THE SENATE TWENTY-FOURTH LEGISLATURE, 2008 STATE OF HAWAII

S.B. NO. 2770

JAN 2 2 2008

A BILL FOR AN ACT

RELATING TO MOTOR VEHICLE INSURANCE.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. Section 431:10C-302, Hawaii Revised Statutes, 2 is amended by amending subsection (a) to read as follows: 3 "(a) In addition to the motor vehicle insurance coverages described in section 431:10C-301, every insurer issuing a motor 4 5 vehicle insurance policy shall make available to the insured the 6 following optional insurance under the following conditions. 7 Every insurer issuing a commercial motor vehicle insurance 8 policy shall make available to the insured the following 9 optional insurance, except for those benefits under paragraphs 10 (4), (5), (9), (10), and (11) under the following conditions: 11 At the option of the insured, provisions covering loss (1)12 resulting from damage to the insured's motor vehicle 13 with such deductibles, including but not limited to collision and comprehensive deductibles of \$50, \$100, 14 \$250, \$500, \$1,000, \$1,500, and \$2,000, at 15 16 appropriately reduced premium rates, as the commissioner, by rule, shall provide; 17



Page 2

At the option of the insured, compensation to the 1 (2)insured, the insured's spouse, any dependents, or any 2 occupants of the insured's vehicle for damages not 3 covered by personal injury protection benefits; 4 (3) Additional coverages and benefits with respect to any 5 injury or any other loss from motor vehicle accidents 6 or from operation of a motor vehicle for which the 7 insurer may provide for aggregate limits with respect 8 9 to such additional coverage so long as the basic liability coverages provided are not less than those 10 required by section 431:10C-301(b)(1) and (2); 11 At the option of the insured, an option in writing for (4) 12 coverage for wage loss benefits for monthly earnings 13 14 loss for injury arising out of a motor vehicle accident. Any change in the wage loss benefits 15 coverage selected by an insured shall apply only to 16 17 benefits arising out of motor vehicle accidents occurring after the date the change becomes effective. 18 19 Coverage shall be offered in multiples of \$500 a month/\$3,000 per accident per person, from \$500 a 20 21 month/\$3,000 per accident to \$2,000 a month/\$12,000 per accident; however, nothing shall prevent an 22



Page 3

S.B. NO. 2770

insurer from making available higher limits of 1 coverage; 2 3 (5) An option in writing for minimum coverage for death benefits for death arising out of a motor vehicle 4 5 accident in an amount of \$25,000, to be paid to the 6 surviving spouse, for the benefit of the spouse and 7 dependent children, or if there are no surviving 8 spouse or dependent children, then to the estate. Coverage shall also be made available for increased 9 death benefits in increments of \$25,000 up to 10 11 \$100,000; however, nothing shall prevent an insurer from making available higher limits of coverage. 12 At 13 the option of the insured, coverage for funeral 14 expenses of \$2,000 shall be made available; Terms, conditions, exclusions, and deductible clauses, 15 (6) coverages, and benefits which: 16 Are consistent with the required provisions of 17 (A) the policy; 18 19 (B) Limit the variety of coverage available so as to 20 give buyers of insurance reasonable opportunity 21 to compare the cost of insuring with various 22 insurers; and



1		(C) Are approved by the commissioner as fair and
2		equitable;
3	(7)	At appropriately reduced premium rates, deductibles
4		applicable only to claims of an insured in the amounts
5		of \$100, \$300, \$500, and \$1,000 from all personal
6		injury protection benefits otherwise payable; provided
7		that if two or more insureds to whom the deductible is
8		applicable under the contract of insurance are injured
9		in the same accident, the aggregate amount of the
10		deductible applicable to all of them shall not exceed
11		the specified deductible, which amount where necessary
12		shall be allocated equally among them;
13	(8)	Every insurer shall fully disclose the availability of
14		all required and optional coverages and deductibles,
15		including the nature and amounts, at the issuance or
16		delivery of the policy; or, for a policy already
17		issued on January 1, 1998, disclosure shall be made at
18		the first renewal after January 1, 1998. The insurer
19		shall also disclose at issuance or renewal, as
20		applicable, the effect on premium rates and savings of
21		each option and deductible. Further offers or
22		disclosures thereafter shall be required to be



Page 5

S.B. NO. 2770

included with every other renewal or replacement policy. All elections of coverages, options, and deductibles by a named insured shall be binding upon additional insureds covered under the named insured's policy. The purpose of this paragraph is to inform insureds or prospective insureds of the coverages under this article;

An insurer may make available, and provide at the (9) 8 (A) 9 option of the named insured, the benefits described in section 431:10C-103.5(a) through 10 managed care providers such as a health 11 maintenance organization or a preferred provider 12 organization. The option may include conditions 13 and limitations to coverage, including 14 15 deductibles and coinsurance requirements, as approved by the commissioner. The commissioner 16 shall approve those conditions and limitations 17 18 which are substantially comparable to or exceed 19 the coverage provided under section 431:10C-103.6[+]. This managed care option shall not 20 apply to any claimant if there are fewer than 21 22 five managed care, health maintenance



6

1		organizations, or preferred provider physicians
2		or health care providers of the appropriate
3		specialty belonging to or participating in the
4		managed care option located within twenty-five
5		miles of the claimant's residence;
6	(B)	An insurer may make available, and provide at the
7		option of the named insured, deductible and
8		coinsurance arrangements whereby the recipient of
9		care, treatment, services, products, expenses, or
10		accommodations shares in the payment obligation;
11	(C)	No deductible or coinsurance under a policy
12		covered under section 431:10C-302(a)(9)(A) or (B)
13		shall be applied with respect to care, treatment,
14		services, products, or accommodation provided or
15		expenses incurred by an insured during the first
16		twenty-four hours in which emergency treatment
17		has been provided or until the insured patient's
18		emergency medical condition is stabilized,
19		whichever is longer;
20	(D)	(i) The optional coverage prescribed in section
21		431:10C-302(a)(9)(A) and (B) shall apply



only to the named insured, resident spouse, 1 or resident relative; and 2 "Resident relative" means a person who, at (ii) 3 the time of the accident, is related by 4 5 blood, marriage, or adoption to the named insured or resident spouse and who resides 6 7 in the named insured's household, even if temporarily living elsewhere, and any ward 8 9 or foster child who usually resides with the named insured, even if living elsewhere; 10 11 (E) An agreement made under section 431:10C-302(a)(9) must be a voluntary agreement between the insured 12 13 and the insurer, and no insurer shall require an insured to agree to those policy provisions as a 14 condition of providing insurance coverage. 15 16 Requiring an agreement as a precondition to the provision of insurance shall constitute an unfair 17 insurance practice and shall be subject to the 18 provisions, remedies, and penalties provided in 19 20 article 13; and An insurer providing the coverages authorized in 21 (F)

section 431:10C-302(a)(9)(A) and (B) shall

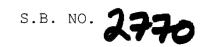
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1		demonstrate in rate filings submitted to the			
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2		commissioner the savings to the insured to be			
3		realized under the plan;			
4	(10)	An insurer shall make available optional coverage for			
5		naturopathic, acupuncture, nonmedical remedial care,			
6		and treatment rendered in accordance with the			
7		teachings, faith, or belief of any group which relies			
8		upon spiritual means through prayer for healing; and			
9	(11)	An insurer may make available optional coverage for			
10		chiropractic treatment in addition to chiropractic			
11		treatment provided under section 431:10C-103.6 for not			
12		more than the lesser of the following:			
13		(A) Thirty additional visits at no more than \$75 a			
14		visit; or			
15		(B) Treatment as defined by the Hawaii Chiropractic			
16		Association guidelines in effect on January 25,			
17		1997.			
18	The	commissioner shall adopt rules, including policy			
19	limits, t	erms, and conditions as necessary to implement the			
20	requirements of this section."				
21	SECTION 2. Statutory material to be repealed is bracketed				
22	and stricken. New statutory material is underscored.				



1 . 2 SECTION 3. This Act shall take effect upon its approval. 3 3-3-TZ-INTRODUCED BY:





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Report Title:

Motor Vehicle Insurance; Managed Care

Description:

Exempts motor vehicle insurers from being required to make available to the insured, at the insured's option, personal injury protection benefits through managed care, if there are fewer than 5 managed care providers or equivalent entities within 25 miles of the claimant.

