

House Bill 2848

Sponsored by COMMITTEE ON BUSINESS AND LABOR (at the request of State Farm Insurance Companies)

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**.

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

1
2 Relating to insurance for personal injury protection; amending ORS 742.524.

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

4 **SECTION 1.** ORS 742.524 is amended to read:

5 742.524. (1) Personal injury protection benefits *[as]* required *[by]* **under** ORS 742.520 *[shall]*
6 consist of the following payments for the injury or death of each person:

7 (a) All reasonable and necessary expenses *[of]* **for** medical, hospital, dental, surgical, ambulance
8 and prosthetic services incurred within one year after the date of the person's injury, but not more
9 than \$15,000 in the aggregate for all *[such]* **of the person's** expenses *[of the person]*. **If a provider**
10 **bills an insurer within 60 calendar days after the date of service**, expenses *[of]* **for** medical,
11 hospital, dental, surgical, ambulance and prosthetic services *[shall be]* **are** presumed to be reason-
12 able and necessary unless the **insurer notifies the** provider *[is given notice]* of a denial of the
13 charges not more than 60 calendar days after the insurer receives from the provider notice of the
14 claim for the services. At any time during the first 50 calendar days after the insurer receives notice
15 of claim, the provider shall, within 10 business days, answer in writing questions from the insurer
16 regarding the claim. For purposes of determining when the 60-day period *[provided by this*
17 *paragraph]* **for the insurer to notify the provider of a denial of the charges** has elapsed,
18 counting of days *[shall]* **must** be suspended if the provider does not supply written answers to the
19 insurer within 10 days and may not resume until **the provider supplies** the answers *[are supplied]*.

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

27 (c) If the injured person is not usually engaged in a remunerative occupation and if disability
28 continues for at least 14 days, the expenses *[reasonably incurred by]* the injured person **reasonably**
29 **incurs** for essential services that *[were performed by]* a person who is not related to the injured
30 person or residing in the injured person's household **performs** in lieu of the services the injured

NOTE: Matter in **boldfaced** type in an amended section is new; matter *[italic and bracketed]* is existing law to be omitted. New sections are in **boldfaced** type.

1 person would have performed without income during the period of the person's disability until the
2 date the person is reasonably able to perform such essential services. This benefit is subject to a
3 maximum payment of \$30 per day and a maximum payment period in the aggregate of 52 weeks.

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

6 (e) If the injured person is a parent of a minor child and [*is required to*] **must** be hospitalized
7 for a minimum of 24 hours, \$25 per day for child care, with payments to begin after the initial 24
8 hours of hospitalization and to be made for as long as the person is unable to return to work if the
9 person is engaged in a remunerative occupation or for as long as the person is unable to perform
10 essential services that the person would have performed without income if the person is not usually
11 engaged in a remunerative occupation, but not to exceed \$750.

12 (2) With respect to the insured person and members of [*that*] **the insured** person's family resid-
13 ing in the same household, an insurer may offer forms of coverage for the benefits required by sub-
14 section (1)(a), (b) and (c) of this section with deductibles of up to \$250.

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