SLS 18RS-1233 **ORIGINAL**

2018 Regular Session

SENATE BILL NO. 503

BY SENATOR WARD

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MALPRACTICE. Increases the medical malpractice cap liability from \$500,000 to \$750,000. (8/1/18)

1	AN ACT
2	To amend and reenact R.S. 40:1231.2(B)(1) and (2), 1231.7(J) and the introductory
3	paragraph of 1237.1(F), (2), (3), (6) and (7), and to enact R.S. 40:1231.7(K), relative
4	to medical malpractice; to provide relative to certain limitations of liability; to
5	provide relative to risk management and certain insurance requirements; to provide
6	certain procedures, terms, and conditions; and to provide for related matters.
7	Be it enacted by the Legislature of Louisiana:
8	Section 1. R.S. 40:1231.2(B)(1) and (2), 1231.7(J) and the introductory paragraph
9	of 1237.1(F), (2), (3), (6) and (7) are hereby amended and reenacted and R.S. 40:1231.7(K)
10	is hereby enacted to read as follows:
11	§1231.2. Limitation of recovery
12	* * *
13	B.(1) The total amount recoverable for all malpractice claims for injuries to
14	or death of a patient, exclusive of future medical care and related benefits as
15	provided in R.S. 40:1231.3, shall not exceed five hundred seven hundred fifty
16	thousand dollars plus interest and cost. The total amount recoverable for all

malpractice claims under this Section may increase with inflation.

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1	(2) A health care provider qualified under this Part is not liable for an amount
2	in excess of one hundred fifty thousand dollars plus interest thereon accruing after
3	April 1, 1991, and costs specifically provided for by this Paragraph for all
4	malpractice claims because of injuries to or death of any one patient. The sole cost
5	for which a health care provider qualified under this Part may be assessed by a trial
6	court shall be limited to the cost incurred prior to the rendering of a final judgment
7	against the health care provider, not as a nominal defendant, after a trial on a
8	malpractice claim, including but not limited to; costs assessed pursuant to Code of
9	Civil Procedure Article 970 in any instance where the board was not the offeror or
10	offeree of the proposed settlement amount. The health care provider shall not be
11	assessed costs in any action in which the fund intervenes or the health care provider
12	is a nominal defendant after there has been a settlement between the health care
13	provider and the claimant.
14	* * *
15	§1231.7. Risk management; authority
16	* * *
17	J. The risk manager shall require any private insurer writing medical
18	malpractice insurance in this state to disclose to a health care provider enrolled
19	in the Patient's Compensation Fund that the provider is not obligated to
20	purchase medical malpractice insurance in excess of fifty thousand dollars. The
21	disclosure shall be executed by the health care provider and representative of
22	the private insurer.
23	$\underline{\mathbf{K}}$. The state of Louisiana assumes no liability for medical malpractice
24	insurance policies written by the authority. Every policy issued by the authority shall
25	contain a statement that the authority's liability or the liability of the policy is limited
26	to the authority's reserves.
27	* * *

§1237.1. Definitions and general application

F. Notwithstanding any other provision of the law to the contrary, no judgment shall be rendered and no settlement or compromise shall be entered into for the injury or death of any patient in any action or claim for an alleged act of malpractice in excess of five hundred seven hundred fifty thousand dollars plus interest and costs, exclusive of future medical care and related benefits valued in excess of such five hundred seven hundred fifty thousand dollars. In claims which may include future medical care and related benefits, the following procedures shall apply:

* * *

- (2) If the total amount of the value of the judgment or settlement or compromise is for five hundred seven hundred fifty thousand dollars, plus interest and costs, exclusive of the value of future medical care and related benefits, all future medical care and related benefits shall be paid in accordance herewith.
- (3) If the total amount of recovery, excluding interest and costs but including the amount of future medical care and related benefits does not exceed five hundred seven hundred fifty thousand dollars, judgment may be rendered for the total amount and paid by the state as provided by Subsection I of this Section.

* * *

- (6) If the total amount of recovery awarded against the state, excluding interest and costs but including the amount of future medical care and related benefits, exceeds five hundred seven hundred fifty thousand dollars, the claimant may make a claim to the office of risk management for all future medical care and related benefits.
- (7) Payments for medical care and related benefits shall be paid by the office of risk management pursuant to Subsection L of this Section, without regard to the five hundred seven hundred fifty thousand dollar limitation imposed in this Subsection.

* * *

SB 503 Original

The original instrument and the following digest, which constitutes no part of the legislative instrument, were prepared by Xavier I. Alexander.

DIGEST 2018 Regular Session

Ward

<u>Present law</u> relative to medical malpractice provides that the total amount recoverable for all malpractice claims, exclusive of future medical care and related benefits, shall not exceed \$500,000.

<u>Proposed law provides</u> that the total amount recoverable for all malpractice claims, exclusive of future medical care and related benefits, shall not exceed \$750,000. Further provides that the amount may increase based on inflation.

<u>Present law</u> provides that a health care provider qualified under the Patient's Compensation Fund is not liable for an amount in excess of \$100,000 plus interest and cost.

<u>Proposed law</u> provides that a health care provider qualified under the Patient's Compensation Fund is not liable for an amount in excess of \$50,000 plus interest and cost.

<u>Proposed law</u> further provides that the risk manager shall require any private insurer selling medical malpractice in this state to disclose to the health care provider that the provider enrolled in the Patient's Compensation Fund is not obligated to purchase malpractice insurance in excess of \$50,000.

<u>Present law</u> provides that no judgment or compromise against state services for medical malpractice shall exceed \$500,000.

<u>Present law</u> provides that if the total amount of value of judgment, settlement, or compromise is for \$500,000, exclusive of future medical care and related benefits, all future medical care and benefits shall be paid.

Proposed law changes \$500,000 to \$750,000 and retains remainder of present law.

<u>Present law</u> provides that if total recovery, excluding interest and cost, but including future medical care and related benefits does not exceed \$500,000, judgment may be rendered for the total amount and paid by the state.

<u>Proposed law</u> provides that if total amount of recovery, excluding interest and cost, but including future medical care and related benefits does not exceed \$750,000, judgment may be rendered for the total amount and paid by the state.

<u>Present law</u> provides that if total amount of recovery awarded against the state, excluding interest and cost but including the amount of future medical care and related benefits exceeds \$500,000, the claimant may make a claim with the office of risk management for future medical care.

Proposed law changes \$500,000 to \$750,000 and retains remainder of present law.

<u>Present law</u> provides that payments for medical care shall be paid by the office of risk management without regarding the \$500,000 limitation.

<u>Proposed law</u> changes amount <u>from</u> \$500,000 <u>to</u> \$750,000 and retains remainder of <u>present law</u>.

Effective August 1, 2018.

(Amends R.S. 40:1231.2(B)(1) and (2), 1231.7(J) and 1237.1(F)(intro para), (2), (3), (6) and (7); adds R.S. 40:1231.7(K))