
DIGEST

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HB 819 Reengrossed

2026 Regular Session

Crews

Abstract: Revises the workers' compensation medical treatment schedule to provide for the inclusion of the Official Disability Guidelines (ODG) by MCG.

Present law defines certain terms.

Proposed law revises the definition of "schedule" to instead provide that "schedule" means the medical treatment schedule to be developed by the council and promulgated by the office and the assistant secretary or the Official Disability Guidelines (ODG) by MCG, which are evidence-based, medical treatment that is delivered and consistent with either the schedule promulgated by the office and the assistant secretary or a scheduled utilizing ODG.

Proposed law requires the schedule to be tacitly approved and not subject to prior authorization by the employer.

Present law requires the assistant secretary, through the office of workers' compensation administration (OWCA), to promulgate rules in accordance with present law (R.S. 49:950 et seq.) to establish a medical treatment schedule.

Present law requires the rules to be promulgated by a certain date.

Present law requires that the medical treatment schedule to meet the criteria established in present law and be organized in an interdisciplinary manner by particular regions of the body and organ systems.

Proposed law require the employer to pay any invoice of the medical provider that is consistent with the schedule, net 30 days of the invoice.

Proposed law allows the employer to challenge the delivery of care consistent with the schedule. Proposed law requires the employer to prove, by clear and convincing evidence, that the care was not medically necessary.

Present law provides that with regard to all treatment not covered by the medical treatment schedule promulgated in accordance with present law (R.S. 49:950 et seq.), all medical care, services, and treatment shall be in accordance with present law (R.S. 23:1203.1(D)).

Proposed law instead provides that with regard to all treatment not covered in the ODG, all medical

care, services, and treatment shall do all of the following:

- (1) Rely on specified, comprehensive, and ongoing systematic medical literature review.
- (2) Contain published criteria for rating studies and for determining the overall strength of the medical evidence, including the size of the sample, whether the authors and researchers had any financial interest in the product or service being studied, the design of the study, and identification of any bias, and the statistical significance of the study.
- (3) Be the current and most recent version produced, which shall mean the documented evidence can be produced or verified that the guideline was developed, reviewed, or revised within the previous five years.
- (4) Be interdisciplinary and address the frequency, duration, intensity, and appropriateness of treatment procedures and modalities for all disciplines commonly performing treatment of employment-related injuries and diseases.
- (5) Be, by statute or rule, adopted by any other state regarding medical treatment for workers' compensation injuries, diseases, or conditions.

Present law provides that all treatment not specified in the medical treatment schedule and not found in present law (R.S. 23:1203.1(D)) shall be due by the employer when it is demonstrated to the medical director, in accordance with present law (R.S. 23:1203.1(C)), that a preponderance of the scientific medical evidence supports approval of the treatment that is not covered.

Proposed law repeals present law.

Present law requires the schedule to be developed by the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients, integrating clinical expertise, which is the proficiency and judgment that clinicians acquire through clinical experience and clinical practice, with the best available external clinical evidence from systematic research.

Present law requires the medical treatment schedule to be based on guidelines that shall meet all of the following criteria:

- (1) Rely on specified, comprehensive, and ongoing systematic medical literature review.
- (2) Contain published criteria for rating studies and for determining the overall strength of the medical evidence, including the size of the sample, whether the authors and researchers had any financial interest in the product or service being studied, the design of the study, identification of any bias, and the statistical significance of the study.
- (3) Are current and the most recent version produced, which shall mean that documented evidence can be produced or verified that the guideline was developed, reviewed, or revised within the previous five years.

- (4) Are interdisciplinary and address the frequency, duration, intensity, and appropriateness of treatment procedures and modalities for all disciplines commonly performing treatment of employment-related injuries and diseases.
- (5) Are, by statute or rule, adopted by any other state regarding medical treatment for workers' compensation injuries, diseases, or conditions.

Present law requires the medical advisory council to develop guidelines in accordance with present law and allows the council to amend the schedule in accordance with present law before submission to the assistant secretary for initial and subsequent formal adoption and promulgation.

Present law requires the assistant secretary to appoint a medical advisory council, which shall be selected in accordance with the following:

- (1) The professional association in La. that represents each discipline enumerated in present law shall provide the assistant secretary with the names of three nominees, from which at least one representative shall be chosen to represent his respective discipline on the council.
- (2) The assistant secretary shall select at least one representative from certain medical disciplines or associations.
- (3) The assistant secretary may consider and appoint additional representatives in order to fulfill his duties as defined in present law.
- (4) The initial members of the medical advisory council shall serve until a date specified in present law, and all subsequent members shall serve two-year terms beginning on Aug. 15th of each odd-numbered year.
- (5) The assistant secretary shall have the authority to contract with a medical director and with consultants to assist the assistant secretary and the medical advisory council in the establishment and promulgation of the schedule.

Present law provides the responsibilities of the medical advisory council.

Present law provides that the assistant secretary, with the assistance of the medical advisory council, is authorized to review and update the medical treatment schedule at least once every two years. Present law further provides that any updates shall be made by rule promulgation.

Present law provides that after the promulgation of the medical treatment schedule, medical care, services, and treatment due, pursuant to present law (R.S. 23:1203 et seq.) by the employer to the employee shall mean care, services, and treatment in accordance with the medical treatment schedule.

Present law provides that medical care, services, and treatment that vary from the promulgated medical treatment schedule shall also be due by the employer when it is demonstrated to the medical

director by a preponderance of the scientific medical evidence that a variance from the medical treatment schedule is reasonably required to cure or relieve the injured worker from the effects of the injury or occupational disease, given the circumstances.

Present law provides that no member of the medical advisory council, who is acting within the scope of his official functions and duties, shall be held individually liable for a policy recommendation or policy action by the council, unless damage or injury is caused by the member's willful or wanton misconduct.

Present law provides a person immune from liability under the provisions of present law (R.S. 23:1203.1(O)(1)) shall not be subject to civil or administrative subpoena for his recommendations or exercise of judgment as a member of the council, including a subpoena seeking his oral or written testimony at trial, discovery, or other proceeding, and a subpoena duces tecum seeking documents, inspections, things or information in electronic or any other form.

Proposed law repeals present law.

Proposed law provides that if, after two years from the enactment of proposed law, there is not a reduction of the average costs of medical care, services, and treatment under the updated medical treatment schedule as provided for in proposed law, the medical reimbursement schedule shall be developed by the medical advisory council and promulgated by the OWCA and the assistant secretary of the OWCA.

Proposed law requires the assistant secretary of OWCA to promulgate any necessary rules to establish the medical treatment schedule.

(Amends R.S. 23:1203.1(A)(intro. para.) and (6), (B), and (M); Repeals R.S. 23:1203.1(C)-(I) and (O))

Summary of Amendments Adopted by House

The Committee Amendments Proposed by House Committee on Labor and Industrial Relations to the original bill:

1. Revise the definition of "schedule".
2. Require the employer to pay any invoice of the medical provider that is consistent with the schedule, net thirty days of the invoice.
3. Allow the employer to challenge the delivery of care consistent with the schedule.
4. Require the employer to show by clear and convincing evidence that the care was not medically necessary.
5. Provide that if there is not a reduction of certain costs under the updated medical treatment schedule as provided for in proposed law then, after two years from the enactment of proposed law, the medical treatment schedule shall be developed by the medical advisory council and promulgated by the office of workers' compensation administration and its assistant secretary.
6. Make title and technical changes.

The House Floor Amendments to the engrossed bill:

1. Make title changes.