HLS 22RS-880 ORIGINAL

2022 Regular Session

HOUSE BILL NO. 502

1

BY REPRESENTATIVE GAINES

WORKERS COMPENSATION: Provides relative to a payor's failure to authorize an approved medical treatment or testing

AN ACT

2	To amend and reenact R.S. 23:1203.1(K), relative to workers' compensation; to provide for
3	medical treatment or test; to provide for the failure to authorize a medical treatment
4	or test approved by the medical director; to provide for a penalty; to provide for
5	attorney fees; and to provide for related matters.
6	Be it enacted by the Legislature of Louisiana:
7	Section 1. R.S. 23:1203.1(K) is hereby amended and reenacted to read as follows:
8	§1203.1. Definitions; medical treatment schedule; medical advisory council
9	* * *
10	K.(1) After the issuance of the decision by the medical director or associate
11	medical director of the office, any party who disagrees with the decision may then
12	appeal by filing a "Disputed Claim for Compensation", which is LWC Form 1008,
13	within forty-five days of the date of the issuance of the decision. The decision may
14	be overturned when it is shown, by clear and convincing evidence, the decision of
15	the medical director or associate medical director was not in accordance with the
16	provisions of this Section.
17	(2)(a) If after the medical director has approved a treatment or test and no
18	appeal has been filed pursuant to Paragraph (1) of this Subsection, a payor fails to
19	authorize the approved treatment or test, the payor shall be subject to a penalty of

CODING: Words in struck through type are deletions from existing law; words <u>underscored</u> are additions.

fifty dollars for each calendar day the payor remains in violation including
reasonable attorney fees.

(b) The payor shall be subject to the penalty provided for in Subparagraph
(2)(a) of this Subsection beginning sixty days after the medical director's approval.

## **DIGEST**

The digest printed below was prepared by House Legislative Services. It constitutes no part of the legislative instrument. The keyword, one-liner, abstract, 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)]

HB 502 Original

2022 Regular Session

Gaines

**Abstract:** Provides relative to a payor who fails to authorize an approved medical treatment or test by a medical director.

<u>Present law</u> provides that after the medical director or associate medical director issues a decision, any party who disagrees with that decision may appeal by filing a "Disputed Claim for Compensation", which is a LWC Form 1008, within 45 days from the date the decision was issued.

<u>Present law</u> further provides that the decision may be overturned when it is shown, by clear and convincing evidence, that the medical director's or associate medical director's decision was not in accordance with present law.

Proposed law retains present law.

<u>Proposed law</u> provides that if, after the medical director has approved a treatment or test and no appeal has been filed, a payor fails to authorize the approved treatment or test, the payor shall be subject to a penalty of \$50 for each calendar day the payor remains in violation, including reasonable attorney fees.

<u>Proposed law</u> further provides the payor shall be subject to the penalty provided for in <u>proposed law</u> beginning 60 days after the medical director's approval.

(Amends R.S. 23:1203.1(K))