03/15/16 REVISOR XX/DI 16-6747 as introduced

SENATE STATE OF MINNESOTA EIGHTY-NINTH SESSION

A bill for an act

relating to commerce; authorizing certain data collection by the Department of

Commerce relating to no-fault auto insurance claims; reviving the Task Force

S.F. No. 2909

(SENATE AUTHORS: JENSEN and Metzen)

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DATE	D-PG	OFFICIAL STATUS
03/17/2016	5114	Introduction and first reading Referred to Commerce
03/21/2016 03/23/2016	5168	Author added Metzen Comm report: To pass as amended and re-refer to Judiciary

1.4 1.5	on No-Fault Auto Insurance; requiring a report; proposing coding for new law in Minnesota Statutes, chapter 65B.
1.6	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:
1.7	Section 1. [65B.85] DATA COLLECTION; NO-FAULT AUTO INSURANCE
1.8	CLAIMS.
1.9	Subdivision 1. Reporting by reparation obligor. A reparation obligor must report
1.10	to the commissioner the following data in its possession relating to claims under plans of
1.11	reparation security issued by it:
1.12	(1) the number of no-fault-related accidents that result in injuries requiring
1.13	hospitalization, or that lead to any form of accident-related medical treatment, including
1.14	by a doctor, chiropractor, or physical or occupational therapist, or any other medical
1.15	professional. Data must be at the level of detail necessary to identify whether soft-tissue
1.16	treatment occurs and specific details about type and extent of the treatment;
1.17	(2) cost of care data for medical coverage of comparable injuries that is paid under:
1.18	(i) major medical programs operating in the state, including Medicare; (ii) the state's
1.19	workers compensation system; and (iii) the no-fault system. Data should include both
1.20	what was charged by the medical provider as well as what was ultimately paid;
1.21	(3) data on how no-fault claim payments are allocated, including:
1.22	(i) the number of claims that do not reach the \$20,000 limit, and the actual amount
1.23	paid for each claim;
1.24	(ii) the number of claims that reach or exceed the \$20,000 limit, and the actual
1.25	amount paid for each claim;

Section 1.

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2.1	(iii) th	e total cost of care	for all medical ex	xpenses attributed to the	no-fault-related	
2.2	incident, inc	cluding and in addi	tion to the \$20,00	00 limit;		
2.3	(4) data on disputed claims as follows:					
2.4	(i) the	number of denied	claims on an ann	ual basis;		
2.5	(ii) the	e number of indepe	ndent medical ex	aminations requested on	an annual basis;	
2.6	(iii) th	e number of claims	s that actually go	to an independent medic	cal examination	
2.7	and the rationale for the independent medical examination determination on an annual					
2.8	basis; and					
2.9	(iv) th	e number of bodily	injury claims on	an annual basis;		
2.10	(5) da	ta on arbitration an	d the arbitration p	process as follows:		
2.11	(i) the	number of arbitrat	ion awards on an	annual basis, and the to	tal, range, and	
2.12	average amo	ount of awards;				
2.13	(ii) the	e percentage of awa	ard that goes to th	ne provider;		
2.14	(iii) th	e total expense of a	arbitration and ho	w much is covered by the	ne award;	
2.15	(iv) th	e number of arbitra	ators available to	hear cases; and		
2.16	(v) the	number of cases	each arbitrator hea	ars on an annual basis, a	is well as the	
2.17	average and	range of the numb	er of cases heard	per arbitrator; and		
2.18	(6) dat	ta on individual no	-fault claims that	are consolidated into a s	ingle proceeding	
2.19	including:					
2.20	(i) the	average and range	of the number of	findividual claims consc	olidated into a	
2.21	single proce	eding;				
2.22	(ii) for	r consolidated proc	eedings:			
2.23	(A) ho	ow long on average	individual claim	s are accumulated for a	consolidated	
2.24	proceeding;					
2.25	(B) the	e range of time for	these claims to b	e resolved; and		
2.26	(C) the	e average and range	e of the dollar am	ounts of the individual c	claims; and	
2.27	(iii) th	e average and rang	ge of the dollar an	nounts awarded for all co	onsolidated and	
2.28	nonconsolid	lated proceedings.				
2.29	Subd.	2. Reporting by s	tate agencies. Uj	oon request, a state agen	cy that holds data	
2.30	covered by	subdivision 1 must	report that data to	o the commissioner.		
2.31	Subd.	3. Form. The com	nmissioner shall p	rescribe the time and for	rmat for reporting	
2.32	under this se	ection, provided that	at no reporting is	due prior to August 1, 2	<u>016.</u>	
2.33	EFFE	CTIVE DATE. Th	nis section is effec	ctive the day following f	inal enactment.	

Sec. 2. TASK FORCE ON NO-FAULT AUTO INSURANCE ISSUES.

Sec. 2. 2

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Subdivision 1. Revived and reconstituted. Notwithstanding Laws 2015, First
Special Session chapter 1, article 3, section 25, subdivision 5, the Task Force on No-Fault
Auto Insurance is revived and reconstituted with the same membership and staffing.
Subd. 2. Reporting. By February 1, 2018, the task force must submit to the chairs
and ranking minority members of the house of representatives and senate committees
and divisions with primary jurisdiction over commerce and transportation its written
recommendations related to the issues set forth in Laws 2015, First Special Session
chapter 1, article 3, section 25, subdivision 3. The report shall incorporate relevant data
collected by the commissioner under Minnesota Statutes, section 65B 85

EFFECTIVE DATE. This section is effective the day following final enactment.

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