

Effective 5/3/2023

31A-22-307 Personal injury protection coverages and benefits.

(1) Personal injury protection coverages and benefits include:

(a) up to the minimum amount required coverage of not less than \$3,000 per person, the reasonable value of all expenses for necessary:

- (i) medical services;
- (ii) surgical services;
- (iii) X-ray services;
- (iv) dental services;
- (v) rehabilitation services, including prosthetic devices;
- (vi) ambulance services;
- (vii) hospital services; and
- (viii) nursing services;

(b)

- (i) the lesser of \$250 per week or 85% of any loss of gross income and loss of earning capacity per person from inability to work, for a maximum of 52 consecutive weeks after the loss, except that this benefit need not be paid for the first three days of disability, unless the disability continues for longer than two consecutive weeks after the date of injury; and
- (ii) a special damage allowance not exceeding \$20 per day for a maximum of 365 days, for services actually rendered or expenses reasonably incurred for services that, but for the injury, the injured person would have performed for the injured person's household, except that this benefit need not be paid for the first three days after the date of injury unless the person's inability to perform these services continues for more than two consecutive weeks;

(c) funeral, burial, or cremation benefits not to exceed a total of \$1,500 per person; and

(d) compensation on account of death of a person, payable to the person's heirs, in the total of \$3,000.

(2)

(a)

(i) To determine the reasonable value of the medical expenses provided for in Subsection (1) and under Subsection 31A-22-309(1)(a)(vi), the commissioner shall conduct a relative value study of services and accommodations for the diagnosis, care, recovery, or rehabilitation of an injured person in the most populous county in the state to assign a unit value and determine the 75th percentile charge for each type of service and accommodation.

(ii) The relative value study shall be updated every other year.

(iii) In conducting the relative value study, the department may consult or contract with appropriate public and private medical and health agencies or other technical experts.

(iv) The costs and expenses incurred in conducting, maintaining, and administering the relative value study shall be funded by the tax created under Section 59-9-105.

(v) Upon completion of the relative value study, the department shall prepare and publish a relative value study which sets forth the unit value and the 75th percentile charge assigned to each type of service and accommodation.

(b)

(i) The reasonable value of any service or accommodation is determined by applying the unit value and the 75th percentile charge assigned to the service or accommodation under the relative value study.

(ii) If a service or accommodation is not assigned a unit value or the 75th percentile charge under the relative value study, the value of the service or accommodation shall equal the

reasonable cost of the same or similar service or accommodation in the most populous county of this state.

- (c) This Subsection (2) does not preclude the department from adopting a schedule already established or a schedule prepared by persons outside the department, if it meets the requirements of this Subsection (2).
- (d) Every insurer shall report to the commissioner any pattern of overcharging, excessive treatment, or other improper actions by a health provider within 30 days after the day on which the insurer has knowledge of the pattern.
- (e)
 - (i) In disputed cases, a court on its own motion or on the motion of either party, may designate an impartial medical panel of not more than three licensed physicians to examine the claimant and testify on the issue of the reasonable value of the claimant's medical services or expenses.
 - (ii) An impartial medical panel designated under Subsection (2)(e)(i) shall consist of a majority of health care professionals within the same license classification and specialty as the provider of the claimant's medical services or expenses.
- (3) Medical expenses as provided for in Subsection (1)(a) and in Subsection 31A-22-309(1)(a)(vi) include expenses for any nonmedical remedial care and treatment rendered in accordance with a recognized religious method of healing.
- (4) The insured may waive for the named insured and the named insured's spouse only the loss of gross income benefits of Subsection (1)(b)(i) if the insured states in writing that:
 - (a) within 31 days of applying for coverage, neither the insured nor the insured's spouse received any earned income from regular employment; and
 - (b) for at least 180 days from the date of the writing and during the period of insurance, neither the insured nor the insured's spouse will receive earned income from regular employment.
- (5) This section does not:
 - (a) prohibit the issuance of a policy of insurance providing coverages greater than the minimum coverage required under this chapter; or
 - (b) require the segregation of those minimum coverages from other coverages in the same policy.
- (6) Deductibles are not permitted with respect to the insurance coverages required under this section.
- (7)
 - (a) A person shall bring an action on a written policy or contract for personal injury protection coverage within four years after the inception of loss.
 - (b) This Subsection (7) applies to a claim that is not time barred by Subsection 31A-21-313(1)(a) as of May 3, 2023.

Amended by Chapter 185, 2023 General Session