DIGEST

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HB 586 Original

2018 Regular Session

Jimmy Harris

Abstract: Modifies the medical malpractice claims, and provides for alternative to the medical review panel for complaints filed against a healthcare providers or insurers.

<u>Present law</u> provides that the maximum amount recoverable for a claim is \$500,000 plus interest and cost.

<u>Proposed law</u> raises the amount recoverable per claim to \$1,000,000 plus interest and cost and excludes economic damages.

<u>Present law</u> allows a qualified health care provider to be liable for up to \$100,000 in damages plus interest and costs.

<u>Proposed law</u> raises a qualified health care provider's potential liability <u>from</u> \$100,000 plus interest and costs to \$250,000 plus interest and costs.

<u>Proposed law</u> requires a court or fact finder to find a specific amount of future medical expenses and related benefits for a claimant.

<u>Proposed law</u> allows a court, after determining that a total award exceeds the \$1,000,000 cap, to hold excess damages in a trust with the Patient Compensation Fund to be paid in reimbursement to a patient or to his provider for future medical care.

Proposed law defines future medical care and benefits.

<u>Proposed law</u> changes the <u>present law</u> requirement that all medical malpractice claims against health care providers be heard by a medical review panel, and offers a claimant an alternative to initiate a claim through an affidavit by a board certified doctor. The affidavit shall certify that the doctor has reviewed the necessary records and that there was a breach of the standard of care which caused or contributed to the injury or death of a patient.

Proposed law provides a prescriptive period for actions initiated by the affidavit process.

(Amends R.S. 40:1231.2(B)(1) and (2) and (D)(5), 1231.3(A)(1), (2), and (3), and 1231.8(A)(1)(a) and (B)(1)(a)(i); Adds R.S. 40:1231.3(B)(3) and (4); Repeals R.S. 40:1231.3(G) and (H))