

1                                   **STATUTES OF LIMITATION AMENDMENTS**

2                                                           2023 GENERAL SESSION

3                                                           STATE OF UTAH

4                                   **Chief Sponsor: Anthony E. Loubet**

5                                                           Senate Sponsor: Todd D. Weiler

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7 **LONG TITLE**

8 **General Description:**

9                   This bill addresses limitations on actions.

10 **Highlighted Provisions:**

11                   This bill:

- 12                   ▶ addresses limitations of actions involving insurance, including for personal injury
- 13 coverage;
- 14                   ▶ modifies the statute of limitations involving personal injury from a motor vehicle
- 15 accident or property damage to a motor vehicle; and
- 16                   ▶ makes technical changes.

17 **Money Appropriated in this Bill:**

18                   None

19 **Other Special Clauses:**

20                   None

21 **Utah Code Sections Affected:**

22 AMENDS:

- 23                   **31A-21-313**, as last amended by Laws of Utah 2020, Chapter 32
- 24                   **31A-22-305**, as last amended by Laws of Utah 2022, Chapter 163
- 25                   **31A-22-307**, as last amended by Laws of Utah 2020, Chapter 130
- 26                   **78B-2-305**, as last amended by Laws of Utah 2010, Chapter 143
- 27                   **78B-2-307**, as last amended by Laws of Utah 2017, Chapter 204

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29 *Be it enacted by the Legislature of the state of Utah:*

30 Section 1. Section 31A-21-313 is amended to read:

31 **31A-21-313. Limitation of actions.**

32 (1) (a) ~~[An]~~ A person shall commence an action on a written policy or contract of first  
33 party insurance [shall be commenced] within three years after the inception of the loss except  
34 as provided in:

35 (i) Subsection 31A-22-305(11); and

36 (ii) Subsection 31A-22-307(7).

37 (b) The inception of the loss on a fidelity bond is the date the insurer first denies all or  
38 part of a claim made under the fidelity bond.

39 (2) Except as provided in Subsection (1) or elsewhere in this title, an action on a  
40 written policy or contract for insurance is subject to the law applicable to limitation of actions  
41 in Title 78B, Chapter 2, Statutes of Limitations~~[, applies to actions on insurance policies].~~

42 (3) An insurance policy may not:

43 (a) limit the time for beginning an action on the policy to a time less than that  
44 authorized by statute;

45 (b) prescribe in what court an action may be brought on the policy; or

46 (c) provide that no action may be brought, subject to permissible arbitration provisions  
47 in contracts.

48 (4) (a) Unless by verified complaint it is alleged that prejudice to the complainant will  
49 arise from a delay in bringing suit against an insurer, which prejudice is other than the delay  
50 itself, ~~[no]~~ an action may not be brought against an insurer on an insurance policy to compel  
51 payment under the insurance policy until the earlier of:

52 (i) 60 days after proof of loss has been furnished as required under the policy;

53 (ii) waiver by the insurer of proof of loss; or

54 (iii) (A) the insurer's denial of full payment; or

55 (B) for an accident and health insurance policy, the insurer's denial of payment.

56 (b) Under an accident and health insurance policy, an insurer may not require the  
57 completion of an appeals process that exceeds the provisions in 29 C.F.R. Sec. 2560.503-1 to

58 bring suit under this Subsection (4).

59 (5) The period of limitation is tolled during the period in which the parties conduct an  
60 appraisal or arbitration procedure prescribed by the insurance policy, by law, or as agreed to by  
61 the parties.

62 Section 2. Section **31A-22-305** is amended to read:

63 **31A-22-305. Uninsured motorist coverage.**

64 (1) As used in this section, "covered persons" includes:

65 (a) the named insured;

66 (b) for a claim arising on or after May 13, 2014, the named insured's dependent minor  
67 children;

68 (c) persons related to the named insured by blood, marriage, adoption, or guardianship,  
69 who are residents of the named insured's household, including those who usually make their  
70 home in the same household but temporarily live elsewhere;

71 (d) any person occupying or using a motor vehicle:

72 (i) referred to in the policy; or

73 (ii) owned by a self-insured; and

74 (e) any person who is entitled to recover damages against the owner or operator of the  
75 uninsured or underinsured motor vehicle because of bodily injury to or death of persons under  
76 Subsection (1)(a), (b), (c), or (d).

77 (2) As used in this section, "uninsured motor vehicle" includes:

78 (a) (i) a motor vehicle, the operation, maintenance, or use of which is not covered  
79 under a liability policy at the time of an injury-causing occurrence; or

80 (ii) (A) a motor vehicle covered with lower liability limits than required by Section  
81 [31A-22-304](#); and

82 (B) the motor vehicle described in Subsection (2)(a)(ii)(A) is uninsured to the extent of  
83 the deficiency;

84 (b) an unidentified motor vehicle that left the scene of an accident proximately caused  
85 by the motor vehicle operator;

86 (c) a motor vehicle covered by a liability policy, but coverage for an accident is  
87 disputed by the liability insurer for more than 60 days or continues to be disputed for more than  
88 60 days; or

89 (d) (i) an insured motor vehicle if, before or after the accident, the liability insurer of  
90 the motor vehicle is declared insolvent by a court of competent jurisdiction; and

91 (ii) the motor vehicle described in Subsection (2)(d)(i) is uninsured only to the extent  
92 that the claim against the insolvent insurer is not paid by a guaranty association or fund.

93 (3) Uninsured motorist coverage under Subsection 31A-22-302(1)(b) provides  
94 coverage for covered persons who are legally entitled to recover damages from owners or  
95 operators of uninsured motor vehicles because of bodily injury, sickness, disease, or death.

96 (4) (a) For new policies written on or after January 1, 2001, the limits of uninsured  
97 motorist coverage shall be equal to the lesser of the limits of the named insured's motor vehicle  
98 liability coverage or the maximum uninsured motorist coverage limits available by the insurer  
99 under the named insured's motor vehicle policy, unless a named insured rejects or purchases  
100 coverage in a lesser amount by signing an acknowledgment form that:

101 (i) is filed with the department;

102 (ii) is provided by the insurer;

103 (iii) waives the higher coverage;

104 (iv) need only state in this or similar language that uninsured motorist coverage  
105 provides benefits or protection to you and other covered persons for bodily injury resulting  
106 from an accident caused by the fault of another party where the other party has no liability  
107 insurance; and

108 (v) discloses the additional premiums required to purchase uninsured motorist  
109 coverage with limits equal to the lesser of the limits of the named insured's motor vehicle  
110 liability coverage or the maximum uninsured motorist coverage limits available by the insurer  
111 under the named insured's motor vehicle policy.

112 (b) Any selection or rejection under this Subsection (4) continues for that issuer of the  
113 liability coverage until the insured requests, in writing, a change of uninsured motorist

114 coverage from that liability insurer.

115 (c) (i) Subsections (4)(a) and (b) apply retroactively to any claim arising on or after  
116 January 1, 2001, for which, as of May 14, 2013, an insured has not made a written demand for  
117 arbitration or filed a complaint in a court of competent jurisdiction.

118 (ii) The Legislature finds that the retroactive application of Subsections (4)(a) and (b)  
119 clarifies legislative intent and does not enlarge, eliminate, or destroy vested rights.

120 (d) For purposes of this Subsection (4), "new policy" means:

121 (i) any policy that is issued which does not include a renewal or reinstatement of an  
122 existing policy; or

123 (ii) a change to an existing policy that results in:

124 (A) a named insured being added to or deleted from the policy; or

125 (B) a change in the limits of the named insured's motor vehicle liability coverage.

126 (e) (i) As used in this Subsection (4)(e), "additional motor vehicle" means a change  
127 that increases the total number of vehicles insured by the policy, and does not include  
128 replacement, substitute, or temporary vehicles.

129 (ii) The adding of an additional motor vehicle to an existing personal lines or  
130 commercial lines policy does not constitute a new policy for purposes of Subsection (4)(d).

131 (iii) If an additional motor vehicle is added to a personal lines policy where uninsured  
132 motorist coverage has been rejected, or where uninsured motorist limits are lower than the  
133 named insured's motor vehicle liability limits, the insurer shall provide a notice to a named  
134 insured within 30 days that:

135 (A) in the same manner as described in Subsection (4)(a)(iv), explains the purpose of  
136 uninsured motorist coverage; and

137 (B) encourages the named insured to contact the insurance company or insurance  
138 producer for quotes as to the additional premiums required to purchase uninsured motorist  
139 coverage with limits equal to the lesser of the limits of the named insured's motor vehicle  
140 liability coverage or the maximum uninsured motorist coverage limits available by the insurer  
141 under the named insured's motor vehicle policy.

142 (f) A change in policy number resulting from any policy change not identified under  
143 Subsection (4)(d)(ii) does not constitute a new policy.

144 (g) (i) Subsection (4)(d) applies retroactively to any claim arising on or after January 1,  
145 2001, for which, as of May 1, 2012, an insured has not made a written demand for arbitration  
146 or filed a complaint in a court of competent jurisdiction.

147 (ii) The Legislature finds that the retroactive application of Subsection (4):

148 (A) does not enlarge, eliminate, or destroy vested rights; and

149 (B) clarifies legislative intent.

150 (h) A self-insured, including a governmental entity, may elect to provide uninsured  
151 motorist coverage in an amount that is less than its maximum self-insured retention under  
152 Subsections (4)(a) and (5)(a) by issuing a declaratory memorandum or policy statement from  
153 the chief financial officer or chief risk officer that declares the:

154 (i) self-insured entity's coverage level; and

155 (ii) process for filing an uninsured motorist claim.

156 (i) Uninsured motorist coverage may not be sold with limits that are less than the  
157 minimum bodily injury limits for motor vehicle liability policies under Section [31A-22-304](#).

158 (j) The acknowledgment under Subsection (4)(a) continues for that issuer of the  
159 uninsured motorist coverage until the named insured requests, in writing, different uninsured  
160 motorist coverage from the insurer.

161 (k) (i) In conjunction with the first two renewal notices sent after January 1, 2001, for  
162 policies existing on that date, the insurer shall disclose in the same medium as the premium  
163 renewal notice, an explanation of:

164 (A) the purpose of uninsured motorist coverage in the same manner as described in  
165 Subsection (4)(a)(iv); and

166 (B) a disclosure of the additional premiums required to purchase uninsured motorist  
167 coverage with limits equal to the lesser of the limits of the named insured's motor vehicle  
168 liability coverage or the maximum uninsured motorist coverage limits available by the insurer  
169 under the named insured's motor vehicle policy.

170 (ii) The disclosure required under Subsection (4)(k)(i) shall be sent to all named  
171 insureds that carry uninsured motorist coverage limits in an amount less than the named  
172 insured's motor vehicle liability policy limits or the maximum uninsured motorist coverage  
173 limits available by the insurer under the named insured's motor vehicle policy.

174 (l) For purposes of this Subsection (4), a notice or disclosure sent to a named insured in  
175 a household constitutes notice or disclosure to all insureds within the household.

176 (5) (a) (i) Except as provided in Subsection (5)(b), the named insured may reject  
177 uninsured motorist coverage by an express writing to the insurer that provides liability  
178 coverage under Subsection 31A-22-302(1)(a).

179 (ii) This rejection shall be on a form provided by the insurer that includes a reasonable  
180 explanation of the purpose of uninsured motorist coverage.

181 (iii) This rejection continues for that issuer of the liability coverage until the insured in  
182 writing requests uninsured motorist coverage from that liability insurer.

183 (b) (i) All persons, including governmental entities, that are engaged in the business of,  
184 or that accept payment for, transporting natural persons by motor vehicle, and all school  
185 districts that provide transportation services for their students, shall provide coverage for all  
186 motor vehicles used for that purpose, by purchase of a policy of insurance or by self-insurance,  
187 uninsured motorist coverage of at least \$25,000 per person and \$500,000 per accident.

188 (ii) This coverage is secondary to any other insurance covering an injured covered  
189 person.

190 (c) Uninsured motorist coverage:

191 (i) does not cover any benefit paid or payable under Title 34A, Chapter 2, Workers'  
192 Compensation Act, except that the covered person is credited an amount described in  
193 Subsection 34A-2-106(5);

194 (ii) may not be subrogated by the workers' compensation insurance carrier, workers'  
195 compensation insurance, uninsured employer, the Uninsured Employers Fund created in  
196 Section 34A-2-704, or the Employers' Reinsurance Fund created in Section 34A-2-702;

197 (iii) may not be reduced by any benefits provided by workers' compensation insurance,

198 uninsured employer, the Uninsured Employers Fund created in Section 34A-2-704, or the  
199 Employers' Reinsurance Fund created in Section 34A-2-702;

200 (iv) may be reduced by health insurance subrogation only after the covered person has  
201 been made whole;

202 (v) may not be collected for bodily injury or death sustained by a person:

203 (A) while committing a violation of Section 41-1a-1314;

204 (B) who, as a passenger in a vehicle, has knowledge that the vehicle is being operated  
205 in violation of Section 41-1a-1314; or

206 (C) while committing a felony; and

207 (vi) notwithstanding Subsection (5)(c)(v), may be recovered:

208 (A) for a person under 18 years old who is injured within the scope of Subsection  
209 (5)(c)(v) but limited to medical and funeral expenses; or

210 (B) by a law enforcement officer as defined in Section 53-13-103, who is injured  
211 within the course and scope of the law enforcement officer's duties.

212 (d) As used in this Subsection (5), "motor vehicle" has the same meaning as under  
213 Section 41-1a-102.

214 (6) When a covered person alleges that an uninsured motor vehicle under Subsection  
215 (2)(b) proximately caused an accident without touching the covered person or the motor  
216 vehicle occupied by the covered person, the covered person shall show the existence of the  
217 uninsured motor vehicle by clear and convincing evidence consisting of more than the covered  
218 person's testimony.

219 (7) (a) The limit of liability for uninsured motorist coverage for two or more motor  
220 vehicles may not be added together, combined, or stacked to determine the limit of insurance  
221 coverage available to an injured person for any one accident.

222 (b) (i) Subsection (7)(a) applies to all persons except a covered person as defined under  
223 Subsection (8)(b).

224 (ii) A covered person as defined under Subsection (8)(b)(ii) is entitled to the highest  
225 limits of uninsured motorist coverage afforded for any one motor vehicle that the covered



226 person is the named insured or an insured family member.

227 (iii) This coverage shall be in addition to the coverage on the motor vehicle the covered  
228 person is occupying.

229 (iv) Neither the primary nor the secondary coverage may be set off against the other.

230 (c) Coverage on a motor vehicle occupied at the time of an accident shall be primary  
231 coverage, and the coverage elected by a person described under Subsections (1)(a), (b), and (c)  
232 shall be secondary coverage.

233 (8) (a) Uninsured motorist coverage under this section applies to bodily injury,  
234 sickness, disease, or death of covered persons while occupying or using a motor vehicle only if  
235 the motor vehicle is described in the policy under which a claim is made, or if the motor  
236 vehicle is a newly acquired or replacement motor vehicle covered under the terms of the policy.  
237 Except as provided in Subsection (7) or this Subsection (8), a covered person injured in a  
238 motor vehicle described in a policy that includes uninsured motorist benefits may not elect to  
239 collect uninsured motorist coverage benefits from any other motor vehicle insurance policy  
240 under which the person is a covered person.

241 (b) Each of the following persons may also recover uninsured motorist benefits under  
242 any one other policy in which they are described as a "covered person" as defined in Subsection  
243 (1):

244 (i) a covered person injured as a pedestrian by an uninsured motor vehicle; and

245 (ii) except as provided in Subsection (8)(c), a covered person injured while occupying  
246 or using a motor vehicle that is not owned, leased, or furnished:

247 (A) to the covered person;

248 (B) to the covered person's spouse; or

249 (C) to the covered person's resident parent or resident sibling.

250 (c) (i) A covered person may recover benefits from no more than two additional  
251 policies, one additional policy from each parent's household if the covered person is:

252 (A) a dependent minor of parents who reside in separate households; and

253 (B) injured while occupying or using a motor vehicle that is not owned, leased, or

254 furnished:

255 (I) to the covered person;

256 (II) to the covered person's resident parent; or

257 (III) to the covered person's resident sibling.

258 (ii) Each parent's policy under this Subsection (8)(c) is liable only for the percentage of  
259 the damages that the limit of liability of each parent's policy of uninsured motorist coverage  
260 bears to the total of both parents' uninsured coverage applicable to the accident.

261 (d) A covered person's recovery under any available policies may not exceed the full  
262 amount of damages.

263 (e) A covered person in Subsection (8)(b) is not barred against making subsequent  
264 elections if recovery is unavailable under previous elections.

265 (f) (i) As used in this section, "interpolicy stacking" means recovering benefits for a  
266 single incident of loss under more than one insurance policy.

267 (ii) Except to the extent permitted by Subsection (7) and this Subsection (8),  
268 interpolicy stacking is prohibited for uninsured motorist coverage.

269 (9) (a) When a claim is brought by a named insured or a person described in  
270 Subsection (1) and is asserted against the covered person's uninsured motorist carrier, the  
271 claimant may elect to resolve the claim:

272 (i) by submitting the claim to binding arbitration; or

273 (ii) through litigation.

274 (b) Unless otherwise provided in the policy under which uninsured benefits are  
275 claimed, the election provided in Subsection (9)(a) is available to the claimant only, except that  
276 if the policy under which insured benefits are claimed provides that either an insured or the  
277 insurer may elect arbitration, the insured or the insurer may elect arbitration and that election to  
278 arbitrate shall stay the litigation of the claim under Subsection (9)(a)(ii).

279 (c) Once the claimant has elected to commence litigation under Subsection (9)(a)(ii),  
280 the claimant may not elect to resolve the claim through binding arbitration under this section  
281 without the written consent of the uninsured motorist carrier.

282 (d) For purposes of the statute of limitations applicable to a claim described in  
283 Subsection (9)(a), if the claimant does not elect to resolve the claim through litigation, the  
284 claim is considered filed when the claimant submits the claim to binding arbitration in  
285 accordance with this Subsection (9).

286 (e) (i) Unless otherwise agreed to in writing by the parties, a claim that is submitted to  
287 binding arbitration under Subsection (9)(a)(i) shall be resolved by a single arbitrator.

288 (ii) All parties shall agree on the single arbitrator selected under Subsection (9)(e)(i).

289 (iii) If the parties are unable to agree on a single arbitrator as required under Subsection  
290 (9)(e)(ii), the parties shall select a panel of three arbitrators.

291 (f) If the parties select a panel of three arbitrators under Subsection (9)(e)(iii):

292 (i) each side shall select one arbitrator; and

293 (ii) the arbitrators appointed under Subsection (9)(f)(i) shall select one additional  
294 arbitrator to be included in the panel.

295 (g) Unless otherwise agreed to in writing:

296 (i) each party shall pay an equal share of the fees and costs of the arbitrator selected  
297 under Subsection (9)(e)(i); or

298 (ii) if an arbitration panel is selected under Subsection (9)(e)(iii):

299 (A) each party shall pay the fees and costs of the arbitrator selected by that party; and

300 (B) each party shall pay an equal share of the fees and costs of the arbitrator selected  
301 under Subsection (9)(f)(ii).

302 (h) Except as otherwise provided in this section or unless otherwise agreed to in  
303 writing by the parties, an arbitration proceeding conducted under this section shall be governed  
304 by Title 78B, Chapter 11, Utah Uniform Arbitration Act.

305 (i) (i) The arbitration shall be conducted in accordance with Rules 26(a)(4) through (f),  
306 27 through 37, 54, and 68 of the Utah Rules of Civil Procedure, once the requirements of  
307 Subsections (10)(a) through (c) are satisfied.

308 (ii) The specified tier as defined by Rule 26(c)(3) of the Utah Rules of Civil Procedure  
309 shall be determined based on the claimant's specific monetary amount in the written demand

310 for payment of uninsured motorist coverage benefits as required in Subsection (10)(a)(i)(A).

311 (iii) Rules 26.1 and 26.2 of the Utah Rules of Civil Procedure do not apply to  
312 arbitration claims under this part.

313 (j) All issues of discovery shall be resolved by the arbitrator or the arbitration panel.

314 (k) A written decision by a single arbitrator or by a majority of the arbitration panel  
315 shall constitute a final decision.

316 (l) (i) Except as provided in Subsection (10), the amount of an arbitration award may  
317 not exceed the uninsured motorist policy limits of all applicable uninsured motorist policies,  
318 including applicable uninsured motorist umbrella policies.

319 (ii) If the initial arbitration award exceeds the uninsured motorist policy limits of all  
320 applicable uninsured motorist policies, the arbitration award shall be reduced to an amount  
321 equal to the combined uninsured motorist policy limits of all applicable uninsured motorist  
322 policies.

323 (m) The arbitrator or arbitration panel may not decide the issues of coverage or  
324 extra-contractual damages, including:

325 (i) whether the claimant is a covered person;

326 (ii) whether the policy extends coverage to the loss; or

327 (iii) any allegations or claims asserting consequential damages or bad faith liability.

328 (n) The arbitrator or arbitration panel may not conduct arbitration on a class-wide or  
329 class-representative basis.

330 (o) If the arbitrator or arbitration panel finds that the action was not brought, pursued,  
331 or defended in good faith, the arbitrator or arbitration panel may award reasonable attorney fees  
332 and costs against the party that failed to bring, pursue, or defend the claim in good faith.

333 (p) An arbitration award issued under this section shall be the final resolution of all  
334 claims not excluded by Subsection (9)(m) between the parties unless:

335 (i) the award was procured by corruption, fraud, or other undue means;

336 (ii) either party, within 20 days after service of the arbitration award:

337 (A) files a complaint requesting a trial de novo in the district court; and

338 (B) serves the nonmoving party with a copy of the complaint requesting a trial de novo  
339 under Subsection (9)(p)(ii)(A).

340 (q) (i) Upon filing a complaint for a trial de novo under Subsection (9)(p), the claim  
341 shall proceed through litigation pursuant to the Utah Rules of Civil Procedure and Utah Rules  
342 of Evidence in the district court.

343 (ii) In accordance with Rule 38, Utah Rules of Civil Procedure, either party may  
344 request a jury trial with a complaint requesting a trial de novo under Subsection (9)(p)(ii)(A).

345 (r) (i) If the claimant, as the moving party in a trial de novo requested under Subsection  
346 (9)(p), does not obtain a verdict that is at least \$5,000 and is at least 20% greater than the  
347 arbitration award, the claimant is responsible for all of the nonmoving party's costs.

348 (ii) If the uninsured motorist carrier, as the moving party in a trial de novo requested  
349 under Subsection (9)(p), does not obtain a verdict that is at least 20% less than the arbitration  
350 award, the uninsured motorist carrier is responsible for all of the nonmoving party's costs.

351 (iii) Except as provided in Subsection (9)(r)(iv), the costs under this Subsection (9)(r)  
352 shall include:

353 (A) any costs set forth in Rule 54(d), Utah Rules of Civil Procedure; and

354 (B) the costs of expert witnesses and depositions.

355 (iv) An award of costs under this Subsection (9)(r) may not exceed \$2,500 unless  
356 Subsection (10)(h)(iii) applies.

357 (s) For purposes of determining whether a party's verdict is greater or less than the  
358 arbitration award under Subsection (9)(r), a court may not consider any recovery or other relief  
359 granted on a claim for damages if the claim for damages:

360 (i) was not fully disclosed in writing prior to the arbitration proceeding; or

361 (ii) was not disclosed in response to discovery contrary to the Utah Rules of Civil  
362 Procedure.

363 (t) If a district court determines, upon a motion of the nonmoving party, that the  
364 moving party's use of the trial de novo process was filed in bad faith in accordance with  
365 Section [78B-5-825](#), the district court may award reasonable attorney fees to the nonmoving

366 party.

367 (u) Nothing in this section is intended to limit any claim under any other portion of an  
368 applicable insurance policy.

369 (v) If there are multiple uninsured motorist policies, as set forth in Subsection (8), the  
370 claimant may elect to arbitrate in one hearing the claims against all the uninsured motorist  
371 carriers.

372 (10) (a) Within 30 days after a covered person elects to submit a claim for uninsured  
373 motorist benefits to binding arbitration or files litigation, the covered person shall provide to  
374 the uninsured motorist carrier:

375 (i) a written demand for payment of uninsured motorist coverage benefits, setting forth:

376 (A) subject to Subsection (10)(m), the specific monetary amount of the demand,  
377 including a computation of the covered person's claimed past medical expenses, claimed past  
378 lost wages, and the other claimed past economic damages; and

379 (B) the factual and legal basis and any supporting documentation for the demand;

380 (ii) a written statement under oath disclosing:

381 (A) (I) the names and last known addresses of all health care providers who have  
382 rendered health care services to the covered person that are material to the claims for which  
383 uninsured motorist benefits are sought for a period of five years preceding the date of the event  
384 giving rise to the claim for uninsured motorist benefits up to the time the election for  
385 arbitration or litigation has been exercised; and

386 (II) the names and last known addresses of the health care providers who have rendered  
387 health care services to the covered person, which the covered person claims are immaterial to  
388 the claims for which uninsured motorist benefits are sought, for a period of five years  
389 preceding the date of the event giving rise to the claim for uninsured motorist benefits up to the  
390 time the election for arbitration or litigation has been exercised that have not been disclosed  
391 under Subsection (10)(a)(ii)(A)(I);

392 (B) (I) the names and last known addresses of all health insurers or other entities to  
393 whom the covered person has submitted claims for health care services or benefits material to

394 the claims for which uninsured motorist benefits are sought, for a period of five years  
395 preceding the date of the event giving rise to the claim for uninsured motorist benefits up to the  
396 time the election for arbitration or litigation has been exercised; and

397 (II) the names and last known addresses of the health insurers or other entities to whom  
398 the covered person has submitted claims for health care services or benefits, which the covered  
399 person claims are immaterial to the claims for which uninsured motorist benefits are sought,  
400 for a period of five years preceding the date of the event giving rise to the claim for uninsured  
401 motorist benefits up to the time the election for arbitration or litigation have not been disclosed;

402 (C) if lost wages, diminished earning capacity, or similar damages are claimed, all  
403 employers of the covered person for a period of five years preceding the date of the event  
404 giving rise to the claim for uninsured motorist benefits up to the time the election for  
405 arbitration or litigation has been exercised;

406 (D) other documents to reasonably support the claims being asserted; and

407 (E) all state and federal statutory lienholders including a statement as to whether the  
408 covered person is a recipient of Medicare or Medicaid benefits or Utah Children's Health  
409 Insurance Program benefits under Title 26, Chapter 40, Utah Children's Health Insurance Act,  
410 or if the claim is subject to any other state or federal statutory liens; and

411 (iii) signed authorizations to allow the uninsured motorist carrier to only obtain records  
412 and billings from the individuals or entities disclosed under Subsections (10)(a)(ii)(A)(I),  
413 (B)(I), and (C).

414 (b) (i) If the uninsured motorist carrier determines that the disclosure of undisclosed  
415 health care providers or health care insurers under Subsection (10)(a)(ii) is reasonably  
416 necessary, the uninsured motorist carrier may:

417 (A) make a request for the disclosure of the identity of the health care providers or  
418 health care insurers; and

419 (B) make a request for authorizations to allow the uninsured motorist carrier to only  
420 obtain records and billings from the individuals or entities not disclosed.

421 (ii) If the covered person does not provide the requested information within 10 days:

422 (A) the covered person shall disclose, in writing, the legal or factual basis for the  
423 failure to disclose the health care providers or health care insurers; and

424 (B) either the covered person or the uninsured motorist carrier may request the  
425 arbitrator or arbitration panel to resolve the issue of whether the identities or records are to be  
426 provided if the covered person has elected arbitration.

427 (iii) The time periods imposed by Subsection (10)(c)(i) are tolled pending resolution of  
428 the dispute concerning the disclosure and production of records of the health care providers or  
429 health care insurers.

430 (c) (i) An uninsured motorist carrier that receives an election for arbitration or a notice  
431 of filing litigation and the demand for payment of uninsured motorist benefits under Subsection  
432 (10)(a)(i) shall have a reasonable time, not to exceed 60 days from the date of the demand and  
433 receipt of the items specified in Subsections (10)(a)(i) through (iii), to:

434 (A) provide a written response to the written demand for payment provided for in  
435 Subsection (10)(a)(i);

436 (B) except as provided in Subsection (10)(c)(i)(C), tender the amount, if any, of the  
437 uninsured motorist carrier's determination of the amount owed to the covered person; and

438 (C) if the covered person is a recipient of Medicare or Medicaid benefits or Utah  
439 Children's Health Insurance Program benefits under Title 26, Chapter 40, Utah Children's  
440 Health Insurance Act, or if the claim is subject to any other state or federal statutory liens,  
441 tender the amount, if any, of the uninsured motorist carrier's determination of the amount owed  
442 to the covered person less:

443 (I) if the amount of the state or federal statutory lien is established, the amount of the  
444 lien; or

445 (II) if the amount of the state or federal statutory lien is not established, two times the  
446 amount of the medical expenses subject to the state or federal statutory lien until such time as  
447 the amount of the state or federal statutory lien is established.

448 (ii) If the amount tendered by the uninsured motorist carrier under Subsection (10)(c)(i)  
449 is the total amount of the uninsured motorist policy limits, the tendered amount shall be



450 accepted by the covered person.

451 (d) A covered person who receives a written response from an uninsured motorist  
452 carrier as provided for in Subsection (10)(c)(i), may:

453 (i) elect to accept the amount tendered in Subsection (10)(c)(i) as payment in full of all  
454 uninsured motorist claims; or

455 (ii) elect to:

456 (A) accept the amount tendered in Subsection (10)(c)(i) as partial payment of all  
457 uninsured motorist claims; and

458 (B) continue to litigate or arbitrate the remaining claim in accordance with the election  
459 made under Subsections (9)(a), (b), and (c).

460 (e) If a covered person elects to accept the amount tendered under Subsection (10)(c)(i)  
461 as partial payment of all uninsured motorist claims, the final award obtained through  
462 arbitration, litigation, or later settlement shall be reduced by any payment made by the  
463 uninsured motorist carrier under Subsection (10)(c)(i).

464 (f) In an arbitration proceeding on the remaining uninsured claims:

465 (i) the parties may not disclose to the arbitrator or arbitration panel the amount paid  
466 under Subsection (10)(c)(i) until after the arbitration award has been rendered; and

467 (ii) the parties may not disclose the amount of the limits of uninsured motorist benefits  
468 provided by the policy.

469 (g) If the final award obtained through arbitration or litigation is greater than the  
470 average of the covered person's initial written demand for payment provided for in Subsection  
471 (10)(a)(i) and the uninsured motorist carrier's initial written response provided for in  
472 Subsection (10)(c)(i), the uninsured motorist carrier shall pay:

473 (i) the final award obtained through arbitration or litigation, except that if the award  
474 exceeds the policy limits of the subject uninsured motorist policy by more than \$15,000, the  
475 amount shall be reduced to an amount equal to the policy limits plus \$15,000; and

476 (ii) any of the following applicable costs:

477 (A) any costs as set forth in Rule 54(d), Utah Rules of Civil Procedure;

478 (B) the arbitrator or arbitration panel's fee; and  
479 (C) the reasonable costs of expert witnesses and depositions used in the presentation of  
480 evidence during arbitration or litigation.

481 (h) (i) The covered person shall provide an affidavit of costs within five days of an  
482 arbitration award.

483 (ii) (A) Objection to the affidavit of costs shall specify with particularity the costs to  
484 which the uninsured motorist carrier objects.

485 (B) The objection shall be resolved by the arbitrator or arbitration panel.

486 (iii) The award of costs by the arbitrator or arbitration panel under Subsection  
487 (10)(g)(ii) may not exceed \$5,000.

488 (i) (i) A covered person shall disclose all material information, other than rebuttal  
489 evidence, within 30 days after a covered person elects to submit a claim for uninsured motorist  
490 coverage benefits to binding arbitration or files litigation as specified in Subsection (10)(a).

491 (ii) If the information under Subsection (10)(i)(i) is not disclosed, the covered person  
492 may not recover costs or any amounts in excess of the policy under Subsection (10)(g).

493 (j) This Subsection (10) does not limit any other cause of action that arose or may arise  
494 against the uninsured motorist carrier from the same dispute.

495 (k) The provisions of this Subsection (10) only apply to motor vehicle accidents that  
496 occur on or after March 30, 2010.

497 (l) (i) The written demand requirement in Subsection (10)(a)(i)(A) does not affect the  
498 covered person's requirement to provide a computation of any other economic damages  
499 claimed, and the one or more respondents shall have a reasonable time after the receipt of the  
500 computation of any other economic damages claimed to conduct fact and expert discovery as to  
501 any additional damages claimed. The changes made by Laws of Utah 2014, Chapter 290,  
502 Section 10, and Chapter 300, Section 10, to this Subsection (10)(l) and Subsection  
503 (10)(a)(i)(A) apply to a claim submitted to binding arbitration or through litigation on or after  
504 May 13, 2014.

505 (ii) The changes made by Laws of Utah 2014, Chapter 290, Section 10, and Chapter

506 300, Section 10, to Subsections (10)(a)(ii)(A)(II) and (B)(II) apply to any claim submitted to  
507 binding arbitration or through litigation on or after May 13, 2014.

508 (11) (a) [~~Notwithstanding Section 31A-21-313, an~~] A person shall commence an action  
509 on a written policy or contract for uninsured motorist coverage [~~shall be commenced~~] within  
510 four years after the inception of loss.

511 (b) Subsection (11)(a) shall apply to all claims that have not been time barred by  
512 Subsection 31A-21-313(1)(a) as of May 14, 2019.

513 Section 3. Section 31A-22-307 is amended to read:

514 **31A-22-307. Personal injury protection coverages and benefits.**

515 (1) Personal injury protection coverages and benefits include:

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

518 (i) medical services;

519 (ii) surgical services;

520 (iii) X-ray services;

521 (iv) dental services;

522 (v) rehabilitation services, including prosthetic devices;

523 (vi) ambulance services;

524 (vii) hospital services; and

525 (viii) nursing services;

526 (b) (i) the lesser of \$250 per week or 85% of any loss of gross income and loss of  
527 earning capacity per person from inability to work, for a maximum of 52 consecutive weeks  
528 after the loss, except that this benefit need not be paid for the first three days of disability,  
529 unless the disability continues for longer than two consecutive weeks after the date of injury;  
530 and

531 (ii) a special damage allowance not exceeding \$20 per day for a maximum of 365 days,  
532 for services actually rendered or expenses reasonably incurred for services that, but for the  
533 injury, the injured person would have performed for the injured person's household, except that

534 this benefit need not be paid for the first three days after the date of injury unless the person's  
535 inability to perform these services continues for more than two consecutive weeks;

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

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

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

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

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

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

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

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

555 (ii) If a service or accommodation is not assigned a unit value or the 75th percentile  
556 charge under the relative value study, the value of the service or accommodation shall equal the  
557 reasonable cost of the same or similar service or accommodation in the most populous county  
558 of this state.

559 (c) This Subsection (2) does not preclude the department from adopting a schedule  
560 already established or a schedule prepared by persons outside the department, if it meets the  
561 requirements of this Subsection (2).

562 (d) Every insurer shall report to the commissioner any pattern of overcharging,  
563 excessive treatment, or other improper actions by a health provider within 30 days after the day  
564 on which the insurer has knowledge of the pattern.

565 (e) (i) In disputed cases, a court on its own motion or on the motion of either party,  
566 may designate an impartial medical panel of not more than three licensed physicians to  
567 examine the claimant and testify on the issue of the reasonable value of the claimant's medical  
568 services or expenses.

569 (ii) An impartial medical panel designated under Subsection (2)(e)(i) shall consist of a  
570 majority of health care professionals within the same license classification and specialty as the  
571 provider of the claimant's medical services or expenses.

572 (3) Medical expenses as provided for in Subsection (1)(a) and in Subsection  
573 [31A-22-309\(1\)\(a\)\(vi\)](#) include expenses for any nonmedical remedial care and treatment  
574 rendered in accordance with a recognized religious method of healing.

575 (4) The insured may waive for the named insured and the named insured's spouse only  
576 the loss of gross income benefits of Subsection (1)(b)(i) if the insured states in writing that:

577 (a) within 31 days of applying for coverage, neither the insured nor the insured's spouse  
578 received any earned income from regular employment; and

579 (b) for at least 180 days from the date of the writing and during the period of insurance,  
580 neither the insured nor the insured's spouse will receive earned income from regular  
581 employment.

582 (5) This section does not:

583 (a) prohibit the issuance of a policy of insurance providing coverages greater than the  
584 minimum coverage required under this chapter; or

585 (b) require the segregation of those minimum coverages from other coverages in the  
586 same policy.

587 (6) Deductibles are not permitted with respect to the insurance coverages required  
588 under this section.

589 (7) (a) A person shall bring an action on a written policy or contract for personal injury

590 protection coverage within four years after the inception of loss.

591 (b) This Subsection (7) applies to a claim that is not time barred by Subsection  
592 31A-21-313(1)(a) as of May 3, 2023.

593 Section 4. Section **78B-2-305** is amended to read:

594 **78B-2-305. Within three years.**

595 An action may be brought within three years:

596 (1) for waste, trespass upon, or injury to real property; except that when waste or  
597 trespass is committed by means of underground works upon any mining claim, the cause of  
598 action does not accrue until the discovery by the aggrieved party of the facts constituting the  
599 waste or trespass;

600 (2) for taking, detaining, or injuring personal property, including actions for specific  
601 recovery[;], except that:

602 (a) in cases where the subject of the action is a domestic animal usually included in the  
603 term "livestock," which at the time of its loss has a recorded mark or brand, if the animal  
604 strayed or was stolen from the true owner without the owner's fault, the cause does not accrue  
605 until the owner has actual knowledge of facts that would put a reasonable person upon inquiry  
606 as to the possession of the animal by the defendant; and

607 (b) as provided in Subsection 73B-2-307(3), for a claim involving damage to personal  
608 property from an accident involving a motor vehicle as defined in Section 41-6a-102, including  
609 an accident involving a motor vehicle and bicycle, the action may be brought within four years;

610 (3) for relief on the ground of fraud or mistake; except that the cause of action does not  
611 accrue until the discovery by the aggrieved party of the facts constituting the fraud or mistake;

612 (4) for a liability created by the statutes of this state, other than for a penalty or  
613 forfeiture under the laws of this state, except where in special cases a different limitation is  
614 prescribed by the statutes of this state; or

615 (5) to enforce liability imposed by Section **78B-3-603**, or for damages under Section  
616 **78B-6-1701**, except that the cause of action does not accrue until the aggrieved party knows or  
617 reasonably should know of the harm suffered.

618 Section 5. Section **78B-2-307** is amended to read:

619 **78B-2-307. Within four years.**

620 An action may be brought within four years:

621 (1) after the last charge is made or the last payment is received:

622 (a) upon a contract, obligation, or liability not founded upon an instrument in writing;

623 (b) on an open store account for any goods, wares, or merchandise; or

624 (c) on an open account for work, labor or services rendered, or materials furnished;

625 (2) for a claim for relief or a cause of action under the following sections of Title 25,

626 Chapter 6, Uniform Voidable Transactions Act:

627 (a) Subsection [25-6-202\(1\)\(a\)](#), except in specific situations where the time for action is

628 limited to one year under Section [25-6-305](#);

629 (b) Subsection [25-6-202\(1\)\(b\)](#); or

630 (c) Subsection [25-6-203\(1\)](#); [~~and~~]

631 (3) for a claim involving personal property damage to the aggrieved party's motor

632 vehicle, as defined in Section [41-6a-102](#), or personal property from an accident involving a

633 motor vehicle; and

634 [~~3~~] (4) for relief not otherwise provided for by law.