♣ Approved for Filing: S.C. Halverson
 ♣ 02-17-12 2:50 PM

1	PERSONAL INJURY PROTECTION INSURANCE
2	AMENDMENTS
3	2012 GENERAL SESSION
4	STATE OF UTAH
5	Chief Sponsor: Allen M. Christensen
6	House Sponsor:
7	
8	LONG TITLE
9	General Description:
10	This bill modifies the Insurance Code by amending provisions relating to personal
11	injury protection insurance.
12	Highlighted Provisions:
13	This bill:
14	<ul> <li>provides that an insurer that provides personal injury protection coverage under this</li> </ul>
15	section may not discount the reimbursement for a medical expense in excess of the
16	amount of the reasonable value of that medical expense as determined by the
17	relative value study unless the increased discount is allowed through a contract
18	between:
19	• the medical provider; and
20	• the insurer that provides the personal injury protection coverage Ŝ→ [;];
20a	<ul> <li>provides that the medical provider will accept the payments made pursuant to the</li> </ul>
20b	Utah RVS fee schedule for covered services as full and final payment and may not submit the
20c	balance of the bill to the patient; and
20d	<ul> <li>provides that the original amount of the medical provider's bill shall be used for</li> </ul>
20e	purposes of determining whether a person who has or is required to have direct benefit
20f	coverage under a policy which includes personal injury protection may maintain a cause of
20g	action for general damages arising out of personal injuries alleged to have been caused by an
20h	automobile accident. ←Ŝ



S.B. 237 02-17-12 2:50 PM

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- None None
- 23 Other Special Clauses:
- None None
- 25 Utah Code Sections Affected:
- 26 AMENDS:
- 27 **31A-22-307**, as last amended by Laws of Utah 2006, Chapter 197

02-17-12 2:50 PM S.B. 237

28 29 *Be it enacted by the Legislature of the state of Utah:* 30 Section 1. Section 31A-22-307 is amended to read: 31 31A-22-307. Personal injury protection coverages and benefits. 32 (1) Personal injury protection coverages and benefits include: 33 (a) up to the minimum amount required coverage of not less than \$3,000 per person. 34 the reasonable value of all expenses for necessary: 35 (i) medical services; 36 (ii) surgical services; 37 (iii) X-ray services; 38 (iv) dental services; 39 (v) rehabilitation services, including prosthetic devices; 40 (vi) ambulance services; 41 (vii) hospital services; and 42 (viii) nursing services; 43 (b) (i) the lesser of \$250 per week or 85% of any loss of gross income and loss of 44 earning capacity per person from inability to work, for a maximum of 52 consecutive weeks 45 after the loss, except that this benefit need not be paid for the first three days of disability, 46 unless the disability continues for longer than two consecutive weeks after the date of injury; and 47 48 (ii) a special damage allowance not exceeding \$20 per day for a maximum of 365 days, 49 for services actually rendered or expenses reasonably incurred for services that, but for the 50 injury, the injured person would have performed for the injured person's household, except that 51 this benefit need not be paid for the first three days after the date of injury unless the person's 52 inability to perform these services continues for more than two consecutive weeks; 53 (c) funeral, burial, or cremation benefits not to exceed a total of \$1,500 per person; and 54 (d) compensation on account of death of a person, payable to the person's heirs, in the 55 total of \$3,000. 56 (2) (a) (i) To determine the reasonable value of the medical expenses provided for in 57 Subsection (1) and under Subsection 31A-22-309(1)(a)(v), the commissioner shall conduct a 58 relative value study of services and accommodations for the diagnosis, care, recovery, or

S.B. 237 02-17-12 2:50 PM

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.
  - (f) An insurer that provides personal injury protection coverage under this section may

02-17-12 2:50 PM S.B. 237

90	not discount the reimbursement for a medical expense in excess of the amount of the
91	reasonable value of the medical expense as determined by the relative value study under
92	Subsection (2)(b) unless the increased discount is allowed through a contract between:
93	(i) the medical provider; and
94	(ii) the insurer that provides the personal injury protection coverage.
94a	$\hat{S} \rightarrow (g)(i)$ The medical provider will accept the payments made pursuant to the Utah
94b	RVS fee schedule for covered services as full and final payment and may not submit the
94c	balance of the bill to the patient.
94d	(ii) The original amount of the medical provider's bill shall be used for purposes of
94e	determining whether the requirement of Section 31A-22-309(1)(a)(v) has been met. ←Ŝ
95	(3) Medical expenses as provided for in Subsection (1)(a) and in Subsection
96	31A-22-309(1)(a)(v) include expenses for any nonmedical remedial care and treatment
97	rendered in accordance with a recognized religious method of healing.
98	(4) The insured may waive for the named insured and the named insured's spouse only
99	the loss of gross income benefits of Subsection (1)(b)(i) if the insured states in writing that:
100	(a) within 31 days of applying for coverage, neither the insured nor the insured's spouse
101	received any earned income from regular employment; and
102	(b) for at least 180 days from the date of the writing and during the period of insurance,
103	neither the insured nor the insured's spouse will receive earned income from regular
104	employment.
105	(5) This section does not:
106	(a) prohibit the issuance of a policy of insurance providing coverages greater than the
107	minimum coverage required under this chapter; or
108	(b) require the segregation of those minimum coverages from other coverages in the
109	same policy.
110	(6) Deductibles are not permitted with respect to the insurance coverages required
111	under this section.

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Office of Legislative Research and General Counsel