

Amend Amendment No. 1 by Bonnen to CSSB 30 as follows:

(1) On page 1, strike lines 2-3 and substitute the following appropriately numbered item:

(____) On page 1, strike lines 8-10 and substitute the following:

(6-a) "Medical or health care expenses" means amounts paid or owed or that may be paid or owed to a provider for past health care services, supplies, or devices previously provided to a patient.

(2) On page 1, strike line 7 and substitute the following appropriately numbered item:

(____) On page 4, line 4, strike "ADMISSIBLE EVIDENCE OF" and substitute "EVIDENCE OF MEDICAL OR".

(3) On page 1, line 9, strike "past" and substitute "past medical or".

(4) On page 1, line 19, between "the" and "necessary", insert "medically".

(5) On page 1, strike lines 23-28 and substitute the following appropriately numbered item:

(____) On page 5, strike lines 3-21 and substitute the following:

(A) the 80th percentile of all billed charges for the health care service, supply, or device provided by a provider in the same or similar specialty and provided in the same geozip area, as defined by Section 1467.006, Insurance Code, in the same calendar quarter in which the health care service, supply, or device was provided, as determined from the benchmarking database selected by the commissioner of insurance under that section;

(B) the Medicare allowable amount applicable at the time and place the service, supply, or device was provided if:

(i) the injured individual was covered by Medicare at the time the medical or health care expense was incurred; and

(ii) Medicare did not deny payment for the service, supply, or device;

(C) the maximum allowable reimbursement amount under the medical fee guidelines prescribed by Subtitle A, Title 5, Labor Code, applicable at the time and place the health care

service, supply, or device was provided if:

(i) the injured individual was covered by workers' compensation insurance coverage under that subtitle at the time the medical or health care expense was incurred; and

(ii) the workers' compensation insurance carrier did not deny payment for the service, supply, or device;

(D) the 50th percentile of amounts allowed for the health care service, supply, or device to participating providers in the same or similar specialty in the same geozip area, as defined by Section 1467.006, Insurance Code, in the same calendar quarter in which the service, supply, or device was provided, as determined from the benchmarking database selected by the commissioner of insurance under that section; and

(6) Strike page 2, line 19, through page 3, line 7, and substitute the following appropriately numbered items:

(____) Strike page 6, line 25, through page 8, line 19, and substitute the following:

copies of any medical records for the injured individual related to such health care services.

(b) In an action to which Section 41.015 applies, the court shall admit the following matters into evidence if offered by any party:

(1) medical records showing health care services, supplies, or devices or pharmaceutical products provided to the injured individual to diagnose, alleviate, cure, treat, or heal the injury caused to that individual by the event that is the subject of the action; and

(2) if a provider's medical records, billing statements, or testimony will be presented to the trier of fact in the action, any letter of protection relating to that provider and the injured individual in that specific action.

(____) On page 8, line 20, between "FOR" and "HEALTH", insert "MEDICAL OR".

(7) Add the following appropriately numbered items to the amendment and renumber items of the amendment accordingly:

(____) On page 2, line 3, strike "means" and substitute "has the meaning assigned by Section 74.001 and also includes".

(____) On page 2, line 4, between "medicine" and the underlined semicolon, insert "in another state".

(____) On page 2, strike lines 6-9 and substitute the following:

(B) a professional association, partnership, limited liability partnership, or other type of entity formed, organized, or wholly owned by an individual or group of individuals licensed to practice medicine in another state.

(____) On page 2, line 13, strike "elsewhere" and substitute "in another state".

(____) On page 2, strike line 21 and redesignate subsequent paragraphs of added Section 41.001(15), Civil Practice and Remedies Code, and cross-references to those paragraphs accordingly.

(____) On page 2, line 23, strike "nurse practitioner, and" and substitute "an advanced practice registered nurse, and a".

(____) On page 4, line 2, strike "and 41.017" and substitute "41.017, and 41.018".

(____) On page 4, line 22, between "of" and "amounts", insert "the".

(____) On page 4, line 23, between "device" and the underlined comma, insert "provided to the injured individual".

(____) On page 5, line 22, strike "charges" and substitute "charge".

(____) On page 5, strike lines 24-27 and reletter subsequent subsections of added Section 41.015, Civil Practice and Remedies Code, accordingly.

(____) On page 6, line 11, immediately before "HEALTH", insert "MEDICAL OR".

(____) On page 6, line 24, strike "from the".

(____) On page 8, between lines 23 and 24, insert the following:

Sec. 41.018. PURPOSE AND LEGISLATIVE INTENT FOR PROVISIONS RELATED TO HEALTH CARE EXPENSES. (a) Sections 41.015, 41.016, and 41.017:

(1) are only intended to serve the limited purpose of giving clear and specific guidance to courts and juries on the guidelines to be used in any action to which Section 41.015 applies

when determining economic damages for health care expenses that have actually been paid or incurred; and

(2) do not apply to, are not admissible into evidence in, and may not otherwise be referenced or used for any purpose in any other context, including:

(A) any civil, judicial, or administrative proceeding to which Section 41.015 does not apply; or

(B) an arbitration or mediation subject to Chapter 1467, Insurance Code, or any similar arbitration or mediation.

(b) Sections 41.015, 41.016, and 41.017 are not statements of legislative intent on and may not be construed as:

(1) setting forth appropriate benchmarks, standards, or references for commercial market negotiations, payments, billed charges, or mediations or arbitrations related to health care services; or

(2) commentary on Medicare rates or allowable amounts in any context other than as explicitly provided in relation to economic damages in an action to which Section 41.015 applies, as the inclusion of Medicare allowable amounts in that section is tailored to addressing damage awards.

(c) This section is not admissible into evidence and may not be otherwise referenced or used for any purpose in an action to which Section 41.015 applies.

(d) Notwithstanding any other law, this section controls over any conflicting or simultaneously enacted statement of legislative intent or legislative findings regarding Sections 41.015, 41.016, and 41.017. Any other statement of legislative intent or legislative finding that would otherwise apply to those sections is not admissible into evidence in and may not be otherwise be referenced or used for any purpose in any civil, judicial, or administrative proceeding, including an arbitration or mediation subject to Chapter 1467, Insurance Code, or any similar arbitration or mediation.