House Bill 2006

Sponsored by Representative KOTEK (at the request of Michelle DuBarry)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced.**

Extends personal injury protection benefit coverage for certain expenses from one year after date of injury to two years after date of injury.

Modifies amount of reimbursement due personal injury protection benefit provider when total benefits exceed damages.

A BILL FOR AN ACT

2 Relating to personal injury protection benefits; creating new provisions; and amending ORS 742.524 and 742.544.

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] the person incurs within two years 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]. Expenses [of] for medical, hospital, dental, surgical, ambulance and prosthetic services [shall be] are presumed to be reasonable and necessary unless the [provider is given] insurer gives the provider notice, [of denial of the charges] not more than 60 calendar days after the insurer receives from the provider notice of the claim for the services, that the insurer has denied the charges. At any time during the first 50 calendar days after the insurer receives notice of claim, the provider shall, within 10 business days, answer in writing questions from the insurer regarding the claim. For purposes of [determining when] calculating the end of the 60-day period [provided by this paragraph has elapsed] within which the insurer must notify the provider that the insurer has denied the charges, counting of days [shall] must be suspended if the provider does not supply written answers to the insurer within 10 days and may not resume until the provider supplies the answers [are supplied].
- (b) If the injured person is usually engaged in a remunerative occupation and if **the person's** disability continues for at least 14 days, 70 percent of the loss of income from work during the period of the injured person's disability until the date the person is able to return to the person's usual occupation. This benefit is subject to a maximum payment of \$3,000 per month and a maximum payment period in the aggregate of 52 weeks. As used in this paragraph, "income" includes but is not limited to salary, wages, tips, commissions, professional fees and profits from an individually owned business or farm.
- (c) If the injured person is not usually engaged in a remunerative occupation and if **the person's** disability continues for at least 14 days, the expenses [reasonably incurred by] the injured

person **reasonably incurs** for essential services that [were performed by] a person who is not related to the injured person or residing in the injured person's household **performs** in lieu of the services the injured person would have performed without income during the period of the person's disability until the date the person is reasonably able to perform such essential services. This benefit is subject to a maximum payment of \$30 per day and a maximum payment period in the aggregate of 52 weeks.

- (d) All reasonable and necessary funeral expenses [incurred within one year] the person incurs within two years after the date of the person's injury, but not more than \$5,000.
- (e) If the injured person is a parent of a minor child and [is required to] **must** be hospitalized for a minimum of 24 hours, \$25 per day for child care, with payments to begin after the initial 24 hours of hospitalization and to be made for as long as the person is unable to return to work if the person is engaged in a remunerative occupation or for as long as the person is unable to perform essential services that the person would have performed without income if the person is not usually engaged in a remunerative occupation, but not to exceed \$750.
- (2) With respect to the insured person and members of [that] the insured person's family [residing] that reside in the same household, an insurer may offer forms of coverage for the benefits required [by] under subsection (1)(a), (b) and (c) of this section with deductibles of up to \$250.

SECTION 2. ORS 742.544 is amended to read:

742.544. (1) A provider of personal injury protection benefits shall be reimbursed for personal injury protection payments [made] the provider makes on behalf of any person only to the extent that the total amount of benefits the provider paid exceeds the [economic] damages [as defined in ORS 31.710 suffered by that] the person suffered. As used in this section, "total amount of benefits" means the amount of money [recovered by] a person recovers from:

- (a) Applicable underinsured motorist benefits described in ORS 742.502 (2);
- (b) Liability insurance coverage [available to] **that** the person [receiving] **who receives** the personal injury protection benefits **receives** from other parties to the accident;
 - (c) Personal injury protection payments; and
 - (d) Any other payments by or on behalf of the party whose fault caused the damages.
- (2) [Nothing in] This section [requires] does not require a person to repay more than the amount of personal injury protection benefits the person actually [received] receives.

SECTION 3. The amendments to ORS 742.524 and 742.544 by sections 1 and 2 of this 2013 Act apply to motor vehicle liability policies that an insurer issues or renews on or after the effective date of this 2013 Act.