

SECOND REGULAR SESSION

HOUSE BILL NO. 1407

99TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE DEGROOT.

4993H.011

D. ADAM CRUMBLISS, Chief Clerk

AN ACT

To repeal section 490.715, RSMo, and to enact in lieu thereof one new section relating to the collateral source rule.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Section 490.715, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 490.715, to read as follows:

490.715. 1. No evidence of collateral sources, or payments rendered under subsection 2 of this section, shall be admissible other than such evidence provided for in this section.

2. If prior to trial a defendant or his or her insurer or authorized representative, or any combination of them, pays all or any part of a plaintiff's special damages, then any portion of a plaintiff's claims for special damages that are satisfied by a payment from a defendant or the defendant's insurer or authorized representative, or any combination of them, are not recoverable from that defendant.

3. If such payments described in subsection 2 of this section are included in a plaintiff's claim for special damages at trial, the defendant who made the payment, or on whose behalf the payment was made, shall be entitled to deduct and receive a credit for such payments from any judgment as provided for in section 490.710.

4. This section does not require the exclusion of evidence admissible for another proper purpose.

5. (1) Except as provided in subsection 2 of this section, **[parties] any party** may introduce evidence of the actual cost of the medical care or treatment rendered to a plaintiff, or a patient whose care is at issue **in a plaintiff's case**. Actual cost of the medical care or treatment shall be reasonable, necessary, and a proximate result of the negligence or fault of any party.

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

18 (2) For purposes of this subsection, the phrase “actual cost of the medical care or
19 treatment” shall be defined as a sum of money not to exceed the dollar amounts paid by or on
20 behalf of a plaintiff, or a patient whose care is at issue **in a plaintiff’s case**, plus any remaining
21 dollar amount necessary to satisfy the financial obligation for medical care or treatment by a
22 health care provider after adjustment for any contractual discounts, price reduction, or write-off
23 by any person or entity.

24 (3) **No party shall introduce evidence of the amount billed for medical care or**
25 **treatment rendered to a plaintiff or a patient whose care is at issue in a plaintiff’s case if**
26 **the amount billed has been discounted pursuant to any contract, price reduction, or write-**
27 **off by any person or entity, or satisfied by payment of an amount less than the amount**
28 **billed for that medical care or treatment.**

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