

By: Schwertner, et al.  
(Bonnen)

S.B. No. 30

Substitute the following for S.B. No. 30:

By: Leach

C.S.S.B. No. 30

A BILL TO BE ENTITLED

AN ACT

relating to recovery of health care-related damages in certain civil actions.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Section 41.001, Civil Practice and Remedies Code, is amended by adding Subdivisions (6-a), (6-b), (6-c), (6-d), (14), (15), and (16) to read as follows:

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

(6-b) "Health care services" means services provided by a provider to an individual to diagnose, prevent, alleviate, cure, treat, or heal the individual's condition, illness, or injury, including:

(A) rehabilitative services provided to the individual; or

(B) personal care provided to the individual on a short-term or long-term basis.

(6-c) "Injured individual" means the individual whose injury or death is the subject of a civil action to which Section 14.015 applies.

(6-d) "Letter of protection" means an agreement, regardless of the name, that includes an express or implied promise of payment to a health care provider from a judgment or settlement

of an injured individual's civil action or that makes a payment to the provider contingent on the resolution of the action.

(14) "Physician" means:

(A) an individual licensed to practice medicine;  
and

(B) a professional association, partnership, limited liability partnership, or other type of entity formed or organized by an individual physician or group of physicians to provide medical care to patients.

(15) "Provider" means a person, including an individual, partnership, professional association, corporation, facility, or institution, who is licensed, certified, registered, chartered, or otherwise authorized, in this state or elsewhere, to provide health care services, including:

(A) an acupuncturist;  
(B) a chiropractor;  
(C) a dentist;  
(D) a health care institution of a type described by Section 74.001(a)(11);

(E) a health care collaborative;  
(F) a nonprofit health organization;  
(G) a nurse, including a licensed vocational nurse, nurse practitioner, and registered nurse;

(H) an occupational therapist;  
(I) an ophthalmologist;  
(J) an optometrist;  
(K) a pharmacist;

1                   (L) a physical therapist;

2                   (M) a physician;

3                   (N) a physician's assistant;

4                   (O) a licensed professional counselor;

5                   (P) a psychologist;

6                   (Q) a podiatrist; and

7                   (R) a speech therapist.

8                   (16) "Third-party payor" means an entity, plan, or  
9 program that has a legal or contractual obligation to pay,  
10 reimburse, or otherwise contract with a provider to pay the  
11 provider for the provision of a health care service, supply, or  
12 device to a patient, including:

13                   (A) an insurance company providing health or  
14 dental insurance;

15                   (B) an employer-provided plan or any other  
16 sponsor or administrator of a health or dental plan;

17                   (C) a health maintenance organization operating  
18 under Chapter 843, Insurance Code, an insurer providing a preferred  
19 provider benefit plan under Chapter 1301, Insurance Code, or other  
20 similar entity;

21                   (D) Medicare;

22                   (E) the state Medicaid program, including the  
23 Medicaid managed care program operating under Chapter 540,  
24 Government Code; and

25                   (F) workers' compensation insurance or insurance  
26 provided instead of subscribing to workers' compensation  
27 insurance.

SECTION 2. Chapter 41, Civil Practice and Remedies Code, is amended by adding Sections 41.015, 41.016, and 41.017 to read as follows:

Sec. 41.015. ADMISSIBLE EVIDENCE OF HEALTH CARE EXPENSES.

(a) This section applies to any civil action in which the claimant seeks recovery of health care expenses as economic damages in a personal injury or wrongful death action.

(b) If there is a conflict between this section and Section 41.0105, this section controls.

(c) If a third-party payor paid for a health care service, supply, or device provided to an injured individual, the evidence that may be offered to prove the amount of the economic damages that may be awarded to the claimant for that service, supply, or device is limited to evidence of the amount the third-party payor paid plus amounts paid by an insured for coinsurance, deductibles, or copayments related to the service, supply, or device.

(d) If Subsection (c) does not apply, the evidence that may be offered regarding the reasonable value of the necessary health care services, supplies, or devices provided to the injured individual or that in reasonable probability will need to be provided to the injured individual in the future includes:

(1) evidence of amounts paid by non-third-party payors to providers for each health care service, supply, or device, but not to purchase an account receivable or as a loan, if paid without a formal or informal agreement for the provider to refund, rebate, or remit money to the payor, injured individual, claimant, or claimant's attorney or anyone associated with the payor, injured

individual, claimant, or claimant's attorney; and

(2) any of the following:

(A) the Medicare allowable amount applicable at the time and place the service, supply, or device was provided;

(B) 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 service, supply, or device was provided;

(C) the 50th percentile of amounts allowed to participating providers in the geozip and during the calendar quarter in which the service, supply, or device was provided;

(D) if, within the time a claimant's affidavit under Section 18.001(d) must be served, the claimant serves a notice of intent to rely on the following:

(i) the average amounts collected by the provider during the one-year period preceding the date the service, supply, or device was provided; or

(ii) the provider's range of contracted rates with commercial insurers regulated by the Texas Department of Insurance in effect on the date the service, supply, or device was provided; and

(E) the provider's billed charges for the service, supply, or device provided to the injured individual.

(e) A party may not compel a provider by a pretrial discovery request or by subpoena to provide evidence that may be admissible under Subsection (d)(2)(D) unless the claimant serves a notice of intent under that subsection.

1        (f) Except as provided by rules adopted by the supreme  
2 court, for each service, supply, or device provided to the injured  
3 individual, a health care provider's statements or invoices  
4 submitted into evidence must provide:

5            (1) an industry-recognized billing code;

6            (2) a description of the service, supply, or device;

7 and

8            (3) the date each service, supply, or device was  
9 provided to the injured individual.

10        Sec. 41.016. CLAIMANT DISCLOSURE REQUIREMENTS IN ACTION FOR  
11 HEALTH CARE EXPENSES; CERTAIN MATTERS ADMISSIBLE. (a) In addition  
12 to other items that may be required to be provided by rule, court  
13 decision, or other law, in an action to which Section 41.015  
14 applies, a claimant shall disclose or provide to each other party:

15            (1) any letter of protection related to the action;

16            (2) any oral or written agreement under which a  
17 provider may refund, rebate, or remit money to a payor, injured  
18 individual, claimant, claimant's attorney, or person associated  
19 with the payor, injured individual, claimant, or claimant's  
20 attorney;

21            (3) the identity of any provider who provided health  
22 care services to the injured individual in relation to the  
23 injury-causing event and provide an authorization to all other  
24 parties to the case that will allow those parties to obtain from the  
25 provider all of the injured individual's medical records relating  
26 to that event; and

27            (4) if the injured individual was referred to a

1 provider for services and the provider's medical records, billing  
2 statements, or testimony will be presented to the trier of fact in  
3 the action:

4 (A) the name, address, and telephone number of  
5 the person who made the referral, regardless of whether that person  
6 is the injured individual's attorney; and

7 (B) if the person making the referral was not the  
8 injured individual's attorney, the relationship between the person  
9 making the referral and the injured individual or the injured  
10 individual's attorney.

11 (b) On request by a party to an action to which Section  
12 41.015 applies, a provider who provided a health care service,  
13 supply, or device to an injured individual in relation to the  
14 injury-causing event that is the subject of the action shall  
15 provide the following information to all parties to the action:

16 (1) an anonymized list of persons an attorney to the  
17 action referred to the provider in the preceding two years;

18 (2) the date and amount of each payment made to the  
19 provider in the preceding two years by, through, or at the direction  
20 of the attorney;

21 (3) if applicable, each person anonymously described  
22 under Subdivision (1) on whose behalf a payment described by  
23 Subdivision (2) was made; and

24 (4) other aspects of any financial relationship  
25 between the referring attorney and the provider.

26 (c) For purposes of Subsection (b), a referral is considered  
27 to have been made by the injured individual's attorney even if made

1 by another person when the injured individual's attorney knew or  
2 had reason to know that the referral would be made.

3 (d) In an action to which Section 41.015 applies, the  
4 following matters shall be admitted into evidence if offered by any  
5 party:

6 (1) the injured individual's medical records relating  
7 to the injury-causing event;

8 (2) if a provider's medical records, billing  
9 statements, or testimony will be presented to the trier of fact in  
10 the action, any letter of protection relating to that provider;

11 (3) if the injured individual was referred to a health  
12 care provider for services by the injured individual's attorney and  
13 that provider's medical records, billing statements, or testimony  
14 will be presented to the trier of fact in the action, the  
15 information disclosed under Subsection (b); and

16 (4) treatment guidelines and drug formularies  
17 approved by the Workers' Compensation Division of the Texas  
18 Department of Insurance as evidence relating to the necessity of  
19 health care services provided to the injured individual.

20 Sec. 41.017. RULES OF EVIDENCE IN ACTION FOR HEALTH CARE  
21 EXPENSES. Except as otherwise provided by Sections 41.015 and  
22 41.016, the Texas Rules of Evidence govern an action to which  
23 Section 41.015 applies.

24 SECTION 3. The changes in law made by this Act apply to an  
25 action:

26 (1) commenced on or after the effective date of this  
27 Act; or



1           (2) pending on the effective date of this Act and in  
2 which a trial, or a new trial or retrial following a motion, appeal,  
3 or otherwise, begins on or after January 1, 2026.

4           SECTION 4. This Act takes effect immediately if it receives  
5 a vote of two-thirds of all the members elected to each house, as  
6 provided by Section 39, Article III, Texas Constitution. If this  
7 Act does not receive the vote necessary for immediate effect, this  
8 Act takes effect September 1, 2025.