

2025 Regular Session

SENATE BILL NO. 231

BY SENATOR REESE

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

CIVIL PROCEDURE. Provides for recoverable medical expenses. (1/1/26)

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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 calculation of certain damages; to provide relative to admissible evidence; to provide relative to certain definitions; to provide relative to health insurance coverage; to provide relative to health care providers; to provide relative to obtaining discovery in certain circumstances; to provide relative to expert testimony in certain circumstances; to provide relative to agreements between a health care provider and a third party; to provide relative to the attorney-client privilege and other privileges; 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 (1) ~~"Contracted medical provider" means any in-network medical provider~~
2 ~~that has entered into a contract or agreement directly with a health insurance issuer~~
3 ~~or with a health insurance issuer through a network of providers for the provision of~~
4 ~~covered healthcare services at a pre-negotiated rate, or any medical provider that has~~
5 ~~billed and received payment for covered healthcare services from Medicare when the~~
6 ~~provider is a participating provider in those programs.~~

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

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

14 (4)(2) ~~"Health insurance issuer" means any health insurance coverage through~~
15 ~~a policy or certificate of insurance subject to regulation of insurance under state law,~~
16 ~~a health maintenance organization, an employer-sponsored health plan, the Office~~
17 ~~of Group Benefits, or an equivalent federal or state health plan.~~

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

26 (5)(4) ~~"Medical provider" means any healthcare provider, hospital,~~
27 ~~ambulance service, or their heirs or assignees.~~

28 (5) **"Health care provider" means a physician or health care practitioner**
29 **licensed, certified, and registered to perform specified health care services in**

1 accordance with the applicable law and any facility or institution providing
2 health care services, including but not limited to a hospital, licensed inpatient
3 center, ambulatory, surgical or treatment center, skilled nursing facility,
4 inpatient hospice facility, residential treatment center, diagnostic laboratory or
5 imaging center, or rehabilitation or therapeutic health setting.

6 B. In cases where a claimant's medical expenses have been paid, in whole or
7 in part, by a health insurance issuer or Medicare to a contracted medical provider,
8 the claimant's recovery of medical expenses is limited to the amount actually paid
9 to the contracted medical provider by the health insurance issuer or Medicare, and
10 any applicable cost sharing amounts paid or owed by the claimant, and not the
11 amount billed. The court shall award to the claimant forty percent of the difference
12 between the amount billed and the amount actually paid to the contracted medical
13 provider by a health insurance issuer or Medicare in consideration of the claimant's
14 cost of procurement, provided that this amount shall be reduced if the defendant
15 proves that the recovery of the cost of procurement would make the award
16 unreasonable. The determination of this award shall be made only in accordance with
17 the provisions of Subsection F of this Section.

18 C. In cases where a claimant's medical expenses have been paid, in whole or
19 in part, by Medicaid to a medical provider, the claimant's recovery of medical
20 expenses actually paid by Medicaid is limited to the amount actually paid to the
21 medical provider by Medicaid, and any applicable cost sharing amounts paid or
22 owed by the claimant, and not the amount billed.

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

29 ~~E.~~C. In cases where a claimant's medical expenses are paid pursuant to the

1 Louisiana Workers' Compensation Law as provided in R.S. 23:1020.1 et seq., a
2 claimant's recovery of medical expenses is limited to the amount paid under the
3 medical payment fee schedule of the Louisiana Workers' Compensation Law.

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

11 **Except as provided in Subsections B and C of this Section, any party may**
12 **introduce evidence of the amount billed and the amount paid to establish the**
13 **basis for, and reasonableness of, an award for medical expenses. Any agreement**
14 **between a health care provider and a third party responsible for the payment,**
15 **financing or collection of medical expenses shall be admissible as evidence. The**
16 **trier of fact shall make a determination of the amount of medical expenses to**
17 **award, if any, after all evidence has been presented.**

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

20 Section 2. The provisions of this Act shall have prospective application only and
21 shall not apply to causes of action filed prior to the effective date of this Act.

22 Section 3. 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 231 Original 2025 Regular Session Reese

Present law (R.S. 9:2800.27) provides that certain medical expenses are recoverable and provides limitation on admissibility of evidence related to recoverable past 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" and "cost of procurement" from present law.

Proposed law provides that "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 insurer, the Office of Group Benefits, Medicare, Medicaid, Louisiana Workers' Compensation Law or equivalent state health plans.

Proposed law provides that "health care provider" means a physician or other health care practitioner licensed, certified, and registered to perform specified health care services in accordance with the applicable law and any facility or institution providing health care services, including but not limited to a hospital, licensed inpatient center, ambulatory, surgical or treatment center, skilled nursing facility, inpatient hospice facility, residential treatment center, diagnostic laboratory or imaging center, or rehabilitation or therapeutic health setting.

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 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 only in accordance with the provisions of present law.

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, and not the amount billed.

Proposed law retains present law.

Present law provides that the recovery of past medical expenses other than those provided by present law 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 provides that the determination of the award shall be made only in accordance with present law.

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 present 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 the limitations of recoverable past medical expenses provided by present law. 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 a claimant's medical expenses, shall not be disclosed to the jury, but 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, any party may introduce evidence of the amount billed and the amount paid to establish the basis for, and reasonableness of, an award for medical expenses. Further provides that any agreement between a health care provider and a third party responsible for the payment, financing or collection of medical expenses shall be admissible as evidence.

Proposed law provides that the trier of fact shall make a determination of the amount of medical expenses to award, if any, after consideration of all evidence presented.

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

Proposed law retains present law and provides that proposed law shall not apply in 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.

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