34:15-15

LEGISLATIVE HISTORY CHECKLIST

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LAWS OF: 2012 **CHAPTER**: 67

NJSA: 34:15-15 (Bans charging workers' compensation claimants for medical expenses, gives Division

of Workers' Compensation sole jurisdiction over work-related medical claims)

BILL NO: A2652 (Substituted for S1926)

SPONSOR(S) Eustace and others

DATE INTRODUCED: May 10, 2012

COMMITTEE: ASSEMBLY: Labor

SENATE: Labor

AMENDED DURING PASSAGE: Yes

DATE OF PASSAGE: ASSEMBLY: May 24, 2012

SENATE: October 4, 2012

DATE OF APPROVAL: November 19, 2012

FOLLOWING ARE ATTACHED IF AVAILABLE:

FINAL TEXT OF BILL (First reprint enacted)

A2652

SPONSOR'S STATEMENT: (Begins on page 3 of introduced bill)

Yes

COMMITTEE STATEMENT: ASSEMBLY: Yes

SENATE: Yes

(Audio archived recordings of the committee meetings, corresponding to the date of the committee statement, *may possibly* be found at www.njleg.state.nj.us)

FLOOR AMENDMENT STATEMENT: No

LEGISLATIVE FISCAL ESTIMATE: No

S1926/2022

SPONSOR'S STATEMENT S1926: (Begins on page 3 of original bill)

Yes

SPONSOR'S STATEMENT S2022: (Begins on page 3 of original bill)
Yes

COMMITTEE STATEMENT: ASSEMBLY: No

SENATE: Yes

FLOOR AMENDMENT STATEMENT: No

LEGISLATIVE FISCAL ESTIMATE: No

(continued)

VETO MESSAGE:	No
GOVERNOR'S PRESS RELEASE ON SIGNING:	No
FOLLOWING WERE PRINTED: To check for circulating copies, contact New Jersey State Government Publications at the State Library (609) 278-2640 ext.103 or mailto:refdesk@njstatelib.org	
REPORTS:	No
HEARINGS:	No
NEWSPAPER ARTICLES:	No

LAW/KR

P.L.2012, CHAPTER 67, approved November 19, 2012 Assembly, No. 2652 (First Reprint)

AN ACT concerning medical claims in connection with work-related injuries and illnesses and amending R.S.34:15-15.

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BE IT ENACTED by the Senate and General Assembly of the State of New Jersey:

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1. R.S.34:15-15 is '[amend] amended' to read as follows:

¹34:15-15. The employer shall furnish to the injured worker such medical, surgical and other treatment, and hospital service as shall be necessary to cure and relieve the worker of the effects of the injury and to restore the functions of the injured member or organ where such restoration is possible; provided, however, that the employer shall not be liable to furnish or pay for physicians' or surgeons' services in excess of \$50.00 and in addition to furnish hospital service in excess of \$50.00, unless the injured worker or the worker's physician who provides treatment, or any other person on the worker's behalf, shall file a petition with the Division of Workers' Compensation stating the need for physicians' or surgeons' services in excess of \$50.00, as aforesaid, and such hospital service or appliances in excess of \$50.00, as aforesaid, and the Division of Workers' Compensation after investigating the need of the same and giving the employer an opportunity to be heard, shall determine that such physicians' and surgeons' treatment and hospital services are or were necessary, and that the fees for the same are reasonable and shall make an order requiring the employer to pay for or furnish the same. The mere furnishing of medical treatment or the payment thereof by the employer shall not be construed to be an admission of liability.

If the employer shall refuse or neglect to comply with the foregoing provisions of this section, the employee may secure such treatment and services as may be necessary and as may come within the terms of this section, and the employer shall be liable to pay therefor; provided, however, that the employer shall not be liable for any amount expended by the employee or by any third person on the employee's behalf for any such physicians' treatment and hospital services, unless such employee or any person on the employee's behalf shall have requested the employer to furnish the same and the employer shall have refused or neglected so to do, or unless the nature of the injury required such services, and the employer or the superintendent or foreman of the employer, having knowledge of such injury shall have neglected to provide the same,

EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹Assembly ALA committee amendments adopted May 14, 2012.

A2652 [1R]

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or unless the injury occurred under such conditions as make impossible the notification of the employer, or unless the circumstances are so peculiar as shall justify, in the opinion of the Division of Workers' Compensation, the expenditures assumed by the employee for such physicians' treatment and hospital services, apparatus and appliances.

All fees and other charges for such physicians' and surgeons' treatment and hospital treatment shall be reasonable and based upon the usual fees and charges which prevail in the same community for similar physicians', surgeons' and hospital services.

When an injured employee may be partially or wholly relieved of the effects of a permanent injury, by use of an artificial limb or other appliance, which phrase shall also include artificial teeth or glass eye, the Division of Workers' Compensation, acting under competent medical advice, is empowered to determine the character and nature of such limb or appliance, and to require the employer or the employer's insurance carrier to furnish the same.

Fees for treatments or medical services that have been authorized by the employer or its carrier or its third party administrator or determined by the Division of Workers' Compensation to be the responsibility of the employer, its carrier or third party administrator, or have been paid by the employer, its carrier or third party administrator pursuant to the workers' compensation law, R.S.34:15-1 et seq., shall not be charged against or collectible from the injured worker. Exclusive jurisdiction for any disputed medical charge arising from any claim for compensation for a work-related injury or illness shall be vested in the division ¹[, which shall provide procedures to resolve the dispute, including procedural requirements for medical providers or any other party to the dispute 1. The treatment of an injured worker or the payment of workers' compensation to an injured worker or dependent of an injured or deceased worker shall not be delayed because of a claim by a medical provider.

(cf: P.L.1979, c.283, s.7)

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2. This act shall take effect immediately.

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Bans charging workers' compensation claimants for medical expenses, gives Division of Workers' Compensation sole jurisdiction over work-related medical claims.

ASSEMBLY, No. 2652

STATE OF NEW JERSEY

215th LEGISLATURE

INTRODUCED MAY 10, 2012

Sponsored by:

Assemblyman TIMOTHY J. EUSTACE District 38 (Bergen and Passaic) Assemblyman TROY SINGLETON District 7 (Burlington) Assemblyman JOSEPH V. EGAN District 17 (Middlesex and Somerset)

SYNOPSIS

Bans charging workers' compensation claimants for medical expenses, gives Division of Workers' Compensation sole jurisdiction over work-related medical claims.

CURRENT VERSION OF TEXT

As introduced.



AN ACT concerning medical claims in connection with work-related injuries and illnesses and amending R.S.34:15-15.

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BE IT ENACTED by the Senate and General Assembly of the State of New Jersey:

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1. R.S.34:15-15 is amend to read as follows:

The employer shall furnish to the injured worker such medical, surgical and other treatment, and hospital service as shall be necessary to cure and relieve the worker of the effects of the injury and to restore the functions of the injured member or organ where such restoration is possible; provided, however, that the employer shall not be liable to furnish or pay for physicians' or surgeons' services in excess of \$50.00 and in addition to furnish hospital service in excess of \$50.00, unless the injured worker or the worker's physician who provides treatment, or any other person on the worker's behalf, shall file a petition with the Division of Workers' Compensation stating the need for physicians' or surgeons' services in excess of \$50.00, as aforesaid, and such hospital service or appliances in excess of \$50.00, as aforesaid, and the Division of Workers' Compensation after investigating the need of the same and giving the employer an opportunity to be heard, shall determine that such physicians' and surgeons' treatment and hospital services are or were necessary, and that the fees for the same are reasonable and shall make an order requiring the employer to pay for or furnish the same. The mere furnishing of medical treatment or the payment thereof by the employer shall not be construed to be an admission of liability.

If the employer shall refuse or neglect to comply with the foregoing provisions of this section, the employee may secure such treatment and services as may be necessary and as may come within the terms of this section, and the employer shall be liable to pay therefor; provided, however, that the employer shall not be liable for any amount expended by the employee or by any third person on the employee's behalf for any such physicians' treatment and hospital services, unless such employee or any person on the employee's behalf shall have requested the employer to furnish the same and the employer shall have refused or neglected so to do, or unless the nature of the injury required such services, and the employer or the superintendent or foreman of the employer, having knowledge of such injury shall have neglected to provide the same, unless the injury occurred under such conditions as make impossible the notification of the employer, or unless the circumstances are so peculiar as shall justify, in the opinion of the Division of Workers' Compensation, the expenditures assumed by

EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

A2652 EUSTACE, SINGLETON

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the employee for such physicians' treatment and hospital services, apparatus and appliances.

All fees and other charges for such physicians' and surgeons' treatment and hospital treatment shall be reasonable and based upon the usual fees and charges which prevail in the same community for similar physicians', surgeons' and hospital services.

When an injured employee may be partially or wholly relieved of the effects of a permanent injury, by use of an artificial limb or other appliance, which phrase shall also include artificial teeth or glass eye, the Division of Workers' Compensation, acting under competent medical advice, is empowered to determine the character and nature of such limb or appliance, and to require the employer or the employer's insurance carrier to furnish the same.

Fees for treatments or medical services that have been authorized by the employer or its carrier or its third party administrator or determined by the Division of Workers' Compensation to be the responsibility of the employer, its carrier or third party administrator, or have been paid by the employer, its carrier or third party administrator pursuant to the workers' compensation law, R.S.34:15-1 et seq., shall not be charged against or collectible from the injured worker. Exclusive jurisdiction for any disputed medical charge arising from any claim for compensation for a work-related injury or illness shall be vested in the division, which shall provide procedures to resolve the dispute, including procedural requirements for medical providers or any other party to the dispute. The treatment of an injured worker or the payment of workers' compensation to an injured worker or dependent of an injured or deceased worker shall not be delayed because of a claim by a medical provider.

30 (cf: P.L.1979, c. 283, s. 7)

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2. This act shall take effect immediately.

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STATEMENT

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This bill prohibits the charging of workers' compensation claimants for medical expenses that have been authorized by the employer or its carrier or its third party administrator, that have been paid by the employer, its carrier or third party administrator pursuant to pursuant to the workers' compensation law, or which have been determined by the Division of Workers' Compensation to be the responsibility of the employer, its carrier or third party administrator. The bill gives the division sole jurisdiction over disputed work-related medical claims, and directs the division to provide procedures to resolve those disputes, including procedural requirements for medical providers or any other party to the dispute. Finally, the bill provides that the treatment of an injured

A2652 EUSTACE, SINGLETON

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- 1 worker or the payment of workers' compensation to an injured
- 2 worker or dependent of an injured or deceased worker shall not be
- 3 delayed because of a claim by a medical provider.

ASSEMBLY LABOR COMMITTEE

STATEMENT TO

ASSEMBLY, No. 2652

with committee amendments

STATE OF NEW JERSEY

DATED: MAY 14, 2012

The Assembly Labor Committee reports favorably and with committee amendments Assembly Bill No. 2652.

This bill, as amended, prohibits the charging of workers' compensation claimants for medical expenses that have been authorized by the employer, its carrier or third party administrator, that have been paid by the employer, its carrier or third party administrator pursuant to the workers' compensation law, or which have been determined by the Division of Workers' Compensation to be the responsibility of the employer, its carrier or third party administrator.

The bill, as amended, gives the division sole jurisdiction over disputed work-related medical claims, and directs the division to provide procedures to resolve those disputes.

Finally, the bill provides that the treatment of an injured worker or the payment of workers' compensation to an injured worker or dependent of an injured or deceased worker shall not be delayed because of a claim by a medical provider.

COMMITTEE AMENDMENTS:

The committee adopted amendments that delete a portion of the bill's amendatory language referring to procedural requirements to be developed by the division. The deletion of this language ensures that the procedural requirements currently in place will remain unchanged.

SENATE LABOR COMMITTEE

STATEMENT TO

[First Reprint] ASSEMBLY, No. 2652

STATE OF NEW JERSEY

DATED: SEPTEMBER 20, 2012

The Senate Labor Committee reports favorably Assembly Bill No. 2652 (1R).

This bill prohibits the charging of workers' compensation claimants for medical expenses that: have been authorized by the employer, its carrier or third party administrator; have been paid by the employer, its carrier or third party administrator; or have been determined by the Division of Workers' Compensation to be the responsibility of the employer, its carrier or third party administrator.

The bill gives the division sole jurisdiction over disputed work-related medical claims.

The bill also provides that the treatment of an injured worker or the payment of workers' compensation to an injured worker or dependent of an injured or deceased worker shall not be delayed because of a claim by a medical provider.

This bill is identical to the Senate Committee Substitute for Senate Bill Nos. 1926 and 2022, also reported favorably by the committee today.

SENATE, No. 1926

STATE OF NEW JERSEY

215th LEGISLATURE

INTRODUCED MAY 14, 2012

Sponsored by: Senator LINDA R. GREENSTEIN District 14 (Mercer and Middlesex)

SYNOPSIS

Bans charging workers' compensation claimants for medical expenses, gives Division of Workers' Compensation sole jurisdiction over work-related medical claims.

CURRENT VERSION OF TEXT

As introduced.



1 **AN ACT** concerning medical claims in connection with work-related injuries and illnesses and amending R.S.34:15-15.

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BE IT ENACTED by the Senate and General Assembly of the State of New Jersey:

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1. R.S.34:15-15 is amend to read as follows:

The employer shall furnish to the injured worker such medical, surgical and other treatment, and hospital service as shall be necessary to cure and relieve the worker of the effects of the injury and to restore the functions of the injured member or organ where such restoration is possible; provided, however, that the employer shall not be liable to furnish or pay for physicians' or surgeons' services in excess of \$50.00 and in addition to furnish hospital service in excess of \$50.00, unless the injured worker or the worker's physician who provides treatment, or any other person on the worker's behalf, shall file a petition with the Division of Workers' Compensation stating the need for physicians' or surgeons' services in excess of \$50.00, as aforesaid, and such hospital service or appliances in excess of \$50.00, as aforesaid, and the Division of Workers' Compensation after investigating the need of the same and giving the employer an opportunity to be heard, shall determine that such physicians' and surgeons' treatment and hospital services are or were necessary, and that the fees for the same are reasonable and shall make an order requiring the employer to pay for or furnish the same. The mere furnishing of medical treatment or the payment thereof by the employer shall not be construed to be an admission of liability.

If the employer shall refuse or neglect to comply with the foregoing provisions of this section, the employee may secure such treatment and services as may be necessary and as may come within the terms of this section, and the employer shall be liable to pay therefor; provided, however, that the employer shall not be liable for any amount expended by the employee or by any third person on the employee's behalf for any such physicians' treatment and hospital services, unless such employee or any person on the employee's behalf shall have requested the employer to furnish the same and the employer shall have refused or neglected so to do, or unless the nature of the injury required such services, and the employer or the superintendent or foreman of the employer, having knowledge of such injury shall have neglected to provide the same, unless the injury occurred under such conditions as make impossible the notification of the employer, or unless the circumstances are so peculiar as shall justify, in the opinion of the Division of Workers' Compensation, the expenditures assumed by

EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

S1926 GREENSTEIN

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the employee for such physicians' treatment and hospital services,apparatus and appliances.

All fees and other charges for such physicians' and surgeons' treatment and hospital treatment shall be reasonable and based upon the usual fees and charges which prevail in the same community for similar physicians', surgeons' and hospital services.

When an injured employee may be partially or wholly relieved of the effects of a permanent injury, by use of an artificial limb or other appliance, which phrase shall also include artificial teeth or glass eye, the Division of Workers' Compensation, acting under competent medical advice, is empowered to determine the character and nature of such limb or appliance, and to require the employer or the employer's insurance carrier to furnish the same.

Fees for treatments or medical services that have been authorized by the employer or its carrier or its third party administrator or determined by the Division of Workers' Compensation to be the responsibility of the employer, its carrier or third party administrator, or have been paid by the employer, its carrier or third party administrator pursuant to the workers' compensation law, R.S.34:15-1 et seq., shall not be charged against or collectible from the injured worker. Exclusive jurisdiction for any disputed medical charge arising from any claim for compensation for a work-related injury or illness shall be vested in the division, which shall provide procedures to resolve the dispute, including a system of binding arbitration administered by the division and procedural requirements for medical providers or any other party to the dispute. The treatment of an injured worker or the payment of workers' compensation to an injured worker or dependent of an injured or deceased worker shall not be delayed because of a claim by a medical provider.

(cf: P.L.1979, c.283, s.7)

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2. This act shall take effect immediately.

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STATEMENT

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This bill prohibits the charging of workers' compensation claimants for medical expenses that have been authorized by the employer or its carrier or its third party administrator, that have been paid by the employer, its carrier or third party administrator pursuant to pursuant to the workers' compensation law, or which have been determined by the Division of Workers' Compensation to be the responsibility of the employer, its carrier or third party administrator. The bill gives the division sole jurisdiction over disputed work-related medical claims, and directs the division to provide procedures to resolve those disputes, including a system of binding arbitration and procedural requirements for medical

S1926 GREENSTEIN

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- 1 providers or any other party to the dispute. Finally, the bill
- 2 provides that the treatment of an injured worker or the payment of
- 3 workers' compensation to an injured worker or dependent of an
- 4 injured or deceased worker shall not be delayed because of a claim
- 5 by a medical provider.

SENATE, No. 2022

STATE OF NEW JERSEY

215th LEGISLATURE

INTRODUCED MAY 31, 2012

Sponsored by: Senator FRED H. MADDEN, JR. District 4 (Camden and Gloucester)

SYNOPSIS

Bans charging workers' compensation claimants for medical expenses, gives Division of Workers' Compensation sole jurisdiction over work-related medical claims.

CURRENT VERSION OF TEXT

As introduced.



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AN ACT concerning medical claims in connection with work-related injuries and illnesses and amending R.S.34:15-15.

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BE IT ENACTED by the Senate and General Assembly of the State of New Jersey:

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34:15-15. The employer shall furnish to the injured worker such medical, surgical and other treatment, and hospital service as shall be necessary to cure and relieve the worker of the effects of the injury and to restore the functions of the injured member or organ where such restoration is possible; provided, however, that the employer shall not be liable to furnish or pay for physicians' or surgeons' services in excess of \$50.00 and in addition to furnish hospital service in excess of \$50.00, unless the injured worker or the worker's physician who provides treatment, or any other person on the worker's behalf, shall file a petition with the Division of Workers' Compensation stating the need for physicians' or surgeons' services in excess of \$50.00, as aforesaid, and such hospital service or appliances in excess of \$50.00, as aforesaid, and the Division of Workers' Compensation after investigating the need of the same and giving the employer an opportunity to be heard, shall determine that such physicians' and surgeons' treatment and hospital services are or were necessary, and that the fees for the same are reasonable and shall make an order requiring the employer to pay for or furnish the same. The mere furnishing of medical treatment or the payment thereof by the employer shall not be construed to be an admission of liability.

If the employer shall refuse or neglect to comply with the foregoing provisions of this section, the employee may secure such treatment and services as may be necessary and as may come within the terms of this section, and the employer shall be liable to pay therefor; provided, however, that the employer shall not be liable for any amount expended by the employee or by any third person on the employee's behalf for any such physicians' treatment and hospital services, unless such employee or any person on the employee's behalf shall have requested the employer to furnish the same and the employer shall have refused or neglected so to do, or unless the nature of the injury required such services, and the employer or the superintendent or foreman of the employer, having knowledge of such injury shall have neglected to provide the same, unless the injury occurred under such conditions as make impossible the notification of the employer, or unless the circumstances are so peculiar as shall justify, in the opinion of the Division of Workers' Compensation, the expenditures assumed by

EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

S2022 MADDEN

the employee for such physicians' treatment and hospital services, apparatus and appliances.

All fees and other charges for such physicians' and surgeons' treatment and hospital treatment shall be reasonable and based upon the usual fees and charges which prevail in the same community for similar physicians', surgeons' and hospital services.

When an injured employee may be partially or wholly relieved of the effects of a permanent injury, by use of an artificial limb or other appliance, which phrase shall also include artificial teeth or glass eye, the Division of Workers' Compensation, acting under competent medical advice, is empowered to determine the character and nature of such limb or appliance, and to require the employer or the employer's insurance carrier to furnish the same.

Fees for treatments or medical services that have been authorized by the employer or its carrier or its third party administrator or determined by the Division of Workers' Compensation to be the responsibility of the employer, its carrier or third party administrator, or have been paid by the employer, its carrier or third party administrator pursuant to the workers' compensation law, R.S.34:15-1 et seq., shall not be charged against or collectible from the injured worker. Exclusive jurisdiction for any disputed medical charge arising from any claim for compensation for a work-related injury or illness shall be vested in the division. The treatment of an injured worker or dependent of an injured or deceased worker shall not be delayed because of a claim by a medical provider.

(cf: P.L.1979, c.283, s.7)

2. This act shall take effect immediately.

STATEMENT

This bill prohibits the charging of workers' compensation claimants for medical expenses that have been authorized by the employer, its carrier or third party administrator, that have been paid by the employer, its carrier or third party administrator pursuant to the workers' compensation law, or which have been determined by the Division of Workers' Compensation to be the responsibility of the employer, its carrier or third party administrator.

The bill gives the division sole jurisdiction over disputed work-related medical claims.

Finally, the bill provides that the treatment of an injured worker or the payment of workers' compensation to an injured worker or dependent of an injured or deceased worker shall not be delayed because of a claim by a medical provider.

SENATE LABOR COMMITTEE

STATEMENT TO

SENATE COMMITTEE SUBSTITUTE FOR SENATE, Nos. 1926 and 2022

STATE OF NEW JERSEY

DATED: SEPTEMBER 20, 2012

The Senate Labor Committee reports favorably a Senate Committee Substitute for Senate Bill Nos. 1926 and 2022.

This committee substitute prohibits the charging of workers' compensation claimants for medical expenses that: have been authorized by the employer, its carrier or third party administrator; have been paid by the employer, its carrier or third party administrator; or have been determined by the Division of Workers' Compensation to be the responsibility of the employer, its carrier or third party administrator.

The substitute gives the division sole jurisdiction over disputed work-related medical claims.

The substitute also provides that the treatment of an injured worker or the payment of workers' compensation to an injured worker or dependent of an injured or deceased worker shall not be delayed because of a claim by a medical provider.

This substitute is identical to Assembly Bill No. 2652 (1R), also reported favorably by the committee today.