# FIRST REGULAR SESSION [PERFECTED]

## **HOUSE BILL NO. 95**

#### 99TH GENERAL ASSEMBLY

#### INTRODUCED BY REPRESENTATIVE MCGAUGH.

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D. ADAM CRUMBLISS, Chief Clerk

### **AN ACT**

To repeal section 490.715, RSMo, and to enact in lieu thereof one new section relating to evidence for the cost of medical care and treatment.

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Section A. Section 490.715, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 490.715, to read as follows: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, [the defendant may introduce evidence that some other person other than the plaintiff has paid those amounts. The evidence shall not identify any person having made such payments] 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 [a defendant introduces evidence] such payments described in subsection 2 of this section[, such introduction shall constitute a waiver of any right to a credit against a judgment pursuant to] 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

HB 95 2

deduct and receive a credit for such payments from any judgment as provided for under section 490.710.

- 4. This section does not require the exclusion of evidence admissible for another proper purpose.
  - 5. (1) [Parties] Except as provided in subsection 2 of this section, any party may introduce evidence of the [value] actual cost of the medical care or treatment rendered [to a party that was] to a plaintiff or a patient whose care is at issue. Actual cost of the medical care or treatment shall be reasonable, necessary, and a proximate result of the negligence or fault of any party.
  - (2) [In determining the value of the] For purposes of this subsection, the phrase "actual cost of the medical care or treatment [rendered, there shall be a rebuttable presumption that the dollar amount necessary to satisfy the financial obligation to the] " shall be defined as a sum of money not to exceed the dollar amounts paid by or on behalf of a plaintiff or a patient whose care is at issue plus any remaining dollar amount necessary to satisfy the financial obligation for medical care or treatment by a health care provider [represents the value of the medical treatment rendered. Upon motion of any party, the court may determine, outside the hearing of the jury, the value of the medical treatment rendered based upon additional evidence, including but not limited to:
- 33 (a) The medical bills incurred by a party;
- 34 (b) The amount actually paid for medical treatment rendered to a party;
- (c) The amount or estimate of the amount of medical bills not paid which such party is obligated to pay to any entity in the event of a recovery.
  - Notwithstanding the foregoing, no evidence of collateral sources shall be made known to the jury in presenting the evidence of the value of the medical treatment rendered after adjustment for any contractual discounts, price reduction, or write-off by any person or entity.
  - (3) No party may introduce evidence of the amount billed for medical care or treatment rendered to a plaintiff or a patient whose care is at issue if the amount billed has been discounted pursuant to any contract, price reduction, or write-off by any person or entity, or satisfied by payment of an amount less than the amount billed for that medical care or treatment.

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