

2025 Regular Session

SENATE BILL NO. 150

BY SENATOR TALBOT

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

EVIDENCE. Provides for recoverable medical expenses. (1/1/26)

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17

AN ACT

To amend and reenact R.S. 9:2800.27 and to repeal R.S. 9:2800.27(F) and (G), relative to civil actions; to provide relative to recoverable medical expenses; to provide relative to the amount billed and the amount paid in certain circumstances; to provide relative to the amount of premiums paid; to provide relative to limitations; to provide relative to certain definitions; to provide relative to the calculation of certain damages; to provide relative to certain limitations on admissibility of evidence; to provide relative to agreements between a health care provider and a third party; to provide relative to expert testimony; to provide for prospective application; to provide for an effective date; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 9:2800.27 is hereby amended and reenacted to read as follows:

§2800.27. Recoverable past medical expenses; collateral sources; limitations; evidence

A. For the purpose of this Section:

~~(1) "Contracted medical provider" means any in-network medical provider that has entered into a contract or agreement directly with a health insurance issuer~~

1 or with a health insurance issuer through a network of providers for the provision of  
2 covered healthcare services at a pre-negotiated rate, or any medical provider that has  
3 billed and received payment for covered healthcare services from Medicare when the  
4 provider is a participating provider in those programs.

5 (2) "Cost of procurement" means the cost paid by or on behalf of the claimant  
6 to procure the benefit paid by a health insurance issuer or Medicare and the cost of  
7 procurement of the award of medical expenses, including but not limited to  
8 contracted attorney fees and health insurance premiums paid.

9 (1) "Cost sharing" means copayments, coinsurance, deductibles, and any  
10 other amounts which have been paid or are owed by the claimant to a medical  
11 provider.

12 (4) "Health insurance issuer" means any health insurance coverage through  
13 a policy or certificate of insurance subject to regulation of insurance under state law,  
14 a health maintenance organization, an employer-sponsored health plan, the Office  
15 of Group Benefits, or an equivalent federal or state health plan.

16 (2) "Medical provider" means any ~~healthcare~~ **health care** provider,  
17 hospital, ambulance service, or their heirs or assignees.

18 B. In cases where a claimant's medical expenses have been paid, in whole or  
19 in part, by a health insurance issuer or Medicare to a contracted medical provider,  
20 the claimant's recovery of medical expenses is limited to the amount actually paid  
21 to the contracted medical provider by the health insurance issuer or Medicare, and  
22 any applicable cost sharing amounts paid or owed by the claimant, and not the  
23 amount billed. The court shall award to the claimant forty percent of the difference  
24 between the amount billed and the amount actually paid to the contracted medical  
25 provider by a health insurance issuer or Medicare in consideration of the claimant's  
26 cost of procurement, provided that this amount shall be reduced if the defendant  
27 proves that the recovery of the cost of procurement would make the award  
28 unreasonable. The determination of this award shall be made only in accordance with  
29 the provisions of Subsection F of this Section.

1            ~~E.B.~~ In cases where a claimant's medical expenses have been paid, in whole  
2            or in part, by Medicaid to a medical provider, the claimant's recovery of medical  
3            expenses actually paid by Medicaid is limited to the amount actually paid to the  
4            medical provider by Medicaid, and any applicable cost sharing amounts paid or  
5            owed by the claimant, and not the amount billed.

6            ~~D. The recovery of past medical expenses other than those provided by~~  
7            ~~Subsection B or C of this Section shall be limited to amounts paid to a medical~~  
8            ~~provider by or on behalf of the claimant, and amounts remaining owed to a medical~~  
9            ~~provider, including medical expenses secured by a contractual or statutory privilege,~~  
10           ~~lien, or guarantee. The determination of this award shall be made only in accordance~~  
11           ~~with Subsection F of this Section.~~

12           ~~E.C.~~ In cases where a claimant's medical expenses are paid pursuant to the  
13           Louisiana Workers' Compensation Law as provided in R.S. 23:1020.1 et seq., a  
14           claimant's recovery of medical expenses is limited to the amount paid under the  
15           medical payment fee schedule of the Louisiana Workers' Compensation Law.

16           ~~F. In a jury trial, only after a jury verdict is rendered may the court receive~~  
17           ~~evidence related to the limitations of recoverable past medical expenses provided by~~  
18           ~~Subsection B or D of this Section. The jury shall be informed only of the amount~~  
19           ~~billed by a medical provider for medical treatment. Whether any person, health~~  
20           ~~insurance issuer, or Medicare has paid or has agreed to pay, in whole or in part, any~~  
21           ~~of a claimant's medical expenses, shall not be disclosed to the jury. In trial to the~~  
22           ~~court alone, the court may consider such evidence.~~

23           **D.(1) Except as provided by Subsections B and C of this Section, a party**  
24           **may introduce admissible evidence to establish the basis for an award of**  
25           **medical expenses which includes the following:**

26           **(a) Amount of medical expenses billed.**

27           **(b) Amount of medical expenses paid.**

28           **(c) Amount of premiums paid for the year preceding the date of the**  
29           **accident or occurrence for the insurance policy providing health care coverage**

1 **to the claimant for treatment or services received.**

2 **(d) An agreement between the health care provider and a third party**  
3 **responsible for the financing or collection of medical expenses.**

4 **(e) Expert testimony to establish or refute the reasonableness of the past,**  
5 **present, or projected future medical expenses the claimant seeks to recover.**

6 **(2) The trier of fact shall make a determination of the amount of medical**  
7 **expenses to award, if any, after all evidence has been presented. The claimant's**  
8 **recovery of medical expenses shall not exceed the amount actually paid, and the**  
9 **projected related medical expenses to be paid in the future. The trier of fact**  
10 **may also award up to one and one-half times the amount of premiums paid by**  
11 **the claimant for the year preceding the date of the accident or occurrence.**

12 ~~G.E.~~ This Section shall not apply in cases brought pursuant to R.S. 40:1231.1  
13 et seq., or 1237.1 et seq.

14 Section 2. R.S. 9:2800.27(F) and (G) are hereby repealed.

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

17 Section 4. The provisions of this Act shall become effective on January 1, 2026.

---

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

SB 150 Original

2025 Regular Session

Talbot

Present law (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.

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

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

Present law 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.

Present law 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.

Present law 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. Present law further provides that the determination of the award shall be made in both jury trials and bench trials.

Proposed law repeals present law.

Present law provides that in cases where a claimant's medical expenses are paid pursuant to the Louisiana Workers' Compensation Law as provided in present 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.

Proposed law retains present law.

Present law 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 present law. Further provides that the jury shall be informed only of the amount billed by a medical provider for medical treatment. Present law 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. Present law provides that in trial to the court alone, the court may consider such evidence.

Proposed law repeals present law.

Proposed law provides that, except as provided in present law, 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.

Proposed law 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.

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 January 1, 2026.

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