LOUISIANA ACADEMY of FAMILY PHYSICIANS

2026 Legislative Report

Medical Malpractice Legislation		
HB 984, Kerner		MALPRACTICE/MEDICAL: HB 984 raises the cap on recovery from $500,000 to $750,000
Current Status:		Referred to House Committee on Civil Law and Procedure and never was heard
SB 212, Miller		MALPRACTICE: SB 212 1) adjusts the current cap by CPI making today's $500,000 cap approximately $3 Million – adjusted annually to reflect CPI, 2) allows each claimant to recover versus the current one cap per incident, 3) removes lost wages from the cap, 4) makes future medical expenses determined and payable as a lump sum award versus payable as incurred or put into designated trust within the PCF, 5) retains medical review panels but allows a "certificate of merit" to be filed at plaintiff's discretion as an affidavit by claimant, claimant's attorney or licensed physician, and 6) repeals current law allowing PCF to negotiate, settle or require annual exams of injured patients to re-verify a need for care.
Current Status:		Referred to Senate Committee on Judiciary A and never was heard
SB 366, Harris		MALPRACTICE: SB 366 1) raises the current $500K cap to $1 Million – adjusted annually to reflect CPI, 2) raises the underlying coverage from $100K to $250K – adjusted annually to reflect CPI, 3) uncaps economic loss inclusive of loss of income, 4) retains that past and future medical expenses remain uncapped but now requires they must be specified, 5) forces the PCF to pay immediately rather than the "pay as incurred" system depending on the amount of the award, and 6) retains medical review panels, but also allows a claim to be initiated upon the affidavit of a board-certified physician.
Current Status:		Referred to Senate Committee on Judiciary A and never was heard
SB 500, Connick		MALPRACTICE: **As originally filed,** SB 500 retained medical review panels but allowed a "certificate of merit" to be filed at the plaintiff's discretion as an affidavit by claimant, claimant's attorney or a licensed physician. **As Amended,** it retains the certificate of merit process but restricts the affiant to a physician who is licensed and board certified in the same specialty as the defendant. It does not require them to be Louisiana licensed. It allows for one certificate regardless of the type or number of defendants. It also allows a case to be dismissed without prejudice should the certificate not meet criteria – meaning a subsequent certificate may be filed and proceedings reinitiated.
Current Status:		Returned to the calendar in the Senate after being brought up for discussion. Sen. Connick stated he plans to file a Study Resolution and will be requesting an audit of the PCF by the Legislative Auditor.
Scope of Practice Legislation		
HB 925, Henry		SPEECH/PATH/AUDIO: HB 925 expands the scope of an audiologist to include ordering and interpreting imaging, ordering blood work and cultures, ordering, performing and evaluating non-radiographic testing and eliminates the requirement for physician referral for an audiologist to treat disorders of the vestibular system.
Current Status:		Voluntarily deferred in House Health & Welfare
HB 1143, Miller		PHYSICIAN ASSISTANTS: HB 1143 changes the nomenclature of "physician assistant" to "physician associate."
Current Status:		Voluntarily deferred in House Health & Welfare
HB 1093, Carlson		HEALTH: HB 1093 establishes a practice act for naturopathic doctors to include prescriptive authority and the use of the term "naturopathic physician." It also creates an advisory committee under the LSBME.
Current Status:		Not going to progress this session. The author has shared his intention to bring the bill back next year.
Workers Compensation Legislation		
SB 408, Myers		WORKERS' COMPENSATION: SB 408 overhauls how medical care is managed, billed and reimbursed under the state's workers' compensation framework. It requires that beginning October 1, 2026, all workers' compensation medical billing and provider payments must be

		entirely digitized and processed via a standardized electronic format. It mandates that individual medical fee reimbursement schedules cannot fluctuate by more than 5% within any 12-month period, unless acute, material patient access-to-care shortages can be proven. It establishes a centralized, state-run "All Workers' Compensation Medical Claims Database" to audit real-time pricing, tracking anonymized billing codes, provider specialties, and employer injury classifications to boost regulatory compliance. To protect physicians from predatory corporate practices, the bill institutes a mandatory penalty structure, forcing the state to levy a civil fine between $1,000 and $5,000 against any workers' compensation insurer or payer that fails to pay a doctor's valid medical care benefits in a timely manner.
Current Status:		Conference Committee report adopted by both houses. **Signed by the Governor - Act 766 - Effective date 8/1/2026**
Artificial Intelligence Legislation		
HB 410, Schlegel		CIVIL/PROCEDURE: HB 410 requires notification of all parties to record in-person communication with various exceptions including for law enforcement activities and emergencies or first responder activities.
Current Status:		**Became law without the Governor's signature - Act 965 - Effective date: 08/01/2026**
HB 475, Berault		HEALTH CARE/PROVIDERS: HB 475 requires a healthcare professional to disclose to a patient prior to an appointment or treatment, the use of any recording device, software, or service that utilizes artificial intelligence to transcribe communications between the professional and the patient.
Current Status:		**Signed by the Governor - Act 649 - Effective date: 08/01/2026**
PBM and Pharmacy Legislation		
HB 870, Turner		INSURANCE/HEALTH: HB 870 establishes specific health insurance mandates relative to drug formulary placement and patient cost-sharing obligations for more affordable medications. It requires health insurance issuers to immediately place newly marketed generic drugs and biosimilar products on their plan formularies with *more favorable* cost-sharing arrangements than their corresponding brand-name reference products. It also prohibits health insurance issuers from enforcing step therapy protocols, prior authorization mandates, or specialized pharmacy network limitations that would make it more difficult or restrictive for a patient to access the cheaper medication alternative over the expensive brand-name reference product.
Current Status:		**Signed by the Governor - Act 907 - Effective date: 08/01/2026**
HB 938, Turner		INSURANCE/HEALTH: HB 938 establishes stricter oversight and transparency requirements for PBMs. It mandates minimum pharmacy reimbursement rates based on actual acquisition costs, creates a formalized 15-day appeal process for pharmacists to contest underpayments, and requires PBMs to pass drug rebates directly through to plan sponsors to reduce consumer premiums and copays.
Current Status:		Pending in Senate Committee on Finance
HB 1217, Echols		HEALTH: HB 1217 establishes transparency and oversight mandates for PBMs. It requires PBMs and insurers to disclose their complete vertical integration structures, mandates annual financial reconciliations to plan sponsors, bans the practice of hidden "spread pricing" recharacterized as administrative fees, and creates a $1,000,000 penalty per violation for non-compliance. It also establishes a dedicated *Pharmacy Benefit Enforcement Fund* to publish an open transparency portal of aggregated data, build consumer assistance navigation programs, and provide a legal restitution mechanism for patients, sponsors, or pharmacies financially harmed by deceptive PBM practices.
Current Status:		Pending in Senate Committee on Health and Welfare
HB 1236, Dewitt		INSURANCE: HB 1236 establishes a standardized reimbursement formula for professional dispensing fees using the rate established by the Louisiana Medicaid program and further prohibits underpayment of local pharmacies below actual drug acquisition costs. It further requires PBMs to absorb and pay dispensing fees and prohibits them from reassigning or passing on these administrative costs.
Current Status:		**Signed by the Governor - Act 913 - Effective date: 06/12/2026**
SB 387, Bass		HEALTH/ACC INSURANCE: HB 387 establishes a strict legal "fiduciary duty of care and good faith and fair dealing" that PBMs owe to enrollees, providers, and health plans. To eliminate predatory financial structures, it outlaws the practice of "spread pricing" and explicitly bars PBMs or their Group Purchasing Organizations (GPOs) from retaining drug manufacturer rebates and fees; instead, all drug rebates must be fully passed through directly to the health

		plan. It completely restructures how PBMs make money, restricting their source of income strictly to transparent, flat-dollar administrative fees or flat-dollar performance bonuses. To ensure accountability, it empowers both health plans and the Louisiana Commissioner of Insurance to audit a PBM once per calendar year, including any corporate entity hidden within the PBM's vertical structural framework. **Its effective date is tied to SB401.**
Current Status:		**Signed by the Governor - Act 914 - Effective date: See Act**
SB 401, Talbot		PHARMACEUTICALS: HB 401 establishes the *Prescription Drug Affordability Board* (PDAB) within the Louisiana Department of Insurance to identify, study, and address medication costs across the state. The board is tasked with compiling an ongoing "critical prescription drug list" consisting of high-cost medications or generic options that experience sudden, severe price spikes. For any drug placed on this critical list, the bill forces the manufacturer to submit detailed proprietary cost reports, including total manufacturing costs, research and development data, and consumer- versus prescriber-directed marketing and advertising expenses. Mandates strict price-transparency requirements for pharmaceutical sales reps and marketing teams and authorizes the Louisiana Attorney General to enforce noncompliance and levy penalties. **Its effective date is tied to SB 387.**
Current Status:		**Signed by the Governor - Act 915 - Effective date: See Act**
Seriously Supported Legislation		
HB 291, Berault		INSURANCE/HEALTH: **As filed,** HB 291 prohibits health insurance insurers from taking adverse payment or contracting actions against a participating(network) hospital based solely on the network status of the treating physician. **As amended,** the bill now exempts the Office of Group Benefits.
Current Status:		**Signed by the Governor - Act 791 - Effective date: 06/08/2026**
HB 786, Egan		MEDICAID MANAGED CARE: HB 786 prohibits a Medicaid managed care organization from using extrapolation to complete an audit of a healthcare provider. Extrapolation is a technique used in healthcare audits to estimate audit results or findings for a larger batch or group of claims not reviewed by the managed care organization.
Current Status:		**Signed by the Governor - Act 569 - Effective date: 08/01/2026**
HB 915, Dickerson		MEDICAID: HB 915 requires Medicaid managed care organizations to have written policies for utilization review and sets out timeframes for standard service authorizations (7 days) and expedited service authorizations (72 hrs). It prohibits an MCO from retracting a service authorization or reducing payment for an item or service furnished in reliance upon previous service authorization approval, unless the approval was based upon a material omission or misrepresentation. If an MCO fails to make a determination within the time frames required, they are prohibited from denying the claim based upon a lack of prior authorization.
Current Status:		**Signed by the Governor - Act 572 - Effective date: 08/01/2026**
HB 1154, Glorioso		INSURANCE: **As originally filed,** HB 1154 prohibited prior authorization requirements for certain generic medications prescribed by qualified physicians. **As amended,** the bill removes prior authorization requirements for any generic medication under $250 covered by a commercial health insurance policy in Louisiana if prescribed by a qualified provider. HB 1154 was requested by the Louisiana Dermatological Society as part of long-term prior authorization effort.
Current Status:		**Signed by the Governor - Act 706 - Effective date: See Act**
SB 465, McMath		HEALTH CARE: SB 465 establishes timeframes for payment of healthcare provider claims. The timeframes 1) require prior authorized electronic claims to be paid within 10 days and for electronic claims that have not been preauthorized to be paid within 25 days, 2) require health insurance issuers to provide notice to providers within two business days when a claim is pended, and 3) change the timeframe from 18 month to 12 month that a health insurance issuer is prohibited from retroactively denying, adjusting, or seeking recoupment or refund of a paid claim submitted in good faith.
Current Status:		**Signed by the Governor - Act 770 - Effective date 1/1/2027**
Seriously Concerning Legislation		
HB 452, Amedee		INSURANCE: HB 452 prohibits health plans from providing financial incentives to healthcare providers to encourage or incentivize vaccine administration. It also prohibits health plans from penalizing healthcare providers to incentivize or encourage vaccine administration.

Current Status:		Voluntarily Deferred in House Insurance after it failed to be reported favorably on a vote of 4 yeas and 12 nays
HB 485, Amedee Constitutional Amendment		FAMILY LAW: HB 485 requires strict scrutiny for a law when restricting a parent's freedom to nurture, care, educate, or exercise custody or control of their child.
Current Status:		Heard in House Civil Law and Procedure and voluntarily deferred by the bill author prior to the committee vote
HB 737, Amedee		VACCINES/VACCINATION: HB 737 removes the requirement for submission of evidence of immunization against meningococcal disease as a condition of school entry.
Current Status:		Heard in House Education and failed by a vote of 4 yeas and 8 nays
HB 775, Chenevert		HEALTH/CHILDREN: **As originally filed,** HB 75 required informed consent from a person lawfully exercising parental authority over a minor child for all medical and mental health services provided to the minor child until the minor reaches the age of 17. The bill provided 8 specific exceptions: (1) emancipated minor; (2) pregnant minor for pregnancy related care; (3) minor who is a member of the armed forces; (4) minor seeking treatment for alcohol or drug abuse; (5) minor seeking care for an STI; (6) minor who is donating blood; (7) minor exhibiting signs of abuse; and (8) minor who is 16 or older who is voluntarily admitting himself for psychiatric treatment. The bill maintained the existing law for medical or surgical treatment in emergencies. **As amended,** the bill retains all of the above **and** changes the definition of patient so that a parent may access his minor child's medical records. Also adds that a healthcare entity does not need to obtain consent from the parent, legal guardian, or temporary custodian or caregiver if the person is enrolled as a student in a college or university and if the person is seeking contraceptives or prevention or treatment for a sexually transmitted infection unless the treatment is a vaccination for a sexually transmitted infection.
Current Status:		**Signed by the Governor - Act 835 - Effective date: 08/01/2026**
HB 926, Bayham		VACCINES/VACCINATION: **As originally filed,** HB 926 prohibited the use of vaccination status and other medical interventions including masks to prevent admission to public buildings and events. The bill also prohibited a healthy individual or alleged asymptomatic carrier of an illness from being excluded from public activities based on the individual having declined a medical intervention during an outbreak or public health emergency. **As amended,** the definition of government entity excludes doctor's offices, hospitals, licensed healthcare providers and facilities, medical centers, and nursing homes. Educational settings such as childcare or schools are excluded from prohibiting healthy individuals or alleged asymptomatic carriers of an illness from being excluded from public activities based on the individual having declined a medical intervention during an outbreak or public health emergency. Mask mandates were also excluded from the prohibitions, but ticket issuers for events in public buildings were added (i.e., Tiger Stadium cannot deny a person entry to a football game based on his vaccine status). With the amendments, the bill provides that a government entity cannot mandate a medical intervention for entry into a public building, employment, or access to government services.
Current Status:		Pending in Senate Committee on Health and Welfare
HB 948, Amedee		HEALTH/CHILDREN: HB 948 prohibits any government entity, court, healthcare facility, or law enforcement officer from taking adverse action against a parent or guardian solely for 1) declining chemotherapy or other cancer treatment for a minor, or 2) going against medical advice or declining medical interventions or therapies while pursuing other integrative alternative treatment options in non-emergency situations.
Current Status:		Heard in House Health and Welfare; failed to be favorably reported by a vote of 1 yea and 11 nays, and then voluntarily deferred
HB 1041, Galle		HEALTH/MEDICAL TREATMENT: **As originally filed,** HB 1041 1) prohibited denying access or discriminatory practices against a person based on his medical intervention status, 2) prohibited a government entity or official from requiring a person to receive or use a medical intervention as a condition of employment, entry into a public building, service, public assistance or aid, or licensure 3) prohibited a private business entity operating in this state from requiring a medical intervention as a term of employment, or denying services, products, admission, or transportation based solely on a person's medical intervention status 4) prohibited public and private universities from using medical intervention status as a condition for entering a building, 5) prohibited PPE mandates, and 6) removed a school's authority to exclude unimmunized persons during an outbreak of a vaccine-preventable disease. **As amended,** exceptions were added to provide for compliance with child welfare laws, current

		tuberculosis requirements, and to exclude healthcare facilities, providers, and employers with the exception of PPE mandates.
Current Status:		Heard in Senate Health and Welfare and involuntarily deferred by a vote of 3 yeas and 2 nays
HB 1116, Chenevert		HEALTH/LDH: HB 1116 allows for a public inquiry to the Louisiana Department of Health, Office of Public Health to trigger an inquiry to the surgeon general who may conduct a review to investigate the transmissions, causes, and prevention of any suspected public health condition, disease, injury, event, emergency, or loss of life. The surgeon general may access medical records and other health information in the custody of healthcare providers, which records shall be provided to the surgeon general in an electronic format.
Current Status:		Was voluntarily deferred in House Health and Welfare
HB 1121, Ventrella		HEALTH CARE/PROVIDERS: HB 1121 authorizes healthcare institutions, healthcare payors, and health professionals to refuse to provide healthcare services in circumstances where the entity or professional objects for ethical, moral, or religious reasons.
Current Status:		Was voluntarily deferred in House Health and Welfare
SB 4, Fesi		PUBLIC HEALTH: SB 4 allows local residents to call an election to be exempt from the current requirements to provide fluoride in the water system.
Current Status:		**Signed by the Governor - Act 731 - Effective date 6/2/2026**
SB 36, Fesi		PUBLIC HEALTH: SB 36 bans the use of food as a delivery mechanism for an mRNA vaccine. The bill also requires the healthcare provider to provide prior to administering a vaccination, the current vaccine information statement, a newly required surgeon general created written consent form specifying each vaccination, diseases intended to be prevented, adverse health effects, technology used to develop, benefits, and short/long term risks. It also prohibits providing consent to a vaccine within 48 hours after anesthesia, within 12 hours of childbirth or within 24 hours after a narcotic medication has been administered.
Current Status:		Remains pending in Senate Committee on Health and Welfare, **SCR 37** was filed to request the Surgeon General to review Louisiana's informed consent laws.
Focused on LSBME Legislation		
HB 1216, Egan		HEALTH SERVICES: HB 1216 updates nomenclature to replace cytotechnology/cytotechnologist with cytology/cytologist and modernizes rules governing the profession. HB 1216 was filed at the request of the LSBME and the Clinical Lab Personnel Advisory Committee to the Board.
Current Status:		Was voluntarily deferred in Senate Health and Welfare
HB 1220, LaCombe		BOARDS/COMMISSIONS: HB 1220 clarifies that physicians are the appointed members to the LSBME from the nominating groups. It establishes an executive director position in statute and delineates the associated duties.
Current Status:		Went to conference committee and ran out of time to be passed
HB 1227, Dewitt		PHYSICIANS: HB 1227 requires the LSBME to convene a 3-physician peer review panel in certain disciplinary cases before escalating to formal disciplinary review. The panel would be advisory only and be comprised of similar specialists as the physician under investigation.
Current Status:		Heard in House Health and Welfare where it was voluntarily deferred. **HCR 114** was filed requiring the LSBME to study the feasibility of peer review panels over two years.
SB 30, McMath		HEALTH CARE: **As amended,** SB 30 prohibits the LSBME and the Board of Nursing from prohibiting the use of telehealth to treat obesity or provide weight management services.
Current Status:		**Signed by the Governor - Act No. 345 - Effective date 5/22/2026**
Other Interesting or Specialty Focused Legislation		
HB 198, Echols		HEALTH: HB 198 directs the Louisiana Department of Health to establish a Medicaid reimbursement rate which is the lesser of the rate paid in an outpatient hospital setting or 100% of the Medicare rate for gastroenterology, ophthalmology and otolaryngology procedures conducted at ambulatory surgery centers.
Current Status:		**Signed by the Governor - Act 626 - Effective date: 06/02/2026**
HB 288, Boyer		HEALTH CARE/RECORDS: **As originally filed,** HB 288 required use of the term "miscarriage" in addition to the term "spontaneous abortion" in medical documentation and billing. **As amended,** the provision is permissive and not mandatory.
Current Status:		**Signed by the Governor - Act No. 540 - Effective date: 08/01/2026**
HB 779, Freeman		HEALTH/MEDICAL TREATMENT: HB 779 updates the current expedited partner therapy statute to include trichomoniases and other sexually associated infections as determined by the Louisiana Department of Health.
Current Status:		**Signed by the Governor - Act 567 - Effective date: 08/01/2026**

HB 907, Miller		HEALTH CARE/PROVIDERS: HB 907 grants an exemption from liability or discipline for the use of naloxone that has exceeded its shelf-life end date.
Current Status:		**Signed by the Governor - Act No. 183 - Effective date: 05/15/2026**
HB 930, Coates		HEALTH/LDH: HB 930 removes previous oversight by Louisiana Department of Health on cosmetic products manufactured by in home "cottage cosmetic facilities." The bill currently contains provisions that ensure products that are injected, intended for internal use, alter the appearance for over 24 hours, or that claim to diagnose, cure, mitigate or treat disease still require oversight.
Current Status:		**Signed by the Governor - Act 573 - Effective date: 05/29/2026**
HB 949, Coates		HEALTH CARE/PROVIDERS: HB 949 creates a "radiologist assistant" provider type and a licensing process through the Louisiana State Radiological Technology Board of Examiners. The radiologist assistant is directly supervised by a radiologist and shall not interpret images, render diagnoses, or prescribe medications or therapies.
Current Status:		**Became law without the Governor's signature - Act 929 - Effective date: 08/01/2026**
HB 1155, Carter, R.		HEALTH CARE/PROVIDERS: HB 1155 allows licensed physicians to use nitrous oxide in their offices and directs the LSBME to promulgate rules.
Current Status:		**Signed by the Governor - Act 707 - Effective date: 08/01/2026**
HB 1253, Butler		HUMAN REMAINS: **As originally filed,** HB 1253 enacted the Gracey Claire Rushing Act to provide for documentation, notification, and communication in the handling and disposition of human remains and internal organs. **As amended,** this bill requires coroner's autopsy reports to include what organs have been retained for further testing.
Current Status:		**Signed by the Governor - Act 727 - Effective date: 01/01/2027**
SB 29, McMath		PUBLIC HEALTH: SB 29 requires the coroner to include in the autopsy report the immunization history within 90 days of death for any child under the age of fifteen who dies unexpectedly. If a coroner finds that a child's cause of death is Sudden Infant Death Syndrome, Sudden Unexpected Infant Death, Sudden Arrhythmic Death Syndrome or Sudden Death in the Young, the coroner shall also report the case to LDH which shall report to the CDC and NIH. The bill delineates that inclusion of an immunization record in any report shall not imply cause of death.
Current Status:		**Signed by the Governor - Act 732 - Effective date 8/1/2026**
SB 66, Hodges		CHILDREN: SB 66 urges courts to prioritize testimony of medical experts in child custody and in child in need of care case (child abuse/neglect) when possible.
Current Status:		**Signed by the Governor - Act No. 9 - Effective date 8/1/2026**
SB 252, Pressly		DONATIONS: SB 252 clarifies how an anatomical gift is authorized on a driver's license.
Current Status:		**Signed by the Governor. Becomes Act No. 373 - Effective date 6/1/2027**
SB 253, McMath		PUBLIC HEALTH: SB 253 prohibits licensing boards from blocking healthcare providers with prescriptive authority from obtaining or providing peptides that are shipped from FDA-registered 503B outsourcing facilities (in compliance with 21 U.S.C. 353b) or from 503A compounding pharmacies (in compliance with 21 U.S.C. 353a and applicable USPNF chapters). It requires in-state pharmacists to adhere to 21 U.S.C. 353a and USP-NF guidelines.
Current Status:		**Signed by the Governor - Act No. 374 - Effective date 8/1/2026**
SB 427, Pressly		DONATIONS: SB 427 updates definitions in the existing Anatomical Gift Act. It clarifies how anatomical gifts and refusals are executed, establishes priority rules and adds safeguards.
Current Status:		**Signed by the Governor - Act 511 - Effective date 1/1/2027**