

FIRST REGULAR SESSION

ONE HUNDRED AND THIRTEENTH LEGISLATURE

Legislative Document

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NO. 866

H.P. 643 Reference to the Committee on Banking and Insurance suggested and ordered printed.

EDWIN H. PERT, Clerk Presented by Representative ALIBERTI of Lewiston. Cosponsored by Senator BALDACCI of Penobscot, Representatives TARDY of Palmyra and NUTTING of Leeds.

STATE OF MAINE

IN THE YEAR OF OUR LORD NINETEEN HUNDRED AND EIGHTY-SEVEN

AN ACT to Require Motor Vehicle Liability Insurance.

4 Be it enacted by the People of the State of Maine as 5 follows:

Sec. 1. 24 MRSA §2332-A is enacted to read:

§2332-A. Coordination of benefits

Nonprofit hospital or medical service organizations shall file plans with the Superintendent of Insurance to provide for deductibles or to coordinate payments for all or any part of medical or health related no-fault benefits as required by Title 24-A, chapter 40-A, and if approved by the superintendent the plans shall be implemented. If not approved, the superintendent shall set forth in writing the reasons

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for his disapproval. Insurers who offer coverage for 1 2 all or any part of no-fault benefits must, upon dis-3 approval, resubmit a plan or plans to meet the re-4 quirements of this section. 5 Sec. 2. 24-A MRSA §2749 is enacted to read: 6 §2749. Coordination of benefits 7 Insurers providing health insurance pursuant to this chapter shall file plans with the Superintendent of Insurance to provide for deductibles or to coordi-8 9 nate payments for all or any part of medical or 10 health related no-fault benefits as required by chap-11 12 40-A. If approved by the superintendent, the ter plans shall be implemented. If not approved, the su-13 perintendent shall set forth in writing the reasons for his disapproval. Insurers who offer coverage for 14 15 16 all or any part of no-fault benefits must, upon disapproval, resubmit a plan or plans to meet 17 the requirements of this section. 18 19 Sec. 3. 24-A MRSA §2845 is enacted to read: 20 §2845. Coordination of benefits; plans 21 Insurers providing group or blanket health insur-22 ance pursuant to this chapter shall file plans with 23 the Superintendent of Insurance to provide for deductibles or to coordinate payments for all or any 24 25 part of medical or health related no-fault benefits as required by chapter 40-A. If approved by the su-perintendent, the plans shall be implemented. If not 26 27 approved, the superintendent shall set forth in writ-28 ing the reasons for his disapproval. 29 Insurers who 30 offer coverage for all or any part of no-fault bene-31 fits must, upon disapproval, resubmit a plan or plans 32 to meet the requirements of this section. 33 Sec. 4. 24-A MRSA §2902, sub-§2, as amended by 34 PL 1975, c. 676, is further amended to read: 35 2. The amount of coverage to be so provided shall not be less than the minimum limits for bodily 36 37 injury liability insurance provided for under Title 38 29, section 787, subsection 1. Each insurer shall 39 furnish an amount of uninsured vehicle coverage at

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least equal to the minimum limits for bodily injury 1 2 liability insurance as defined in section 2953, sub-3 sections 1 and 2. Sec. 5. 24-A MRSA c. 40-A is enacted to read: 4 5 CHAPTER 40-A MAINE PLAN FOR MOTOR VEHICLE INSURANCE REFORM 6 7 §2951. Title 8 for This chapter may be cited as the "Maine Plan 9 Motor Vehicle Insurance Reform." §2952. Definitions 10 As used in this chapter, unless the context oth-erwise indicates, the following terms have the fol-11 12 13 lowing meanings. 14 "Highway" means the entire width Highway. 15 between the boundary lines of every way publicly maintained when any part of the way is open to use of 16 17 the public for purposes of vehicular travel. 18 Injury. "Injury" means bodily harm and bodimalfunction, disease or aggravation of disease, 19 ly 20 including death resulting from the disease at any time arising out of an accident involving a motor ve-21 hicle, provided that the injury must appear within 22 23 years following the accident or it must be medically ascertainable within 2 years following the accident that an extension or complication of the original in-24 25 26 jury is reasonably expected to continue or develop. 27 3. Insured motor vehicle. "Insured motor vehicle" means the motor vehicle identified or described 28 in the policy issued to the named insured. 29 30 "Loss" means economic detriment which 4. Loss. accrues within 4 years following the date of the ac-cident as a result of injury consisting only of al-31 32 lowable expense, work loss, loss of replacement ser-33 34 vices and, if the injury caused death, survivor's 35 loss.

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1	A. "Allowable expense" means reasonable charges
2	incurred for reasonably needed products, services
2	incurred for reasonably needed products, services
3	and accommodations, including those for medical,
4	hospital, dental, chiropractic, x-ray, nursing,
5	ambulance and prosthetic services and rehabilita-
c i	discrete and proceeder of the second training and
6	tion and rehabilitative occupational training and
7	education and for any other remedial treatment
8	and care, including any nonmedical remedial
9	treatment and served in accordance with a
	treatment and care rendered in accordance with a
10	recognized religious method of healing. Allowa-
11	ble expense does not include that portion of a
12	charge for a room in a hospital, clinic, conva-
	charge for a room in a hospitar, thirty to have
13	lescent or nursing home, or any other institution
14	engaged in providing nursing care and related
15	services, in excess of reasonable and customary
16	
	charges for semiprivate accommodations, unless
17	intensive care is medically required; and does
18	not include a total charge in excess of \$1,000
19	for expenses of all types in any way related to
	tor expenses of all types in any way related to
20	funeral, cremation and burial.
21	B. "Survivor's loss" means loss after decedent's
	A statistic statistics of statistics and statistics and statistics of st
22	death of contribution of money or tangible things
23	of economic value, not including services that
24	his surviving next of kin would have received
25	from the decident had the decident not suffered
	from the decedent had the decedent not suffered
26	the injury causing death.
	the injury causing death.
26	the injury causing death.
26 27	<pre>the injury causing death. C. "Replacement services loss" means 75% of all</pre>
26 27 28	the injury causing death. C. "Replacement services loss" means 75% of all reasonable and necessary expenses incurred for
26 27 28 29	the injury causing death. C. "Replacement services loss" means 75% of all reasonable and necessary expenses incurred for replacement of essential services in lieu of ser-
26 27 28	the injury causing death. C. "Replacement services loss" means 75% of all reasonable and necessary expenses incurred for replacement of essential services in lieu of ser-
26 27 28 29 30	the injury causing death. C. "Replacement services loss" means 75% of all reasonable and necessary expenses incurred for replacement of essential services in lieu of ser- vices that, but for the injury, the injured per-
26 27 28 29 30 31	the injury causing death. C. "Replacement services loss" means 75% of all reasonable and necessary expenses incurred for replacement of essential services in lieu of ser- vices that, but for the injury, the injured per- son would have performed without income for the
26 27 28 29 30	the injury causing death. C. "Replacement services loss" means 75% of all reasonable and necessary expenses incurred for replacement of essential services in lieu of ser- vices that, but for the injury, the injured per-
26 27 28 29 30 31 32	the injury causing death. C. "Replacement services loss" means 75% of all reasonable and necessary expenses incurred for replacement of essential services in lieu of ser- vices that, but for the injury, the injured per- son would have performed without income for the benefit of his household.
26 27 28 29 30 31 32	the injury causing death. C. "Replacement services loss" means 75% of all reasonable and necessary expenses incurred for replacement of essential services in lieu of ser- vices that, but for the injury, the injured per- son would have performed without income for the benefit of his household.
26 27 28 29 30 31 32 33	<pre>the injury causing death. C. "Replacement services loss" means 75% of all reasonable and necessary expenses incurred for replacement of essential services in lieu of ser- vices that, but for the injury, the injured per- son would have performed without income for the benefit of his household. D. "Work loss" means 80% of the loss of gross</pre>
26 27 28 29 30 31 32 33 34	<pre>the injury causing death. C. "Replacement services loss" means 75% of all reasonable and necessary expenses incurred for replacement of essential services in lieu of ser- vices that, but for the injury, the injured per- son would have performed without income for the benefit of his household. D. "Work loss" means 80% of the loss of gross income from work the injured person would have</pre>
26 27 28 29 30 31 32 33 34 35	<pre>the injury causing death. C. "Replacement services loss" means 75% of all reasonable and necessary expenses incurred for replacement of essential services in lieu of ser- vices that, but for the injury, the injured per- son would have performed without income for the benefit of his household. D. "Work loss" means 80% of the loss of gross income from work the injured person would have performed, including income from self-employment,</pre>
26 27 28 29 30 31 32 33 34 35	<pre>the injury causing death. C. "Replacement services loss" means 75% of all reasonable and necessary expenses incurred for replacement of essential services in lieu of ser- vices that, but for the injury, the injured per- son would have performed without income for the benefit of his household. D. "Work loss" means 80% of the loss of gross income from work the injured person would have performed, including income from self-employment,</pre>
26 27 28 29 30 31 32 33 34 35 36	<pre>the injury causing death. C. "Replacement services loss" means 75% of all reasonable and necessary expenses incurred for replacement of essential services in lieu of ser- vices that, but for the injury, the injured per- son would have performed without income for the benefit of his household. D. "Work loss" means 80% of the loss of gross income from work the injured person would have performed, including income from self-employment, if he had not been injured, reduced by any income</pre>
26 27 28 29 30 31 32 33 34 35 36 37	<pre>the injury causing death. C. "Replacement services loss" means 75% of all reasonable and necessary expenses incurred for replacement of essential services in lieu of ser- vices that, but for the injury, the injured per- son would have performed without income for the benefit of his household. D. "Work loss" means 80% of the loss of gross income from work the injured person would have performed, including income from self-employment, if he had not been injured, reduced by any income from substitute work actually performed by the</pre>
26 27 28 29 30 31 32 33 34 35 36 37 38	<pre>the injury causing death. C. "Replacement services loss" means 75% of all reasonable and necessary expenses incurred for replacement of essential services in lieu of ser- vices that, but for the injury, the injured per- son would have performed without income for the benefit of his household. D. "Work loss" means 80% of the loss of gross income from work the injured person would have performed, including income from self-employment, if he had not been injured, reduced by any income from substitute work actually performed by the injured person or by income the injured person</pre>
26 27 28 29 30 31 32 33 34 35 36 37	<pre>the injury causing death. C. "Replacement services loss" means 75% of all reasonable and necessary expenses incurred for replacement of essential services in lieu of ser- vices that, but for the injury, the injured per- son would have performed without income for the benefit of his household. D. "Work loss" means 80% of the loss of gross income from work the injured person would have performed, including income from self-employment, if he had not been injured, reduced by any income from substitute work actually performed by the</pre>
26 27 28 29 30 31 32 33 34 35 36 37 38 39	<pre>the injury causing death. C. "Replacement services loss" means 75% of all reasonable and necessary expenses incurred for replacement of essential services in lieu of ser- vices that, but for the injury, the injured per- son would have performed without income for the benefit of his household. D. "Work loss" means 80% of the loss of gross income from work the injured person would have performed, including income from self-employment, if he had not been injured, reduced by any income from substitute work actually performed by the injured person or by income the injured person would have earned in available and appropriate</pre>
26 27 28 29 30 31 32 33 34 35 36 37 38 39 40	<pre>the injury causing death. C. "Replacement services loss" means 75% of all reasonable and necessary expenses incurred for replacement of essential services in lieu of ser- vices that, but for the injury, the injured per- son would have performed without income for the benefit of his household. D. "Work loss" means 80% of the loss of gross income from work the injured person would have performed, including income from self-employment, if he had not been injured, reduced by any income from substitute work actually performed by the injured person or by income the injured person would have earned in available and appropriate substitute work which he was capable of perform-</pre>
26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41	<pre>the injury causing death. C. "Replacement services loss" means 75% of all reasonable and necessary expenses incurred for replacement of essential services in lieu of ser- vices that, but for the injury, the injured per- son would have performed without income for the benefit of his household. D. "Work loss" means 80% of the loss of gross income from work the injured person would have performed, including income from self-employment, if he had not been injured, reduced by any income from substitute work actually performed by the injured person or by income the injured person would have earned in available and appropriate substitute work which he was capable of perform- ing but unreasonably failed to undertake, and ex-</pre>
26 27 28 29 30 31 32 33 34 35 36 37 38 39 40	<pre>the injury causing death. C. "Replacement services loss" means 75% of all reasonable and necessary expenses incurred for replacement of essential services in lieu of ser- vices that, but for the injury, the injured per- son would have performed without income for the benefit of his household. D. "Work loss" means 80% of the loss of gross income from work the injured person would have performed, including income from self-employment, if he had not been injured, reduced by any income from substitute work actually performed by the injured person or by income the injured person would have earned in available and appropriate substitute work which he was capable of perform- ing but unreasonably failed to undertake, and ex- penses reasonably incurred in obtaining ordinary</pre>
26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42	<pre>the injury causing death. C. "Replacement services loss" means 75% of all reasonable and necessary expenses incurred for replacement of essential services in lieu of ser- vices that, but for the injury, the injured per- son would have performed without income for the benefit of his household. D. "Work loss" means 80% of the loss of gross income from work the injured person would have performed, including income from self-employment, if he had not been injured, reduced by any income from substitute work actually performed by the injured person or by income the injured person would have earned in available and appropriate substitute work which he was capable of perform- ing but unreasonably failed to undertake, and ex- penses reasonably incurred in obtaining ordinary</pre>
26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41	<pre>the injury causing death. C. "Replacement services loss" means 75% of all reasonable and necessary expenses incurred for replacement of essential services in lieu of ser- vices that, but for the injury, the injured per- son would have performed without income for the benefit of his household. D. "Work loss" means 80% of the loss of gross income from work the injured person would have performed, including income from self-employment, if he had not been injured, reduced by any income from substitute work actually performed by the injured person or by income the injured person would have earned in available and appropriate substitute work which he was capable of perform- ing but unreasonably failed to undertake, and ex-</pre>

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not for income but for the benefit of himself or his family.

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40 41 The work loss of an injured person who is seasonally employed shall be calculated by determining his probable weekly income by dividing his probable annual income by the number of weeks he normally works and multiplying that quantity by the number of work weeks, or fraction of a work week, the injured person was unable to perform work during the accrual period, but for the injury.

The work loss of an injured person who is not employed when the accident resulting in injury occurs shall be calculated by determining his probable weekly income by dividing his probable annual income by 52 and multiplying that quantity by the number of work weeks, or fraction of the work week, if any, the victim would reasonably have been expected to realize income during the accrual period.

As used in this section, "probable annual income" means:

(1) For an injured person regularly employed at the time of the accident, 12 times the monthly gross income earned by the injured person from work in the month preceding the month in which the accident resulting in injury occurs or the average annual income earned by the injured person from work during the years, not to exceed 3, preceding the year in which the accident resulting in injury occurs, whichever is greater; and

(2) For an injured person seasonally employed or not employed at the time of the accident, the average annual gross income earned by the injured person from work during the years in which he was employed, not to exceed 3 years, preceding the year in which the accident resulting in injury occurs.

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1 Sums for work loss shall be periodically in-2 creased in a manner corresponding to annual com-3 pensation increases that would predictably have resulted but for injury. In no event may basic benefits provided for work loss pursuant to this 4 5 6 chapter exceed \$400 per week. 7 Motor vehicle. "Motor vehicle" means any 5. self-propelled vehicle not operated exclusively on 8 tracks, but not including motorcycles as defined in 9 10 Title 29, section 1, subsection 4; snowmobiles as defined in Title 12, section 7821; and aircraft or any vehicle prohibited by law from operating on the pub-11 12 13 lic highways. Net loss. "Net loss" means loss 14 less 6. subtractable benefits. "Subtractable benefits" means 15 16 those benefits or advantages from sources other than no-fault insurance which are required by the provi-17 18 sion on subtractable benefits, section 2959, to be 19 subtracted from loss in calculating net loss. 20 No-fault benefits. "No-fault benefits" means 7. 21 those benefits payable under the provisions on benefits provided by no-fault insurance, section 2954, 22 23 subject to exclusions, limitations and other condi-24 tions of this chapter. 25 No-fault insured. "No-fault insured" means a 8. 26 person identified by name as an insured in an insurance contract with respect to which motor vehicle li-27 28 ability insurance required by this chapter has been 29 issued and while residing in the same household with a named insured, the following persons not identified 30 31 by name as an insured in any other contract of motor vehicle liability insurance complying with this chap-32 A spouse or other relative of the named in-33 ter: sured; and a minor in the custody of a named insured 34 35 or of a relative residing in the same household with the named insured. A person resides in the 36 same household if he usually makes his home in the same 37 38 family unit, although temporarily living elsewhere. 39 Operation of a motor vehicle. "Operation of 9. 40 a motor vehicle" means the use of a motor vehicle for 41 the transportation of one or more persons, or trans-42 portation of property, including occupancy of the ve-

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hicle by one or more persons when stopped or parked and the maintenance of a motor vehicle, except when the maintenance is within the course of a business of repairing, servicing or otherwise maintaining motor vehicles, unless the conduct occurs off the business premises. Any person who is entering into or alighting from a motor vehicle is an occupant of the vehicle.

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Pedestrian. "Pedestrian" 10 means any person 10 who is not an occupant of a motor vehicle or a motorcycle.

§2953. Mandatory motor vehicle insurance coverage; limits

Coverage. Every owner of a motor vehicle State for more than 4 principally garaged in this months of any year, or which vehicle is required to be registered in this State, who operates it or permits it to be operated in this State shall provide, prior to the operation, motor vehicle liability insurance coverage, under provisions approved by the Superintendent of Insurance, insuring against loss resulting from liability imposed by law for bodily injury, death and property damage sustained by any person arising out of the ownership, maintenance, operation or use of a motor vehicle and the coverage shall be at least in an amount or limit of:

Twenty thousand dollars, exclusive of inter-Α. est and costs on account of injury to, or death of, one person in any one accident;

Subject to such limit for any one person injured or killed, \$40,000, exclusive of interest and costs, on account of injury to, or death of, more than one person in any one accident; and

34 Ten thousand dollars, exclusive of interest 35 and costs, for damage to property in any one ac-36 cident.

37 Every owner of a motor vehicle is required to provide the proof of financial responsibility under Title 29, 38 39 chapter 9, subchapter I.

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1	2. Self-insurer. Subject to approval of the
2	Secretary of State, the motor vehicle liability in-
3	surance coverage required by this chapter may be pro-
4	vided by self-insurance by filing with the Superin-
5	tendent of Insurance in satisfactory form:
6	A. A continuing undertaking by the owner or oth-
7	er appropriate person to pay basic benefits and
8	to perform all other obligations imposed by this
9	chapter;
10	B. Evidence that appropriate provision exists
11	for the prompt and efficient administration of
12	all claims, benefits and obligations provided by
13	this chapter; and
14	C. Deposits or commitments exist providing as-
15	surance for payment of basic benefits and all
16	other obligations imposed by this chapter sub-
17	stantially equivalent to those afforded by a pol-
18	icy of insurance that would comply with this
19	chapter. A person who provides security under
20	this subsection is a self-insurer.
21	3. Penalty. It is unlawful for any owner, oper-
22	ator or registrant of a motor vehicle registered or
23	principally garaged in this State to operate or cause
24	to be operated a motor vehicle upon any public road
25	or highway in this State knowingly without motor ve-
26	hicle liability insurance coverage as required by
27	this chapter. A violation of this chapter is a civil
28	violation for which, upon judgment, a person shall
29	forfeit not more than \$100 and shall forthwith for-
30	feit his right to operate a motor vehicle upon any
31	public road or highway in this State for a period up
32	to 3 months from the date of that judgment. Upon pe-
33	tition and filing of proof of the required coverage,
34	the Secretary of State shall restore to that person
35	his right to operate a motor vehicle in this State
36	prior to the expiration of the period of suspension.
37	§2954. Mandatory no-fault benefits
38	Every motor vehicle liability insurance policy,
39	insuring a motor vehicle, as defined in this chapter,
40	against loss resulting from liability imposed by law
41	for injury and death sustained by any person arising

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out of ownership, operation, maintenance or use of a vehicle, shall provide additional coverage, as motor defined in this chapter under provision approved by the Superintendent of Insurance, for the payment of benefits without regard to negligence, liability or fault of any kind, to the no-fault insured, to other persons sustaining injury while occupying the motor vehicle of the no-fault insured, or while using the motor vehicle with the permission of the no-fault in-sured, and to pedestrians sustaining injury caused by the no-fault insured's motor vehicle or struck by an object propelled by or from that motor vehicle. The minimum limit of liability of the insurer obligated to pay no-fault benefits, in this chapter

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40 41 42 called to pay no-rault benefits, in this chapter called "basic benefits," shall be in the amount of \$5,000 with respect to each person entitled to receive benefits under this chapter and without limit as to the total number of recipients of benefits.

Each insurer who offers coverage for no-fault benefits in the minimum amount of \$5,000 per person shall offer additional coverage to each named insured, increasing the limit of the insurer's liability to each recipient of no-fault benefits in multiples of \$10,000 to each and including limits of \$50,000 to each recipient.

§2955. Protection against duplication of benefits

1. Work loss. A named insured who at the time of purchasing the coverage required under section 2954 states that he does not expect to be employed, by virtue of being a student, retired or disabled or that he does not expect to receive any earned income during the period for which the coverage is being purchased shall not be required to purchase coverage his own work loss as defined in section 2952, for subsection 4, paragraph D. When such coverage is excluded, the coverage required under section $2\overline{954}$ shall be offered at appropriately reduced premiums.

2. Submission of plans. Insurers who offer coverage, including those nonprofit hospital or medical service organizations subject to Title 24, for all or any part of no-fault benefits required by this chapter, shall file a plan or plans with the Superintend-

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1 ent of Insurance, to provide for deductibles or to 2 coordinate no-fault benefits with other benefits pro-3 vided by other insurers.

4 If approved by the superintendent, those plans shall 5 be implemented. If not approved, the superintendent 6 shall set forth in writing the reasons for his disap-7 proval. Insurers who offer coverage for all or any 8 part of no-fault benefits must, upon disapproval, 9 resubmit plan or plans to meet the requirements of 10 this section.

Other benefits. To the extent a named in-11 3. 12 sured is covered by Medicare, Medicaid, any system of 13 national health insurance, any health program administered by the United States Veterans' Administration 14 15 or the Armed Forces of the United States, the named 16 insured shall not be required to purchase additional or duplicate coverage in regard to any benefits pro-17 18 vided by this program or programs. The superintend-19 ent shall certify the extent to which any such pro-20 gram meets the requirements of this chapter.

21 Insurers shall ascertain of a named insured, prior to the sale of any insurance to the named insured pro-viding all or part of the benefits required by this 22 23 24 chapter and on forms provided by the superintendent, whether or not the named insured is covered by any of 25 26 the programs set forth in this subsection. If the named insured indicated that coverage, no insurer may 27 sell any policy of insurance to the named insured which duplicates the coverage of the program or pro-28 29 30 grams, as set forth in this subsection, unless the named insured requests the duplicate coverage on a 31 32 form or forms approved by the superintendent.

33	4.					within 14	
34						s chapter,	
35	to the	Legi	slature	concern	ing the	operation	of this
36	section	<u>•</u>					

37 §2956. Basic benefits provided by no-fault benefit 38 insurance

39	Excep	ot as p	rovi	ded	in	this	chapt	er, th	ne no-fault	
40	benefit i	nsurer	is	liab	le	to	pay	basic	benefits,	
41	without	referen	ce	to	fau	ilt,	under	the	conditions	

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stated in this chapter, reimbursing persons suffering net loss through injury arising out of the operation of a motor vehicle. The benefits shall extend to pedestrians and to passengers sustaining injury caused by an uninsured or unidentified motor vehicle. The pedestrian, in that event, shall recover under the terms of sections 2976 to 2978.

§2957. Intentional injuries

A person intentionally causing or attempting to cause injury to himself or another is disqualified from no-fault benefits for injury arising from his acts, including benefits otherwise due him as a survivor. In the case of the death of a person intentionally causing or attempting to cause injury to himself, his surviving next of kin are not entitled to benefits for survivors' loss. A person intentionally causes or attempts to cause injury if he acts or fails to act for the purpose of causing injury. A person intentionally causes or attempts to cause injury if he acts or fails to act for the purpose of causing injury or with knowledge that injury is sub-stantially certain to follow. A person does not intentionally cause or attempt to cause injury merely because his act or failure to act is intentional, or done with his realization that it creates a grave risk of causing injury, or if the act or omission causing the injury is for the purpose of averting bodily harm to himself or another person.

29 §2958. Converted vehicle

A person who converts a motor vehicle is disqualified from basic benefits or any additional benefits under this chapter, including benefits otherwise due him as a survivor, for injuries arising from the maintenance or use of the converted vehicle and, in the case of his death, his surviving next of kin are not entitled to benefits for survivors' loss. For the purpose of this section, a person is not a converter if he uses the motor vehicle in the good faith belief that he is legally entitled to use it.

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§2959. Subtractable benefits

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1. United States Social Security, Workers' Com-1 pensation Act; health care. All benefits or advan-2 3 tages a person receives, or is entitled to receive, 4 because of the injury, from the United States Social Security, Medicare, Medicaid, any health care program 5 administered by the Department of Human Services, 6 7 the United States Veterans' Administration or any other health care program under any state or federal 8 law, pursuant to the Workers' Compensation Act or any 9 10 similar law, shall be subtracted in calculating net 11 loss under this chapter.

12 2. Nontaxable. If a benefit or advantage received to compensate for loss of income because of 13 14 injury, whether from basic benefits or from any 15 source of benefits or advantages subtracted under subsection 1, is not taxable income, the income tax saving that is attributable to his loss of income be-16 tax 17 of injury is subtracted in calculating net 18 cause loss. Subtraction may not exceed 15% of the loss 19 of 20 and shall be in a lesser amount if the claimincome ant furnishes to the insurer reasonable proof 21 of a 22 lower value of the income tax advantage.

23 §2960. Partial abolition of tort liability

24 <u>Tort liability with respect to accidents occur-</u> 25 ring in this State and arising from the ownership, 26 maintenance or use of a motor vehicle is abolished, 27 except under the following circumstances in which re-28 covery may be had for all damages recognized by law:

29 1. Liability for injury. A person in the business of designing, manufacturing, repairing, servic-30 ing or otherwise maintaining motor vehicles remains 31 32 liable for injury arising out of a defect in the mo-33 tor vehicle which is caused or not corrected by an act or omission in the course of that business, other 34 35 than a defect in a motor vehicle which is operated by 36 that business;

37 2. Required coverage not provided at time of ac-38 cident. The coverage required under section 2953 was 39 not provided at the time of the accident;

40 <u>3. Intentional damage or harm. The damage or</u> 41 <u>harm to a person or property was intentionally</u> 42 caused;

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4. Death or certain serious injuries. The injured person dies or suffers permanent disability or permanent serious disfigurement, permanent and significant loss of any important bodily function or loss of a body member in whole or in part, regardless of the right of that person to receive basic benefits under section 2954; or

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5. Medical and hospital costs of \$500 or more. An injured person's costs of medical and hospital expenses are \$500 or more. For purposes of this subsection, "costs of medical and hospital expenses" is defined as the reasonable value for necessary services rendered for medical, hospital, dental, surgical, ambulance, professional nursing and rehabilitation services, chiropractic services, but exempting diagnostic x rays in excess of \$100.

17 The term "costs of medical and hospital expenses" may 18 mean costs for any nonmedical remedial care and 19 treatment rendered in accordance with a recognized 20 religious method of healing; or

Property damage. Property damage.

§2961. Insurers' rights of reimbursement

Whenever a recipient of no-fault benefits recovers in tort for injury, the insurer, including those nonprofit hospital or medical service organizations subject to Title 24, paying the no-fault benefits has a right of reimbursement out of the tort recovery. The reimbursement shall be in the amount of no-fault benefits paid by the insurer. The tort recovery shall be credited against no-fault benefits accruing after the recovery.

32 The no-fault benefit insurer has no right of sub-33 rogation to any cause of action of a recipient of 34 no-fault benefits or to bring such an action in its 35 own name, nor may the policy of no-fault benefit in-36 surance confer those rights upon the insurer.

37 §2962. Priority of applicability of insurance poli-38 <u>cies</u>

39 <u>1. Priorities. The following priorities shall</u> 40 <u>apply:</u>

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1	A. The no-fault insurance for payment of
2	no-fault benefits applicable to injury to a
3	no-fault insured is the insurance under which the
4	injured person is covered as a no-fault insured;
5	B. The no-fault insurance for payment of
6	no-fault benefits applicable to injury to the
7	driver or other occupant of an involved motor ve-
8	hicle, who is not covered as a no-fault insured,
9	shall be the insurance covering that vehicle; and
10	C. The no-fault insurance for payment of
11	no-fault benefits applicable to injury to a per-
12	son not otherwise covered, who is not the driver
13	or other occupant of an involved motor vehicle,
14	is the insurance covering any involved motor ve-
15	hicle. An unoccupied parked vehicle is not an
16	involved motor vehicle unless it was parked so as
17	to cause unreasonable risk of injury.
18	2. Proration. If 2 or more obligations to pay
19	no-fault benefits are applicable to an injury under
20	the priorities set out in this section, benefits are
21	payable only once and the insurer against whom a
22	claim is asserted shall process and pay the claim as
23	if wholly responsible, but is entitled to recover
24	contribution pro rata for the no-fault benefits paid
25	and the costs of processing the claim. When contri-
26	bution is sought among insurers responsible under
27	subsection 1, paragraph C, proration shall be based
28	on the number of involved motor vehicles.
29	§2963. Territorial coverage
30	No-fault benefit insurance applies to injury suf-
31	fered by the no-fault insured within the State, the
32	United States, its territories and possessions, the
33	Dominion of Canada and the Republic of Mexico.
34	§2964. Approval of terms and forms
35	Terms and conditions of no-fault benefit insur-
36	ance and of policy forms used by insurers in offering
37	these coverages are subject to approval and regula-
38	tion by the Superintendent of Insurance. He shall
39	approve only terms and conditions which are consist-
40	ent with the purposes of this chapter and fair and

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equitable to all persons whose interests may be affected and which limit the variety of coverages available to give insurance purchasers reasonable opportunity to compare the cost of insuring with various insurers.

§2965. Payment of benefits

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1. Time. No-fault benefits are payable semi-monthly as loss accrues. Loss accrues not when injury occurs, but as work loss, survivors' loss, replacement services loss or allowable expense is incurred. Benefits for work loss, survivors' loss and replacement services loss are overdue if not paid within 15 days after the insurer receives reasonable proof of the fact and amount of loss realized. Benefits for allowable expenses are overdue if not paid within 30 days after the insurer receives reasonable proof of the fact and amount of loss realized. If reasonable proof is supplied as to only one part of a claim time is as provided by this section. Allowable expenses may be paid by the insurer upon written assignment by the claimant directly to persons supplying products, services or accommodations to the claimant.

2. Work loss. A claim for work loss shall be paid as provided by this section without deduction for subtractable benefits, if the subtractable benefits have not been paid to the claimant before benefits are overdue. The insurer is entitled to reimbursement from the person obligated to pay the subtractable benefits or from the claimant who later receives the subtractable benefits.

3. Overdue payments. Overdue payments bear interest at the rate of 18% per year.

4. Mailing. Every policy of insurance purporting to provide the benefits required under this chapter shall plainly state an address where a demand for benefits may be mailed. A demand for benefits mailed to that address will be deemed conclusive proof that the demand for those benefits was communicated to the carrier and a certified or registered mail receipt will be deemed conclusive proof of the date of the demand. In the alternative, a demand for benefits

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1	may be mailed to any authorized agent of the carrier
2	licensed as an authorized agent by the Bureau of In-
3	surance.
4	§2966. Limitation of action
5	If any no-fault benefit is not paid when due, an
6	action for the recovery of the overdue benefits must
7	be commenced within 2 years after the loss, for which
8	recovery is sought, has accrued.
9	§2967. Claims against wrong insurer
10	If timely action for no-fault benefits is com-
11	menced against an insurer and benefits are denied be-
12	cause of a determination that the insurer's coverage
13	is not applicable to the claimant under section 2962,
14	a claim against the next applicable insurer or as-
15	signed claims plan may be made within a reasonable
16	time after that determination becomes final. An ac-
17	tion by the claimant on the subsequent claim may not
18	be commenced later than 120 days after the determina-
19	tion becomes final or the last date on which the ac-
20	tion otherwise could have been commenced, whichever
21	is later.
22	§2968. Fees of claimant's attorney
23	1. Contingent fee; other fee. In any legal ac-
24	tion arising from an accident involving a motor vehi-
25	cle as a result of which benefits under this chapter
26	are furnished or are to be furnished, an attorney
27	representing or acting on behalf of any claimant of
28	the benefits shall be entitled to a contingent fee or
29	any other fee only as to the amount by which any dam-
30	ages recovered in that action exceeds the amount of
31	benefits furnished pursuant to this chapter.
32	2. Adjustment of fees. There may be no adjust-
33	ment of fees as to the remainder of any recovery.
33 34	ment of fees as to the remainder of any recovery.3. Rules. The Supreme Judicial Court shall
33	ment of fees as to the remainder of any recovery.

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1 An insurer shall be allowed a reasonable attor-2 neys fee for defending a claim that was fraudulent. 3 This fee may be treated as an offset to benefits due 4 or which accrue, and judgment may be entered against 5 the claimant for any part of the fee not offset or 6 otherwise paid. 7 §2970. Lump-sum and installment settlements 8 Rights and obligations arising under no-fault 9 benefit insurance as to a claim, inclusive of future 10 loss arising from an injury or death, may be dis-11 charged at any time. Any payment pursuant to this 12 section must be approved by the District Court. 13 §2971. Judgments for future benefits 14 If an action for no-fault benefits is commenced, 15 a lump-sum judgment by a court of proper jurisdiction may be entered for benefits that would accrue after 16 17 the date of the award. 18 §2972. Exemption of benefits Benefits for work loss and survivors' loss pay-19 20 able under this chapter are exempt from garnishment, 21 attachment, execution and other process or claims to 22 the extent provided in any law exempting earnings or 23 wages from process or claims. 24 §2973. Mental or physical examination of injured 25 person 26 Order for examination. Ιf the mental or 27 physical condition of a person is material to any claim for past or future basic or additional benefits 28 29 under this chapter, the no-fault benefit insurer may petition the Superior Court for an order directing the person to submit to a mental or physical examina-30 The order may be made only for tion by a physician. good cause shown and upon notice to the person to be examined and to all persons having an interest. The order shall specify the time, place, manner, conditions and scope of the examination and the physician by whom it is to be made.

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1	2. Reports. The insurer causing a mental or
2	physical examination to be made shall deliver to the
3	person examined a copy of a detailed written report
4	of the examining physician setting out his findings,
5	including results of all tests made, diagnosis, con-
6	clusions and reports of earlier examination of the
7	same condition. This subsection applies to examina-
8	tions made by agreement of the person examined and
9	the insurer, unless the agreement provides otherwise.
10	This subsection does not preclude discovery of a re-
11	port of an examining physician or taking a deposition
12	of the physician in accordance with any rule of court
13	or other provision of law. In making the order, the
14	court shall take into account whether refusal to sub-
15	mit to a mental or physical examination is based upon
16	the person's right to the free exercise of his reli-
17	gion.
18	§2974. Discovery of facts about injured person
19	If relevant to a claim for no-fault benefits and
20	upon request of a no-fault benefit claimant or insur-
21	er, information shall be disclosed as follows.
22	1 Mart a contract to the second s
22 23	1. Work record and earnings. An employer shall furnish a statement of the work record and earnings
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24 25	of an employee upon whose injury the claim is based. The statement shall cover the period specified by the
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27	claimant or insurer making the request and may in- clude the entire period after, and a reasonable peri-
27	od before, the injury.
20	od berore, the injury.
29	2. Medical treatment. An injured person upon
30	whose injury the claim is based shall deliver to the
31	insurer, upon request, every written report available
32	to him concerning any medical treatment, previously
33	or thereafter made, connected to the injury upon
34	which the claim is based and shall authorize the in-
35	surer to inspect and copy records, connected with the
36	injury upon which the claim is based, of physicians,
37	hospitals, clinics or other medical institutions.
38	3. Treatment. A physician, hospital, clinic or
39	other medical institution furnishing services or ac-
40	commodations to an injured person in connection with
41	a condition alleged to be connected with an injury
42	upon which a claim is based, upon authorization of

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the injured person, shall furnish a written report of the history, condition, diagnosis, medical tests, treatment, dates and cost of treatment of the injure person, and permit inspection and copying of records as to the history, condition, treatment, dates anc cost of the treatment.

Cost. Any person providing information under 4. this section, other than the claimant, may charge the person requesting the information a reasonable amount for the cost of providing the information.

Order of discovery. In the case of a dispute to the right of a claimant or insurer to discover as this information, the claimant or insurer may petition the Superior Court for an order for discovery. The order may be made only for good cause shown and notice to all persons having an interest and it upon shall specify the time, place, manner, conditions and proscope of the discovery. The court, in order to tect against annoyance, embarrassment or oppression, may enter an order refusing discovery or specifying conditions of discovery and order payment of costs and expenses of the proceeding, including reasonable attorneys fees.

24 §2975. Proof of insurance

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1. Suspension of license. The Secretary of State, upon receipt of notice from the clerk of any in this State that a person has been found in court violation under section 2953, shall suspend the license or the right to obtain a license, or right of that person to operate, and all the registration certificates and registration plates of that person until proof of insurance complying with this chapter is supplied.

34 Notification. Any insurer providing insur-2. ance pursuant to section 2953 shall notify the Secre-35 tary of State whenever a new policyholder is accepted 37 or a current policyholder terminates a policy.

38 §2976. Assigned claims plan

39 1. Plan. A person entitled to basic benefits 40 because of injury occurring in this State and covered

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1	by this chapter may obtain basic benefits through the
2	assigned claims plan or bureau established pursuant
3	to section 2977 and in accordance with the provision
4	for making assigned claims as provided in section
5	2978, if:
6	A. Basic benefits are not applicable to the in-
7	jury for some reason other than those specified
8	in sections 2957 and 2958;
9 10	B. Basic benefits for self-insurance applicable to the injury cannot be identified;
11	C. Basic benefits applicable to the injury, be-
12	cause of financial inability of an insurer or
13	self-insurer to fulfill its obligation, are inad-
14	equate to provide the contracted for benefits; or
15	D. A claim for basic benefits is rejected by an
16	insurer or self-insurer on some ground other than
17	the person is not entitled to basic benefits un-
18	der this chapter.
19	2. Subrogation. If a claim qualified for as-
20	signment under subsection 1, paragraph B, C or D, the
21	assigned claims bureau of any insurer or self-insurer
22	to whom the claim is assigned shall be subrogated to
23	all of the rights of the claimant against any insurer
24	or self-insurer, its successor in interest or substi-
25	tute, legally obligated to provide benefits to the
26	claimant, for no-fault basic benefits provided by the
27	assignment.
28	3. Limitations. A person shall not be entitled
29	to basic benefits through the assigned claims plan or
30	from any insurer, with respect to injury which he has
31	sustained, if at the time of the injury he was the
32	owner of a motor vehicle for which motor vehicle lia-
33	bility insurance is required under this chapter and
34	he failed to have that security in effect.
35	§2977. Assigned claims bureau
36	Self-insurers and insurers writing motor vehicle
37	liability insurance in this State may organize and
38	maintain, subject to approval and regulation by the
39	superintendent, an assigned claims bureau and an as-

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signed claims plan and adopt rules for their operation and for the assessment of costs on a fair and equitable basis consistent with this chapter. If they do not organize and continuously maintain an assigned claims bureau and an assigned claims plan in a manner considered by the superintendent to be consistent with this chapter, the superintendent shall organize and maintain an assigned claims bureau and an assigned claims plan. Each self-insurer and insurer writing motor vehicle liability insurance in this State shall participate in the assigned claims bureau and the assigned claims plan. Costs incurred shall be allocated by the superintendent in a fair manner among insurers and self-insurers.

15 §2978. Notification to assigned claims bureau

A person authorized to obtain basic benefits through the assigned claims plan shall notify the bureau of his claim within the time that would have been allowed for filing an action for basic benefits. If timely action for basic benefits is commenced against an insurer or self-insurer who, because of financial inability, is unable to fulfill his obligations, a claim through the assigned claims plan may be made within a reasonable time after discovery of the financial inability.

Sec. 6. Effective date. This Act shall become effective July 1, 1988. Accidents occurring before the effective date of this Act are not covered by or subject to this Act. The Superintendent of Insurance shall exercise, prior to the effective date of this Act, the authority vested in him under this Act to do all things necessary to implement the Act on the effective date.

STATEMENT OF FACT

35 The purpose of this bill is to require no-fault 36 motor vehicle insurance.

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