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To: Chairman Holvey and members of the House Committee on Consumer Protection and Government Efficiency

From: Tom D'Amore, Past-President, Oregon Trial Lawyers Association

On behalf of injured consumers injured in car crashes, vote NO on HB 2848.

Chairman Holvey and members of the Committee, I am Tom D'Amore, Past-President of the Oregon Trial Lawyers Association and Oregon Governor of our national association, the American Association for Justice. I am also a former Certified Public Accountant.

I often represent injured persons and their families in car crashes. I have represented injured clients for over 20 years, and I am licensed in Oregon, Washington and California. Thus, I handle cases under a variety of different state insurance laws. I have detailed knowledge of Oregon's Personal Injury Protection (PIP) law and its practical and financial implications to injured consumers.

Consumers of insurance strongly oppose HB 2848 because it attempts to erode one of the fundamental principles and public policy protections inherent in Personal Injury Protection (PIP) law: the presumption of reasonableness and necessity of medical treatment. In other words, the medical expenses are paid by the PIP insurer unless the insurer objects to the medical care. HB 2848 would improperly leave in limbo certain medical expenses without the need by the insurer to deny the claim. Thus, under HB 2848, the consumer would be left in limbo as to whether some of their medical care was going to be paid.

Current Oregon PIP law protects all Oregonians injured in a car crash and provides a long-standing method for the prompt payment (or denial) of medical care. The medical expenses incurred are covered and paid under the automobile's PIP coverage and presumed reasonable and necessary unless disputed by the PIP insurer. Under current law (ORS 742.524), the insurer can rebut or dispute the presumption that the expenses were reasonable and necessary by notifying the medical provider within 60 days.

The reason for the presumption is the long-standing public policy written into the law by the legislature many years ago. The legislature wanted to make sure that injured victims obtained prompt and needed treatment without the fear that their treatment would be improperly denied and without the fear that insurers and providers would engage in a long disputes about payment of the medical bills. Under current law, there is a mechanism in place already to protect insurance companies that believe that treatment is not reasonable and necessary. The insurance company simply needs to send a denial letter to the medical provider. There is no need to erode this consumer protection as the insurer is well-protected under current law if it truly believes a treatment was not reasonable and necessary and related to the motor vehicle crash.

Vote No on HB 2848 so that injured consumers are promptly apprised of the payment or denial of medical care following an injury collision.