Minority Report

A-Engrossed Senate Bill 411

Ordered by the Senate February 17

Including Senate Minority Report Amendments dated February 17

Sponsored by nonconcurring members of the Senate Committee on Business and Transportation: Senators GIROD, THOMSEN

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

[Requires insurer to pay claims up to maximum coverage under policy of uninsured motorist cov-erage based on insured's total damages for personal injuries, less amounts recovered from other motor vehicle liability insurance policies.]

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

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

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A BILL FOR AN ACT

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

Be It Enacted by the People of the State of Oregon: 4

SECTION 1. ORS 742.524 is amended to read:

742.524. (1) Personal injury protection benefits [as] required by ORS 742.520 [shall] consist of the 6 following payments for the injury or death of each person: 7

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

(b) If the injured person is usually engaged in a remunerative occupation and if disability con-19 tinues for at least 14 days, 70 percent of the loss of income from work during the period of the in-20jured person's disability until the date the person is able to return to the person's usual occupation. 21This benefit is subject to a maximum payment of \$3,000 per month and a maximum payment period 22in the aggregate of 52 weeks. As used in this paragraph, "income" includes but is not limited to 23

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salary, wages, tips, commissions, professional fees and profits from an individually owned business
 or farm.

3 (c) If the injured person is not usually engaged in a remunerative occupation and if disability 4 continues for at least 14 days, the expenses reasonably incurred by the injured person for essential 5 services that were performed by a person who is not related to the injured person or residing in the 6 injured person's household in lieu of the services the injured person would have performed without 7 income during the period of the person's disability until the date the person is reasonably able to 8 perform such essential services. This benefit is subject to a maximum payment of \$30 per day and 9 a maximum payment period in the aggregate of 52 weeks.

(d) All reasonable and necessary funeral expenses incurred within one year 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 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 person's family residing in the same
household, an insurer may offer forms of coverage for the benefits required by subsection (1)(a), (b)
and (c) of this section with deductibles of up to \$250.

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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 on behalf of any person only to the extent that the total amount of benefits paid exceeds the [economic] damages [as defined in ORS 31.710] suffered by that person. As used in this section, "total amount of benefits" means the amount of money recovered by a person from:

27 (a) Applicable underinsured motorist benefits described in ORS 742.502 (2);

(b) Liability insurance coverage available to the person receiving the personal injury protection
 benefits from other parties to the accident;

30 (c) Personal injury protection payments; and

31 (d) Any other payments by or on behalf of the party whose fault caused the damages.

(2) Nothing in this section requires a person to repay more than the amount of personal injuryprotection benefits actually received.

34 <u>SECTION 3.</u> The amendments to ORS 742.524 and 742.544 by sections 1 and 2 of this 2015 35 Act apply to motor vehicle liability policies that are issued or renewed on or after the ef-36 fective date of this 2015 Act.

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