22:1831 to the contrary, for the purpose of this Section the following definitions apply:

(1) "Health insurance coverage" means benefits consisting of health care services provided through insurance, reimbursement, or otherwise which includes items and services paid for as health care services under any hospital or medical service policy or certificate, hospital or medical service plan contract, preferred provider organization agreement, or health maintenance organization contract offered by a private health issuer, the Office of Group Benefits, Medicare, Medicaid, Louisiana Workers' Compensation Law or equivalent state health plans.

(2) "Usual and customary rate" means one hundred twenty percent of the applicable Medicare reimbursement rate in effect on the date of the health care services, or, if there is no applicable Medicare rate for a service, one hundred seventy percent of the applicable state Medicaid rate. If there is no applicable Medicare or Medicaid rate for a service, "usual and customary rate" means the average amount accepted by medical providers in the area for the service.

B. Notwithstanding the provisions of R.S. 22:1832(D) and 1833(E), the payment of electronic and nonelectronic claims for past health care service expenses, if paid through health insurance coverage, pursuant to R.S. 22:1832, 1833, 1853, or 1854, shall be limited to the health issuer's liability.

C. The recovery of past health care service expenses, other than those provided for in Subsection B of this Section, shall be limited to the lesser of the following:

(1) The amount actually paid to a health care provider by or on behalf of the claimant, regardless of the source of the payment.

(2) The usual and customary rate.

D. This Section shall not apply in cases brought pursuant to R.S. 40:1231.1 et seq., or 1237.1 et seq.

Section 2. The provisions of this Act shall become effective on January 1, 2026.

Section 3. The provisions of this Act shall have prospective application only and shall not apply to causes of action filed prior to the effective date of this Act.

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	
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Proposed law defines "health insurance coverage" and "usual and customary rate".

Proposed law provides that the payment of claims for past health care service expenses, if paid through health insurance coverage, shall be limited to the health issuer's liability. Also provides that the recovery of past health care service expenses are limited to the lesser of the

amount actually paid to a health care provider by or on behalf of the claimant, regardless of the source of the payment or the usual and customary rate.

Proposed law provides that proposed law shall not apply in certain cases brought pursuant to present law. (Medical Malpractice and Malpractice Liability for State Services)

Proposed law provides that the provisions of 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 on January 1, 2026.

(Adds R.S. 22:1839)