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SUMMARY

Provides that expenses for medical, hospital, dental, surgical ambulance and prosthetic services that insurer must pay under personal injury protection insurance policy are presumed to be reasonable and necessary if billed to insurer within 60 days after services are provided, unless service provider is given notice of denial of charges within 60 days after insurer receives notice of claim.

A BILL FOR AN ACT

Relating to insurance for personal injury protection; amending ORS 742.524.

Be It Enacted by the People of the State of Oregon:

SECTION 1. ORS 742.524 is amended to read:

742.524. (1) Personal injury protection benefits *[as]* required *[by]* **under** ORS 742.520 *[shall]* consist of the following payments for the injury or death of each person:

(a) All reasonable and necessary expenses *[of]* **for** medical, hospital, dental, surgical, ambulance and prosthetic services incurred within one year after the date of the person's injury, but not more than \$15,000 in the aggregate for all *[such]* **of the person's** expenses *[of the person]*. **If a provider bills an insurer within 60 calendar days after the date of service, expenses *[of]* for medical, hospital, dental, surgical, ambulance and prosthetic services *[shall be]* are** presumed to be reasonable and necessary unless the **insurer notifies the** provider *[is given notice]* of a denial of the charges not more than 60 calendar days after the insurer receives from the provider notice of the claim for the services. At any time during the first 50 calendar days after the insurer receives notice of claim, the provider shall, within 10

1 business days, answer in writing questions from the insurer regarding the
2 claim. For purposes of determining when the 60-day period [*provided by this*
3 *paragraph*] **for the insurer to notify the provider of a denial of the**
4 **charges** has elapsed, counting of days [*shall*] **must** be suspended if the pro-
5 vider does not supply written answers to the insurer within 10 days and may
6 not resume until **the provider supplies** the answers [*are supplied*].

7 (b) If the injured person is usually engaged in a remunerative occupation
8 and if disability continues for at least 14 days, 70 percent of the loss of in-
9 come from work during the period of the injured person's disability until the
10 date the person is able to return to the person's usual occupation. This
11 benefit is subject to a maximum payment of \$3,000 per month and a maximum
12 payment period in the aggregate of 52 weeks. As used in this paragraph,
13 "income" includes but is not limited to salary, wages, tips, commissions,
14 professional fees and profits from an individually owned business or farm.

15 (c) If the injured person is not usually engaged in a remunerative occu-
16 pation and if disability continues for at least 14 days, the expenses [*reason-*
17 *ably incurred by*] the injured person **reasonably incurs** for essential services
18 that [*were performed by*] a person who is not related to the injured person
19 or residing in the injured person's household **performs** in lieu of the services
20 the injured person would have performed without income during the period
21 of the person's disability until the date the person is reasonably able to
22 perform such essential services. This benefit is subject to a maximum pay-
23 ment of \$30 per day and a maximum payment period in the aggregate of 52
24 weeks.

25 (d) All reasonable and necessary funeral expenses incurred within one
26 year after the date of the person's injury, but not more than \$5,000.

27 (e) If the injured person is a parent of a minor child and [*is required to*]
28 **must** be hospitalized for a minimum of 24 hours, \$25 per day for child care,
29 with payments to begin after the initial 24 hours of hospitalization and to
30 be made for as long as the person is unable to return to work if the person
31 is engaged in a remunerative occupation or for as long as the person is un-

1 able to perform essential services that the person would have performed
2 without income if the person is not usually engaged in a remunerative oc-
3 cupation, but not to exceed \$750.

4 (2) With respect to the insured person and members of [*that*] **the insured**
5 person's family residing in the same household, an insurer may offer forms
6 of coverage for the benefits required by subsection (1)(a), (b) and (c) of this
7 section with deductibles of up to \$250.

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