

Amendment No. 403

Senate Amendment to Senate Bill No. 359

(BDR 57-1135)

Proposed by: Senate Committee on Commerce and Labor**Amends:** Summary: No Title: Yes Preamble: No Joint Sponsorship: No Digest: Yes

ASSEMBLY ACTION				Initial and Date	SENATE ACTION				Initial and Date
Adopted	☐	Lost	☐	_____	Adopted	☐	Lost	☐	_____
Concurred In	☐	Not	☐	_____	Concurred In	☐	Not	☐	_____
Receded	☐	Not	☐	_____	Receded	☐	Not	☐	_____

EXPLANATION: Matter in (1) **blue bold italics** is new language in the original bill; (2) **green bold italic underlining** is new language proposed in this amendment; (3) ~~red strikethrough~~ is deleted language in the original bill; (4) ~~purple double strikethrough~~ is language proposed to be deleted in this amendment; (5) orange double underlining is deleted language in the original bill that is proposed to be retained in this amendment; and (6) **green bold** is newly added transitory language.

RRY



Date: 4/16/2007

S.B. No. 359—Revises provisions governing claims made under policies of insurance for motor vehicles. (BDR 57-1135)



SENATE BILL NO. 359—SENATOR SCHNEIDER

MARCH 19, 2007

Referred to Committee on Commerce and Labor

SUMMARY—Revises provisions governing claims made under policies of insurance for motor vehicles. (BDR 57-1135)

FISCAL NOTE: Effect on Local Government: No.
Effect on the State: No.

~

EXPLANATION – Matter in ***bolded italics*** is new; matter between brackets ~~[omitted material]~~ is material to be omitted.

AN ACT relating to insurance; revising provisions governing written authorizations to receive medical reports, records and bills relating to claims under a policy of motor vehicle insurance; **prohibiting certain demands for payment**; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law provides that an insurer against whom a claim for damages is asserted under a policy of motor vehicle insurance must be provided with the medical reports, records and bills of the claimant which relate to the claim. (NRS 690B.042) Existing law allows the claimant to fulfill this requirement by providing to the insurer a written authorization which authorizes the insurer to obtain the medical reports, records and bills directly from the providers of health care. (NRS 690B.042) This bill provides that such a written authorization must include the name and address of every provider of health care who has medical reports, records or bills relating to the claim. This bill also provides that ~~the claimant may not commence an action concerning the claim during the 90 days immediately following the date the written authorization is provided to the insurer, and that if the applicable period of limitations for commencing the action expires during this 90 day period, the claimant may file the action within the 60 days immediately following the 90 day period.~~ **a demand for payment must not require that payment be made less than 30 days after a written authorization is made or the medical reports, records and bills are delivered. Further, a demand for payment must not be made after the date which is 30 days before the expiration of the applicable period of limitations.**

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN
SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. NRS 690B.042 is hereby amended to read as follows:

690B.042 1. Except as otherwise provided in subsection 2, any party against whom a claim is asserted for compensation or damages for personal injury under a policy of motor vehicle insurance covering a private passenger car may require any attorney representing the claimant to provide to the party and his insurer or attorney, not more than once every 90 days, all medical reports, records and bills concerning the claim.

2. In lieu of providing medical reports, records and bills pursuant to subsection 1, the claimant or any attorney representing the claimant may provide to the party, his insurer or his attorney a written authorization to receive the reports, records and bills from the provider of health care. *The written authorization must include, without limitation, the name and address of all providers of health care that have any medical reports, records and bills concerning the claim.*

~~3. If the claimant or his attorney provides a written authorization pursuant to subsection 2, the claimant or his attorney may not commence an action concerning the claim during the 90 days immediately following the date on which the written authorization is provided to the party, his insurer or his attorney. If the applicable period of limitations for commencing an action concerning the claim expires during the 90 day period, the claimant or his attorney may commence a civil action concerning the claim within the 60 days immediately following the 90 day period.~~ any attorney representing the claimant submits to the party, his insurer or his attorney a demand for payment, the demand for payment must not demand that payment be made less than 30 days after:

(a) The date of the first delivery of documents pursuant to subsection 1; or

(b) The date the claimant or his attorney provides a written authorization pursuant to subsection 2.

4. A demand for payment described in subsection 3 may not be submitted after the date which is 30 days before the expiration of the applicable period of limitations for commencing an action concerning the claim.

5. At the written request of the claimant or his attorney, copies of all reports, records and bills obtained ~~pursuant to the~~ *through a written* authorization pursuant to subsection 2 must be provided to the claimant or his attorney within 30 days after the date they are received. If the claimant or his attorney makes a written request for the reports, records and bills, the claimant or his attorney shall pay for the reasonable costs of copying the reports, records and bills.

~~3.1~~ ~~5.1~~ 6. Upon receipt of any photocopies of medical reports, records and bills, or a written authorization pursuant to subsection 2, the insurer who issued the policy specified in subsection 1 shall, upon request, immediately disclose to the insured or the claimant all pertinent facts or provisions of the policy relating to any coverage at issue.