

CONFERENCE COMMITTEE REPORT

SB 408

2026 Regular Session

Myers

May 28, 2026

To the Honorable President and Members of the Senate and to the Honorable Speaker and Members of the House of Representatives.

Ladies and Gentlemen:

We, the conferees appointed to confer over the disagreement between the two houses concerning Senate Bill No. 408 by Senator Myers, recommend the following concerning the Re-Reengrossed bill:

1. That all House Committee Amendments proposed by the House Committee on Labor and Industrial Relations on May 13, 2026, and adopted by the House of Representatives on May 18, 2026, be rejected.
2. That the following amendments to the re-reengrossed bill be adopted:

AMENDMENT NO. 1

On page 1, delete lines 2 through 11 and insert:

"To amend and reenact the introductory paragraph of R.S. 23:1021, 1034.2(C) and (F), 1201(E) and the introductory paragraph of (F) and (F)(2), 1201.1(A), (B), (D), (E), (G) through (I), (J)(2) through (4), the introductory paragraph of (K)(1) and (K)(2) through (5), 1203(B), 1203.1(J)(1), and 1203.2 and R.S. 44:4.1(B)(12) and to enact R.S. 23:1021(14) and Subpart K of Part 1 of Chapter 10 of Title 23 of the Louisiana Revised Statutes of 1950, to be comprised of R.S. 23:1200.18.1 through 23:1200.18.9, relative to workers' compensation; to establish an All Workers' Compensation Medical Bill Database; to provide for duties of Louisiana Works, office of workers' compensation administration; to provide for mandatory reporting of medical and pharmacy claims data; to provide for rulemaking; to provide for confidentiality and data protections; to provide for public records exceptions; to provide definitions; to provide for the controversion of compensation and medical benefits; to require certain notice and delivery requirements; to provide for preliminary determination hearings; to provide for penalties; to provide for effectiveness; and to provide for related matters.

AMENDMENT NO. 2

On page 1, delete lines 13 through 15 and insert:

"Section 1. The introductory paragraph of R.S. 23:1021, 1034.2(C) and (F), 1201(E) and the introductory paragraph of (F) and (F)(2), 1203(B), and 1203.1(J)(1) are hereby amended and reenacted and R.S. 23:1021(14) are hereby enacted to read as follows:"

AMENDMENT NO. 3

On page 2, line 1, after "terms" delete the remainder of the line and insert:

"have the meanings ascribed to them:"

AMENDMENT NO. 4

On page 2, delete lines 3 through 5

AMENDMENT NO. 5

On page 2, line 6, change "**(15)**" to "**(14)**"

AMENDMENT NO. 6

On page 2, line 8, change "under" to "pursuant to"

AMENDMENT NO. 7

On page 2, delete lines 12 through 29

AMENDMENT NO. 8

Delete page 3

AMENDMENT NO. 9

On page 4, delete lines 1 through 21, and insert:

"C.(1) The reimbursement schedule shall include charges limited to the mean of the usual and customary charges for such care, services, treatment, drugs, and supplies. ~~Any necessary adjustments to the reimbursement schedule adopted and established in accordance with the provisions of this Section may be made annually.~~ **Reimbursement for an implant shall be the total of the original manufacturer's invoice or the authorized distributor's invoice amount paid plus twenty percent. For the purposes of this Subsection, "implant" means plastic and metallic implants or nonautogenous graft materials.**"

AMENDMENT NO. 10

On page 6, at the end of line 4, insert the following:

"The decision of the office of workers' compensation administration's medical services section shall be final."

AMENDMENT NO. 11

On page 6, line 5, change "the issuance of a" to "written notice of the"

AMENDMENT NO. 12

On page 6, delete lines 7 through 29, and insert:

"the decision within thirty days of its receipt by certified mail. The appeal shall be to the judicial district court of proper venue as provided in the Code of Civil Procedure."

AMENDMENT NO. 13

On page 7, delete lines 1 through 10

AMENDMENT NO. 14

On page 7, line 11, change "(4)" to "(3)"

AMENDMENT NO. 15

On page 7, line 14, change "(5)" to "(4)"

AMENDMENT NO. 16

On page 7, line 16, delete "health care" and insert "healthcare"

AMENDMENT NO. 17

On page 7, line 18, after "**payor**," delete the remainder of the line and insert:

"~~then~~ either the ~~health-care~~ **healthcare** provider or the"

AMENDMENT NO. 18

On page 7, line 19, delete "such" and delete "health"

AMENDMENT NO. 19

On page 7, line 20, delete "care" and insert "**healthcare**"

AMENDMENT NO. 20

On page 7, line 24, change "**(6)**" to "**(5)**"

AMENDMENT NO. 21

On page 7, line 26, change "**under**" to "**in**"

AMENDMENT NO. 22

On page 8, line 9, delete "under" and insert "**pursuant to**"

AMENDMENT NO. 23

On page 8, delete lines 12 through 23 and insert:

"(2) Failure to pay medical benefits as required by this Subsection shall be subject to fines and interest pursuant to R.S. 23:1034.2(F).

F. Except as otherwise provided in this Chapter, failure to provide payment in accordance with this Section or failure to consent to the employee's request to select a treating physician or change physicians when such consent is required by R.S. 23:1121 shall result in the assessment of a penalty in an amount up to the greater of twelve percent of any unpaid compensation or medical benefits, or fifty dollars per calendar day for each day in which any and all compensation or medical benefits remain unpaid or such consent is withheld, together with reasonable attorney fees for each disputed claim; however, the fifty dollars per calendar day penalty shall not exceed a maximum of two thousand dollars in the aggregate for any claim. The maximum amount of penalties which may be imposed at a hearing on the merits regardless of the number of penalties which might be imposed **under pursuant to** this Section is eight thousand dollars. An award of penalties and attorney fees at any hearing on the merits shall be res judicata as to any and all claims for which penalties may be imposed **under pursuant to** this Section which precedes the date of the hearing. Penalties shall be assessed in the following manner:

* * *

(2) This Subsection shall not apply if the claim is reasonably controverted or if such nonpayment results from conditions over which the employer or insurer had no control."

AMENDMENT NO. 24

On page 9, line 15, after "**chiropractic**" delete the remainder of the line and insert:

"treatment of twelve office visits or less, or physical therapy of twelve office visits"

AMENDMENT NO. 25

On page 9, line 16, delete "days" and after "payor" insert a comma ","

AMENDMENT NO. 26

On page 9, line 24, after "procedure" insert a comma ","

AMENDMENT NO. 27

On page 10, between lines 7 and 8 insert the following:

"Section 2. R.S. 23:1201.1(A), (B), (D), (E), (G) through (I), (J)(2) through (4), the introductory paragraph of (K)(1) and (K)(2) through (5) are hereby amended and reenacted to read as follows:

§1201.1. Controversion of compensation and medical benefits

A. ~~Upon the first payment of compensation or upon any modification, suspension, termination, or controversion of compensation or medical benefits for any reason, including but not limited to issues of medical causation, compensability of the claim, or issues arising out of R.S. 23:1121, 1124, 1208, and 1226, the employer or payor who has been notified of the claim, shall do all of the following:~~

(1) Prepare a "Notice of **Payment, Modification, Suspension, Termination, or Controversion of Compensation and/or or Medical Benefits**" **on a LWC-WC 1002 form or such other form as may be promulgated by the assistant secretary pursuant to the Administrative Procedure Act.**

(2) Send the notice ~~of the initial indemnity payment required by Paragraph (1) of this Subsection~~ to the injured employee ~~on the same day as~~ **no later than three business days after** the first payment of compensation is made by the payor after the payor has received notice of the claim from the employer.

(3) Send a copy of the notice ~~of the initial payment of indemnity required by Paragraph (1) of this Subsection~~ to the office ~~within ten days from the~~ **on the same** date the original notice was sent to the injured employee ~~or by facsimile to the injured employee's representative.~~

(4) Send the "Notice of Payment, Modification, Suspension, Termination, or Controversion of Compensation and/or Medical Benefits" to the injured employee by certified mail, to the address at which the employee is receiving payments of compensation, on or before the effective date of a modification, suspension, termination, or controversion.

B. ~~The form of the "Notice of Payment, Modification, Suspension, Termination, or Controversion of Compensation and/or Medical Benefits" shall be promulgated by the office~~ **Upon any modification, suspension, termination, or controversion of compensation or medical benefits for any reason, including but not limited to issues of medical causation, compensability of the claim, or issues arising out of R.S. 23:1121, 1124, 1208, or 1226, the employer or payor shall do all of the following:**

(1) Prepare a "Notice of **Payment, Modification, Suspension, Termination, or Controversion of Compensation or Medical Benefits**" **on a LWC-WC 1002 form or such other form as may be promulgated by the assistant secretary pursuant to the Administrative Procedure Act.**

(2) Send the notice **required by Paragraph (1) of this Subsection to the injured employee within three business days after the effective date of the modification, suspension, termination, or controversion.**

(3) Send a copy of the notice **required by Paragraph (1) of this Subsection to the office on the same date the original notice was sent to the employee.**

* * *

D.(1) Any notice required to be sent to the injured employee pursuant to this Section shall be sent by certified mail or commercial carrier to the address at which the employee is receiving payment of indemnity benefits, by

electronic mail to the employee's electronic mail address on file with the employer or payor or by hand delivery to the employee.

(2) For purposes of receiving notice required by this Section, the employee shall provide a mailing address and may also provide an electronic mail address upon request from the employer or payor.

(3) If the injured employee is represented by an attorney, the notice shall also be provided sent to the employee's representative attorney by facsimile, certified mail, commercial carrier, electronic mail, or hand delivery. Proof that the notice was sent to the employee's representative ~~by facsimile~~ as required by this Paragraph shall be prima facie evidence of compliance with ~~Subsection A~~ of this Section.

E. The provisions of this Section shall not apply to questions of medical necessity as provided by R.S. 23:1203.1, or disputes concerning the amount of reimbursement pursuant to R.S. 23:1034.2.

* * *

G.(1) If the employer or the payor provides the benefit that the employee claims is due, including any arrearage, on the returned form or letter of amicable demand within ~~seven ten~~ business days of receipt of the employee's demand, the employer or payor shall not be subject to any claim for any penalties or attorney fees arising from the disputed payment, modification, suspension, termination, or controversion.

(2) If the employer or payor does not provide the benefit that the employee claims is due, the employee may file a disputed claim for benefit provided it is filed within the prescriptive period established under R.S. 23:1209. If the prescription date of the claim occurs within the ~~seven-day~~ ten-day waiting period, the employee will be allowed to file a disputed claim without waiting the ~~seven ten~~ business days as provided in Paragraph (1) of this Subsection. However, the employer or payor shall still be allowed ~~seven ten~~ business days to provide the benefit that the employee claims is due, and if the employer does provide the benefit, the disputed claim will be moot regarding the issues arising out of the payment, suspension, modification, termination, or controversion of benefits. All other issues alleged in the disputed claim will be unaffected by the payment.

H. The employer or the payor who wishes to have a preliminary determination hearing shall request the hearing in his answer to the disputed claim arising from the notice of initial payment or any subsequent modification, suspension, termination, or notice of controversion. In cases where a disputed claim is already pending when an issue arises from a subsequent notice of payment, modification, suspension, termination, or controversion of benefits, such request shall be made in an amended pleading filed within ~~fifteen~~ ten business days of the expiration of the ~~seven-day~~ ten-day period set forth in Paragraph (G)(1) of this Section.

I.(1) An Preliminary determinations as provided for in this Section are favored under the law and an employer or payor who has ~~not~~ complied with the requirements set forth in either Subsection A ~~through E~~ of this Section ~~or has not initially accepted the claim as compensable, subject to further investigation and subsequent controversion~~ or Subsection B of this Section, and who has provided notice as required by Subsection D of this Section, shall ~~not~~ be entitled to a preliminary determination. An employer or payor who is not entitled to a preliminary determination or who is so entitled but fails to request a preliminary determination may be subject to penalties and attorney fees pursuant to R.S. 23:1201 at a trial on the merits or hearing held pursuant to Paragraph (K)(8) of this Section.

(2) If disputed by the parties, upon a rule to show cause held prior to the preliminary determination or any hearing held pursuant to this Section, the workers' compensation judge shall determine whether the employer is in compliance An employee who objects to a request for a preliminary determination shall file a notice of objection to the request within twenty-one business days of receiving the documentation required to be produced by the employer or payor pursuant to Paragraph (J)(4) of this Section. The notice of objection shall be considered by the workers' compensation judge by a rule to show cause prior to any preliminary determination hearing. Failure to file the notice of objection within

the prescribed time period shall be deemed a waiver of any objection to the preliminary determination hearing. The assistant secretary shall promulgate a standard notice of objection form in accordance with the Administrative Procedure Act.

J. * * *

(2) The testimony of physicians may be introduced by certified records or deposition. The parties may agree to allow uncertified medical records and physician reports to be introduced into evidence. Witnesses may testify at the hearing or, if agreed on by the parties, may offer testimony by introduction of a deposition.

(3) The preliminary determination hearing shall be held no later than ninety days from the scheduling conference. However, upon a showing of good cause, one extension of an additional thirty days is permitted upon approval by the workers' compensation judge. The workers' compensation judge shall issue a preliminary determination no later than ~~thirty~~ **fifteen** days after the hearing.

(4) Any employer or payor requesting a preliminary determination hearing shall produce all documentation relied on by the employer or payor in calculating, modifying, suspending, terminating, or controverting the employee's benefits. These documents shall be disclosed to the employee or the employee's representative within ten **business** days of the request for the preliminary determination hearing.

K.(1) The employer or payor shall, within ten ~~calendar~~ **business** days of the mailing of the **preliminary** determination from the workers' compensation judge, do either of the following:

* * *

(2) Any employer or payor who accepts and complies with the workers' compensation judge's determination within ten ~~calendar~~ **business** days, shall not be subject to any penalty or attorney fees arising out of the original notice which was the subject of the preliminary hearing.

(3) Any employer or payor who accepts and complies with the workers' compensation judge's determination, but who disagrees with such preliminary determination, shall notify the court within ten **business** days of receipt of the preliminary determination of his desire to proceed to a trial on the merits of the matters that were the subject of the preliminary hearing.

(4) Any employer or payor who does not accept the workers' compensation judge's determination or fails to comply with the determination within ten ~~calendar~~ **business** days, may, at the trial on the merits, be subject to penalties and attorney fees pursuant to R.S. 23:1201, arising out of the issues raised in the original notice of payment, modification, suspension, termination, or controversion of benefits, which was the subject of the preliminary hearing.

(5) Any injured employee who disagrees with the preliminary determination shall notify the court within ten **business** days of the receipt of such preliminary determination of his desire to proceed to a trial on the merits of the matters that were the subject of the preliminary hearing. If the employer or payor has accepted and complied with the preliminary hearing determination, the employer or payor shall also be entitled to litigate all issues including those issues presented at the preliminary determination hearing.

* * *"

AMENDMENT NO. 28

On page 10, line 8, change "Section 2." to "Section 3."

AMENDMENT NO. 29

On page 10, delete line 10 and insert:

"23:1200.18.1 through 1200.18.9, is hereby enacted to read as follows:"

AMENDMENT NO. 30

On page 10, line 12, change "CLAIMS" to "BILL"

AMENDMENT NO. 31

On page 10, line 13, change "§1200.18." to "§1200.18.1."

AMENDMENT NO. 32

On page 10, line 15, change "Claims" to "Bill"

AMENDMENT NO. 33

On page 10, line 16, change "§1200.19" to "§1200.18.2"

AMENDMENT NO. 34

On page 10, line 18, after "terms" delete the remainder of the line and insert:

"have the meanings ascribed to them:"

AMENDMENT NO. 35

On page 10, line 19, change "Claims" to "Bill"

AMENDMENT NO. 36

On page 10, line 25, change "§1200.20" to "§1200.18.3"

AMENDMENT NO. 37

On page 10, line 28, change "Claims" to "Bill"

AMENDMENT NO. 38

On page 11, line 2, after "to" insert "**do all of the following**"

AMENDMENT NO. 39

On page 11, delete line 11 and insert:

"for purposes of creation, operation, and maintenance of the database."

AMENDMENT NO. 40

On page 11, line 12, delete "Compensation Medical Claims Database."

AMENDMENT NO. 41

On page 11, between lines 14 and 15, insert:

"D.(1) The office may retain, at its expense, a qualified and independent provider-based claims administrator or claims examiner with demonstrated expertise in Louisiana claims administration, reimbursement methodologies, and payor payment data analysis. The administrator or examiner shall collect, analyze, and report professional and technical claims charge and payment data for actuarial review and system oversight purposes. The submitted data shall be utilized to develop evidence-based fee schedule recommendations to the office and to identify system imbalances, including:

- (a) Outlier provider claims patterns.**
- (b) Unpaid claims.**
- (c) Underpaid claims.**
- (d) Untimely paid claims.**

(e) Revenue cycle management aging metrics by payor and by claim service line.

(2) The office shall utilize the data to promote transparency, accountability, and evidence-based operational practices within the healthcare claims payment system. The office may evaluate provider claims activity and payor revenue cycle management behavioral algorithms to identify inefficiencies, improve digital and electronic claims processing work-flows, and enhance administrative efficiency throughout the system.

(3) All data collected and maintained pursuant to this Section shall remain confidential and shall be protected in accordance with applicable state and federal privacy and data security laws. The office shall establish safeguards necessary to preserve data integrity, prevent unauthorized disclosure, and ensure compliance with all applicable confidentiality requirements.

(4) The office may further utilize RCM data and actuarial findings to determine whether penalties, corrective actions, or other enforcement measures should be assessed against providers for improper billing practices or against payors for improper payment practices, including patterns of delayed, denied, or inaccurate reimbursement."

AMENDMENT NO. 42

On page 11, line 15, change "§1200.21" to "§1200.18.4"

AMENDMENT NO. 43

On page 11, line 19, change "under Louisiana" to "pursuant to state"

AMENDMENT NO. 44

On page 11, line 22, after "include" insert "all of the following"

AMENDMENT NO. 45

On page 12, line 8, change "§1200.22" to "§1200.18.5"

AMENDMENT NO. 46

On page 12, line 12, after "to" insert "all of the following"

AMENDMENT NO. 47

On page 12, line 18, change "§1200.23" to "§1200.18.6"

AMENDMENT NO. 48

On page 12, line 20, change "All Workers' Compensation Medical Claims Database" to "database"

AMENDMENT NO. 49

On page 12, delete line 21 and insert:

"confidential and privileged and shall not be public record and subject"

AMENDMENT NO. 50

On page 13, line 1, change "§1200.24" to "§1200.18.7"

AMENDMENT NO. 51

On page 13, line 3, after "**for**" insert "**any of the following reasons**"

AMENDMENT NO. 52

On page 13, line 11, change "**§1200.25**" to "**§1200.18.8**"

AMENDMENT NO. 53

On page 13, line 26, change "**§1200.26**" to "**§1200.18.9**"

AMENDMENT NO. 54

On page 13, line 27, change "**any**" to "**a**" and change "**All Workers**" to "**database**"

AMENDMENT NO. 55

On page 13, line 28, delete "**Compensation Medical Claims Database**"

AMENDMENT NO. 56

On page 15, line 19, after "**shall**" delete the remainder of the line and insert:

"contain, at a minimum, all of the following"

AMENDMENT NO. 57

On page 16, line 2, after "**to**" insert "**all of**"

AMENDMENT NO. 58

On page 17, line 3, change "**under**" to "**pursuant to**"

AMENDMENT NO. 59

On page 17, line 6, after "**but**" delete the remainder of the line and insert:

"not be limited to any of the following:"

AMENDMENT NO. 60

On page 17, line 12, change "**All Workers' Compensation Medical Claims Database**" to "**database**"

AMENDMENT NO. 61

On page 17, line 17, change "Section 3." to "Section 4."

AMENDMENT NO. 62

On page 17, line 26, change "**1200.18**" to "**1200.18.1**"

AMENDMENT NO. 63

On page 17, delete line 29 and insert:

"Section 5. Beginning no later than July 1, 2029, the assistant secretary of the office"

AMENDMENT NO. 64

On page 18, line 4, after "shall" insert "do all of the following"

AMENDMENT NO. 65

On page 18, line 13, after "shall" insert "do all of the following"

AMENDMENT NO. 66

On page 18, delete lines 24 and 25, and insert:

"unless approved by the legislature and signed by the governor."

AMENDMENT NO. 67

On page 18, line 26, delete "the proposal with recommendations."

AMENDMENT NO. 68

On page 19, delete lines 2 through 8, and insert:

"Not later than thirty days prior to the start of the 2029 Regular Session of the Legislature, the assistant secretary shall submit a written report to the legislature. The report shall be submitted for the purpose of assisting the legislature in the development and consideration of future legislation establishing or revising a medical fee schedule or reimbursement methodology for workers' compensation medical services. The report shall include, to the extent practicable and based upon data available to the office, an analysis of medical charges, allowed amounts, paid amounts, reimbursement patterns, utilization, provider access, and other factors relevant to the establishment of a workers' compensation medical fee schedule. The report shall include the following:

(1) A summary of charge, allowed amount, and paid amount data by procedure code, provider type, specialty, place of service, and geographic area.

(2) An analysis of median, average, and percentile-based reimbursement amounts, including the twenty-fifth percentile, seventy-fifth percentile, and ninetieth percentile, where sufficient data exists.

(3) A comparison of workers' compensation reimbursement amounts to Medicare reimbursement amounts, including the percentage of Medicare paid by code, service category, provider type, specialty, and facility setting, where applicable.

(4) An analysis of allowed-to-charge ratios and variations in billed charges, allowed amounts, and paid amounts.

(5) Identification of high-volume and high-cost services, including professional services, hospital outpatient services, ambulatory surgical center services, imaging, physical medicine, pain management, orthopedic services, and other categories determined relevant by the assistant secretary.

(6) An analysis of utilization patterns, including units of service, frequency of services, treatment intensity, and variation by injury type, provider type, specialty, and geographic area, where such information is available.

(7) An analysis of outlier billing, reimbursement, or utilization patterns, including unusual variations, excessive units, upcoding, unbundling, duplicate billing, or other patterns that may affect the reliability of fee schedule development.

(8) An analysis of provider access, including provider participation, appointment availability, geographic access, and any available information regarding delays in care, denial patterns, or treatment disputes.

(9) An analysis of total medical cost by claim or injury episode, including, where available, the relationship between reimbursement, utilization, disability duration, return-to-work outcomes, litigation, and claim closure.

(10) A discussion of potential reimbursement methodologies, including Medicare-based multipliers, percentile-based reimbursement, blended methodologies,

geographic adjustments, service-category adjustments, or other approaches used in workers' compensation medical fee schedules.

(11) Identification of data limitations, assumptions, exclusions, and areas where additional data may be necessary before a medical fee schedule or reimbursement methodology is proposed by legislation.

The report shall be informational only and shall not constitute a rule, regulation, fee schedule, reimbursement schedule, maximum allowable reimbursement amount, or proposed medical fee schedule. Nothing in the report shall authorize the assistant secretary or the office to establish, implement, enforce, or require payment pursuant to a medical fee schedule unless expressly authorized by law.

Section 6. The provisions of Section 1 of this Act shall only become effective upon approval by the legislature of the updated fee schedule as required in Section 5 of this Act.

Section 7. The provisions of R.S. 23:1034.2(F) shall become effective no later than January 1, 2029.

Section 8. The provisions of this Section and Sections 2, 3, 4, 5, 6, and 7 of this Act shall become"

AMENDMENT NO. 69

On page 19, after line 13, insert:

"Section 9. Until the adoption and promulgation of a revised reimbursement schedule by the assistant secretary of the office of workers' compensation administration pursuant to R.S. 23:1034.2 and the Administrative Procedure Act, the current reimbursement fee schedule and all rules, regulations, manuals, and reimbursement methodologies in effect prior to the effective date of this Act shall continue to govern reimbursement for medical services rendered under the Louisiana Workers' Compensation Act.

Section 10. If a reimbursement schedule for care, services, treatment, drugs, and supplies has not been adopted and implemented on or before July 1, 2029, the assistant secretary shall, in accordance with the Administrative Procedure Act, promulgate all rules and regulations necessary to establish, implement, administer, and enforce a reimbursement schedule for such care, services, treatment, drugs, and supplies. The reimbursement schedule shall be based upon usual and customary charges derived from the All Workers' Compensation Medical Bill Database.

Section 11. If any provision or item of this Act, or the application thereof, is held invalid, such invalidity shall not affect other provisions, items, or applications of the Act which can be given effect without the invalid provision, item, or application and to this end the provisions of this Act are hereby declared severable."

Respectfully submitted,

Senators:

Representatives:

Senator Brach Myers

Representative Brian Glorioso

Senator Thomas Pressly

Representative Raymond J. Crews

Senator Jay Luneau

Representative Dennis Bamburg Jr.

The legislative 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)]

CONFERENCE COMMITTEE REPORT DIGEST

SB 408

2026 Regular Session

Myers

Keyword and summary of the bill as proposed by the Conference Committee

WORKERS' COMPENSATION. Provides relative to the workers' compensation reimbursement schedule. (See Act)

Report rejects House amendments which would have:

1. Required that the decision of the office of workers' compensation administration's medical services section would be final if a dispute arose between the healthcare provider and the employee, employer, or workers' compensation payor regarding billing, payment, explanation of benefits, reconsideration or the appropriate amount owed.
2. Allowed the nonprevailing party to appeal the decision of the workers' compensation administration's medical services section to the judicial district court of proper venue.
3. Required preliminary determinations for employers even if they have not complied with statutory criteria.
4. Defined "maximum medical improvement".
5. Required the assistant secretary to order an additional medical opinion regarding an examination of the employee be made by a medical practitioner selected and appointed by the assistant secretary if any dispute arises as to the condition of the employee including the cause of the condition, or whether the employee is at maximum medical improvement.
6. Required that an award of temporary total disability cease when the physical condition of the employee has resolved itself to the point of maximum medical improvement.
7. Authorized an employee who has exhausted eligibility for temporary total disability benefits to access supplemental earnings benefits not to exceed 416 weeks.

Report amends the bill to:

1. Require that the decision of the office of workers' compensation administration's medical services section be final if a dispute arose between the healthcare provider and the employee, employer, or workers' compensation payor regarding billing, payment, explanation of benefits, reconsideration or the appropriate amount owed.
2. Require the workers' compensation administration's medical services section to issue written notice of the decision, and authorizes the nonprevailing party to appeal the decision within 30 days of its receipt by certified mail to the judicial district court of proper venue as provided by present law.
3. Provide that the payor or insurers failure to pay medical benefits within 30 days of receiving an electronic medical bill as required by present law will result in fines and interest pursuant to present law.
4. Provide that any request for authorization of office visits, diagnostic testing, chiropractic treatment of 12 office visits or less, or physical therapy of 12 office visits

or less is considered authorized and approved by the payor if the request has not been specifically denied within five business days.

5. Provide for controversion of compensation and medical benefits.
6. Change the name of the database from "All Workers' Compensation Medical Claims Database" to "All Workers' Compensation Medical Bill Database".
7. Change effective dates.
8. Make technical changes.

Digest of the bill as proposed by the Conference Committee

Present law requires the assistant secretary of the office of workers' compensation administration to create a reimbursement schedule that sets the maximum amount that can be paid to doctors, hospitals, pharmacies, or providers for prescription drugs, medical supplies, hospital care and services, and medical and surgical treatments provided to injured workers.

Present law provides that the schedule will include charges which reflect the mean of the usual and customary charge for medical care, services, treatment, drugs and supplies.

Proposed law repeals present law.

Proposed law requires reimbursement for implants to be the total of the original manufacturer's invoice or the authorized distributor's invoice amount paid plus 20%.

Proposed law defines "database", "medical claim", "payor" and "electronic claim".

Present law provides that the assistant secretary will collect the information and data necessary to calculate the reimbursement schedule. Present law further provides that the information and data will be governed by the following guidelines:

- (1) The assistant secretary will create a written survey detailing the information requested.
- (2) The survey will be managed by the office of workers' compensation administration in conjunction with an academic institution.
- (3) The information requested must be based upon data at least six months old.
- (4) There will be a minimum of 30 healthcare providers reporting data upon which each disseminated statistic is based.
- (5) No individual healthcare provider's data can represent more than 25% on a weighted basis of each statistic.
- (6) Any information disseminated must be sufficiently aggregated such that it will not allow recipients to identify the prices charged or compensation paid by any particular healthcare provider.

Proposed law repeals present law.

Present law provides that disputes between healthcare providers and employees, employers, or insurers may be submitted to the office of workers' compensation in the same manner as established for dispute resolution of claims for workers' compensation benefits.

Present law retains proposed law and adds that if the dispute is regarding billing, payment, explanation of benefits, reconsideration, or the appropriate amount owed for the provision of medical services that have been rendered, the disputing party will submit the dispute for resolution to the office of workers' compensation's administration's medical services section.

Proposed law provides that the nonprevailing party will pay the cost of the review.

Proposed law provides an appeals process.

Proposed law provides that the fee schedule in present law will remain in effect until the legislature adopts the new fee schedule.

Proposed law provides that a request for authorization for certain medical services is deemed authorized if not denied within five business days.

Proposed law requires the assistant secretary to establish and maintain the "All Workers' Compensation Medical Bill Database" (database).

Proposed law provides that the purpose of the database is to:

- (1) Improve transparency in medical reimbursement trends.
- (2) Assist in enforcement and maintenance of an appropriate fee schedule.
- (3) Evaluate medical utilization patterns and outcomes.
- (4) Detect fraud, waste, and abuse.
- (5) Support policy development, rate analysis, and system oversight.

Proposed law requires all workers' compensation payors to submit medical and pharmacy claims data for all workers' compensation claims arising under Louisiana law to the assistant secretary of the office of workers' compensation administration.

Proposed law provides that the medical and pharmacy data must include:

- (1) Date of injury.
- (2) Employer industry classification.
- (3) Provider specialty and identifier.
- (4) CPT, HCPCS, ICD, and NDC codes as applicable.
- (5) Billed charge and allowed amount.
- (6) Paid amount.
- (7) Service dates.
- (8) Utilization review actions.
- (9) Claim status indicators.

Proposed law requires medical and pharmacy data to be submitted quarterly unless otherwise required by provisions of present law that establish, promulgate, and update the reimbursement schedule.

Proposed law provides that the information collected and maintained in the database will be confidential and privileged. Proposed law also provides criminal penalties for unauthorized disclosure.

Proposed law allows the assistant secretary to use the data collected for the database for:

- (1) Monitoring compliance with medical fee schedule regulations.
- (2) Studying medical cost drivers and utilization trends.
- (3) Supporting actuarial review and rate analysis.
- (4) Evaluating the effectiveness of medical treatment guidelines.

- (5) Developing, revising, or modernizing the workers' compensation medical fee schedule.
- (6) Reporting annually to the legislature.

Proposed law provides that payors who fail to submit required information to the database or correct submissions rejected because of errors will receive a notice from the assistant secretary, and an extension of time may be granted for just cause. Proposed law further provides that the assistant secretary may assess a fine that does not exceed \$500 per day for noncompliance.

Present law provides that the assistant secretary will adopt rules and regulations regarding an electronic system of submission, processing, and payment of workers' compensation-related medical bills.

Present law provides that insurance carriers will accept medical bills electronically submitted by healthcare providers and electronic payment of such bills, and healthcare providers will accept payment of medical claims submitted electronically by insurance carriers.

Proposed law provides that beginning July 1, 2027, claims for medical services rendered will be submitted to a workers' compensation payor in electronic format.

Proposed law requires the assistant secretary to develop and implement a Workers' Compensation Medical Quality and Outcomes Program designed to measure, evaluate, and improve the quality of effectiveness of medical care provided to injured employees.

Present law provides a declaration by the legislature that the people should be aware of all of the exceptions, exemptions, and limitations to the public records law and that such exceptions, exemptions, and limitations should be provided only in present law relative to public records or the Constitution of Louisiana. Proposed law further provides that any exceptions, exemptions, and limitations elsewhere in the law will not have effect. Proposed law further recognizes that there currently exists a number of exceptions, exemptions, and limitations located elsewhere in present law.

Proposed law retains present law and adds provisions of proposed law relative to the medical claims database to the list of public records exceptions.

Proposed law provides for reporting to the legislature.

Proposed law provides that certain provisions of proposed law are effective upon signature of the governor or lapse of time for gubernatorial action.

Proposed law further provides for effectiveness of other provisions of proposed law.

(Amends R.S. 23:1021(intro. para.), 1034.2(C), and (F), 1201(E) and (F)(intro. para.) and (F)(2), 1201.1(A), (B), (D), (E), (G) through (I), (J)(2) through (4), (K)(1)(intro. para.) and (K)(2) through (5), 1203(B), 1203.1(J)(1), 1203.2, and R.S. 44:4.1(B)(12); adds R.S. 23:1021(14), and 1200.18.1 - 1200.18.9; repeals R.S. 23:1201(A)(5))