

Bill Snapshot

CS/CS/CS/HB 17: Damages

Tort law provides a way to award compensation to individuals, groups, or businesses for unjust harm caused by others. Over the past several years, courts have allowed tort claim payouts for medical expenses to surpass the actual amount paid. The increase in payouts for medical expenses has strongly influenced the insurance market. CS/CS/CS/HB 17 helps ensure that the amount of medical damages awarded in personal injury or wrongful death cases more accurately reflects the amount that is paid and not the amount that is billed.

In cases where medical bills remain due or payable, the bill requires the jury to consider data from a qualifying independent and objective database as follows:

- If the Plaintiff has government-provided health insurance, such as Medicare or Medicaid, but uses a letter of protection to defer payment for medical services rendered, the database is consulted for the customary rate paid for similar medical services in the area, using the price representing the 50th percentile of the range.
- If the Plaintiff has private health insurance but uses a letter of protection to defer payment for medical services rendered, the database is consulted as to the customary rate paid for similar medical services in the area, using the price representing the 85th percentile of the range.
- If the plaintiff has no health insurance, the database is consulted as to the customary rate charged for similar medical services in the area, using the amount representing the 85th percentile of the range.

To be used as a qualifying independent and objective database under the bill, the database must:

- Be designated by the Commissioner of Insurance Regulation;
- Have reported a range of percentile benchmarks for the preceding 5 years;
 and
- Be unaffiliated with any carrier, provider, or other health care stakeholder.

The bill also provides that whether the plaintiff is a Medicare or Medicaid recipient is inadmissible at trial.

