HOUSE RESEARCH

Bill Summary

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Version: Third engrossment

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Subject: Regulation of insurance fraud by the Minnesota Department of Commerce

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Section

- 1 Regulation of trade practices; insurance contract data. Provides that certain insurance contract data held by the commissioner of commerce is classified under section 72A.20, subdivision 15.
- **Prohibited exclusion; certain property and casualty policies.** Prohibits auto insurance, personal excess liability, or personal umbrella policies from denying liability for damages for bodily injury solely because the injured person lives with and is related to the insured by blood or marriage.
- **Immunity from liability.** Grants insurance support organizations immunity from any civil or criminal liability for releasing relevant information in good faith.
- 4 Medical expense benefits. Adds considerable detail to an existing law relating to insurance reimbursement of expenses for prescription drugs, including drugs dispensed outside of a licensed pharmacy, repackaged, or compound drugs.
- **Billing.** Requires medical providers to notify the insurer of the data that the medical services started. Requires medical providers to submit bills to the relevant insurer within 30 days after determining the relevant insurer, or within 90 days from date of service. Provides that medical expenses are not payable if the bill is not sent to the insurer as required under this section.
- **Disability and income loss benefits.** Increases the maximum disability and income loss benefits from \$250 to \$500 per week. Labels the paragraphs with letters.
- **Funeral and burial expenses.** Increases benefit from \$2,000 to \$5,000.

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Section

8 Survivors' economic loss benefits. Increases the weekly benefit payable to survivors of a family member who died due to an insured accident from \$200 to \$500. Adds coverage for an actual dependent who lives with the decedent when the decedent dies.

- **Awards.** Requires that court rules require that a party who claims economic loss benefits must appear at the arbitration proceeding to be awarded any benefits.
- **Interest on overdue payments.** Makes interest due on overdue benefits within the scope of the denial regardless of whether the insured or provider continues to provide proof of each additional loss.
- Whistleblowers. This section deals with collusion that exists between injured patients and individuals who receive insurance payments for allegedly providing medical care to an injured person. Insurance companies often hire investigators to examine the collusion that can result. Does not subject an individual or entity to civil liability for libel, slander, or any other cause of action arising from furnishing or disclosing information relevant to this section.
- **Prevention of fraud.** Protects insurers from liability for disclosing criminal or fraudulent activities by an insurer or insurance agent.
- Claim for taxable costs. Permits a party to a lawsuit, after the case has been decided, to ask the court to require payment of certain litigation costs to the requesting party.
- **Task force on motor vehicle insurance coverage verification.** Establishes the task force and specifies its members, duties, and obligation to report its recommendations.
- **Repealer.** Repeals section 72A.327, which permits a person whose claim for medical benefits under auto insurance has been denied, to appeal the denial to the commissioner of commerce.