

1 **Damages Amendments**  
 2026 GENERAL SESSION  
 STATE OF UTAH  
**Chief Sponsor: Ronald M. Winterton**  
 House Sponsor:

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 3 **LONG TITLE**

4 **General Description:**

5 This bill addresses the recovery of damages in a civil action.

6 **Highlighted Provisions:**

7 This bill:

- 8 ▶ defines terms;
- 9 ▶ addresses the recovery of damages for a medical service or treatment in a civil action;
- 10 ▶ addresses admissibility of evidence to prove damages for a medical service or treatment
- 11 in a civil action; and
- 12 ▶ requires a plaintiff seeking damages for a medical service or treatment to disclose certain
- 13 information related to payment of the medical service or treatment under certain
- 14 circumstances.

15 **Money Appropriated in this Bill:**

16 None

17 **Other Special Clauses:**

18 None

19 **Utah Code Sections Affected:**

20 ENACTS:

21 **78B-5-621**, Utah Code Annotated 1953

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 23 *Be it enacted by the Legislature of the state of Utah:*

24 Section 1. Section **78B-5-621** is enacted to read:

25 **78B-5-621 . Recovery of damages for a medical service or treatment --**

26 **Admissibility.**

27 (1) As used in this section:

28 (a) "Factoring company" means a person that purchases a health care provider's right to  
 29 collect payment for a medical service or treatment at a discounted price.

30 (b) "Health care provider" means the same as that term is defined in Section 78B-3-403.

- 31 (c) "Health plan" means:  
32 (i) medical care insurance;  
33 (ii) health care insurance;  
34 (iii) a health benefit plan;  
35 (iv) an employer-provided health care plan or medical insurance;  
36 (v) workers' compensation insurance;  
37 (vi) Medicaid;  
38 (vii) Medicare;  
39 (viii) a public or government-sponsored health care insurance or benefit program; or  
40 (ix) a source available to pay for a medical service or treatment provided to an  
41 injured individual for the individual's injury.
- 42 (d) "Letter of protection" means an arrangement by which a health care provider renders  
43 a medical service or treatment to a plaintiff in exchange for a promise of payment for  
44 the medical service or treatment from a judgment or settlement of a personal injury or  
45 wrongful death action, regardless of whether the arrangement is referred to as a letter  
46 of protection.
- 47 (e)(i) "Medical service or treatment" means an action taken by a health care provider  
48 to observe, identify, diagnose, stabilize, address, ameliorate, correct, remedy,  
49 rehabilitate, manage, combat, or care for:  
50 (A) a plaintiff's injury, condition, disease, or disorder; or  
51 (B) a symptom of a plaintiff's injury, condition, disease, or disorder.
- 52 (ii) "Medical service or treatment" includes equipment, a facility, a medicine, a drug,  
53 a prescription, a device, or a product:  
54 (A) provided or applied to a plaintiff by a health care provider; or  
55 (B) used or consumed by a plaintiff at a health care provider's direction.
- 56 (2) This section applies to a civil action to recover damages resulting from injury or death,  
57 except for a malpractice action against a health care provider as described in Title 78B,  
58 Chapter 3, Part 4, Utah Health Care Malpractice Act.
- 59 (3) The amount of damages that a plaintiff may recover for the reasonable value of a  
60 necessary medical service or treatment may not exceed the amount actually:  
61 (a) paid by or on behalf of the plaintiff to each health care provider who rendered a  
62 medical service or treatment;  
63 (b) necessary to pay for each medical service or treatment that is due and owed to a  
64 health care provider but at the time of trial is not yet paid; and

- 65           (c) necessary to pay for each medical service or treatment that the plaintiff will need in  
66           the future.
- 67   (4) Evidence offered to prove the amount described in Subsection (3) is:
- 68           (a) admissible; and
- 69           (b) limited to evidence of the amount that is actually paid or that will be necessary to  
70           pay, regardless of the source of payment, including:
- 71           (i) if the plaintiff is covered by a health plan:
- 72                   (A) the amount the health plan is obligated to pay the health care provider for the  
73                   plaintiff's medical service or treatment;
- 74                   (B) the amount the plaintiff is obligated to pay the health care provider under the  
75                   health plan;
- 76                   (C) the amount required to satisfy a future charge of a health care provider if the  
77                   plaintiff submits the future charge to the health plan; and
- 78                   (D) the amount the plaintiff will be obligated to pay the health care provider for a  
79                   future charge under the health plan;
- 80           (ii) if the plaintiff is covered by a health plan but obtains a medical service or  
81           treatment under a letter of protection or does not submit the charge for the medical  
82           service or treatment to the health plan, the amount that:
- 83                   (A) the health plan would pay the health care provider to satisfy the unpaid  
84                   charge; and
- 85                   (B) the plaintiff would be obligated to pay the health care provider under the  
86                   health plan if the plaintiff submits the charge to the health plan;
- 87           (iii) if the plaintiff obtains a medical service or treatment under a letter of protection  
88           and the health care provider transfers the right to receive payment under the letter  
89           of protection to a third party, evidence of the amount the third party paid or agreed  
90           to pay the health care provider for the right to receive payment under the letter of  
91           protection;
- 92           (iv) evidence of a reasonable amount billed to the plaintiff for a necessary medical  
93           service or treatment; and
- 94           (v) evidence of a reasonable amount that will be billed to the plaintiff for a necessary  
95           future medical service or treatment.
- 96   (5) When asserting a claim for damages for a medical service or treatment rendered under a  
97   letter of protection, the plaintiff shall disclose to the other party in the action:
- 98           (a) a copy of the letter of protection;

- 99           (b) all charges for the plaintiff's medical expenses, which shall be itemized and, to the  
100           extent applicable, coded according to generally accepted medical billing practices;  
101           (c) if the health care provider sold the right to collect payment for the plaintiff's medical  
102           expenses to a factoring company or another third party:  
103            (i) the name of the factoring company or third party that purchased the right to collect  
104            payment; and  
105            (ii) the dollar amount for which the factoring company or third party purchased the  
106            right to collect payment, including any discount provided below the billed amount;  
107           (d) whether the plaintiff had coverage under a health plan at the time the medical service  
108            or treatment was rendered;  
109           (e) the identity of the health plan if the plaintiff had coverage under a health plan at the  
110            time the medical service or treatment was rendered;  
111           (f) whether the plaintiff was referred for the medical service or treatment under a letter  
112            of protection; and  
113           (g) the identity of the person that made the referral if the plaintiff was referred for the  
114            medical service or treatment under a letter of protection.

115           Section 2. **Effective Date.**

116           This bill takes effect on May 6, 2026.