

39:6A-13

LEGISLATIVE HISTORY CHECKLIST
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(Automobile insurance--PIP--
clarify chiropractor evaluation)

NJSA: 39:6A-13

LAWS OF: 1993 **CHAPTER:** 186

BILL NO: A1532

SPONSOR(S) ~~Eatania~~ Haytaian

DATE INTRODUCED: June 1, 1992

COMMITTEE: **ASSEMBLY:** Commerce
SENATE: Commerce

AMENDED DURING PASSAGE: Yes Amendments during passage
First ~~revision~~ enacted ^{reprint} dentoed by superscript numbers

DATE OF PASSAGE: **ASSEMBLY:** December 21, 1992
SENATE: June 21, 1993

DATE OF APPROVAL: July 16, 1993

FOLLOWING STATEMENTS ARE ATTACHED IF AVAILABLE:

SPONSOR STATEMENT: Yes

COMMITTEE STATEMENT: **ASSEMBLY:** Yes
SENATE: Yes

FISCAL NOTE: No

VETO MESSAGE: No

MESSAGE ON SIGNING: No

FOLLOWING WERE PRINTED:

REPORTS: No

HEARINGS: No

KBG:pp

[FIRST REPRINT]
ASSEMBLY, No. 1532

STATE OF NEW JERSEY

INTRODUCED JUNE 1, 1992

By Assemblymen HAYTAIAN, DORIA,
Assemblywoman Crecco, Assemblymen DiGaetano,
Felice, Impreveduto, Kavanaugh, Kelly, Penn,
Rocco and Zangari

1 AN ACT concerning certain claims for personal injury protection
2 benefits and amending P.L.1972, c.70.

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

6 1. Section 13 of P.L.1972, c.70 (C.39:6A-13) is amended to
7 read as follows:

8 13. Discovery of facts as to personal injury protection
9 coverage. The following apply to personal injury protection
10 coverage benefits:

11 a. Every employer shall, if a request is made by an insurer or
12 the Unsatisfied Claim and Judgment Fund providing personal
13 injury protection benefits under this act against whom a claim
14 has been made, furnish forthwith, in a form approved by the
15 Commissioner of Insurance, a signed statement of the lost
16 earnings since the date of the bodily injury and for a reasonable
17 period before the injury, of the person upon whose injury the
18 claim is based.

19 b. Every physician, hospital, clinic or other medical institution
20 providing, before and after the bodily injury upon which a claim
21 for personal injury protection benefits is based, any products,
22 services or accommodations in relation to such bodily injury or
23 any other injury, or in relation to a condition claimed to be
24 connected with such bodily injury or any other injury, shall, if
25 requested to do so by the insurer or the Unsatisfied Claim and
26 Judgment Fund against whom the claim has been made, furnish
27 forthwith a written report of the history, condition, treatment,
28 dates and costs of such treatment of the injured person, and
29 produce forthwith and permit the inspection and copying of his or
30 its records regarding such history, condition, treatment dates and
31 costs of treatment. The person requesting such records shall pay
32 all reasonable costs connected therewith.

33 c. The injured person shall be furnished upon demand a copy of
34 all information obtained by the insurer or the Unsatisfied Claim
35 and Judgment Fund under the provisions of this section, and shall
36 pay a reasonable charge, if required by the insurer and the
37 Unsatisfied Claim and Judgment Fund.

38 d. Whenever the mental or physical condition of an injured
39 person covered by personal injury protection is material to any
40 claim that has been or may be made for past or future personal
41 injury protection benefits, such person shall, upon request of an

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:
1 Assembly ACP committee amendments adopted October 1, 1992.

1 insurer or the Unsatisfied Claim and Judgment Fund submit to
2 mental or physical examination by a physician or physicians , or
3 chiropractor or chiropractors. Only a licensed chiropractor may
4 determine the clinical need for further chiropractic treatment by
5 performing a chiropractic examination and ¹[the review of a
6 treating chiropractor's patient records shall not be used to make
7 such a determination] this determination shall not depend solely
8 upon a review of the treating chiropractor patient records in
9 cases of denial of benefits¹. The costs of any examinations
10 requested by an insurer or the Unsatisfied Claim and Judgment
11 Fund shall be borne entirely by whomever makes such request.
12 Such examination shall be conducted within the municipality of
13 residence of the injured person. If there is no qualified physician
14 or chiropractor to conduct the examination within the
15 municipality of residence of the injured person, then such
16 examination shall be conducted in an area of the closest
17 proximity to the injured person's residence. Personal protection
18 insurers are authorized to include reasonable provisions in
19 personal injury protection coverage policies for mental and
20 physical examinations of those claiming personal injury
21 protection coverage benefits.

22 e. If requested by the person examined, a party causing an
23 examination to be made, shall deliver to him a copy of every
24 written report concerning the examination rendered by an
25 examining physician or chiropractor, at least one of which reports
26 must set out his findings and conclusions in detail. After such
27 request and delivery, the party causing the examination to be
28 made is entitled upon request to receive from the person
29 examined every written report available to him, or his
30 representative, concerning any examination, previously or
31 thereafter made of the same mental or physical condition.

32 f. The injured person, upon reasonable request by the insurer
33 or the Unsatisfied Claim and Judgment Fund shall sign all forms,
34 authorizations, releases for information, approved by the
35 Commissioner of Insurance, which may be necessary to the
36 discovery of the above facts, in order to reasonably prove the
37 injured person's losses.

38 g. In the event of any dispute regarding an insurer's or the
39 Unsatisfied Claim and Judgment Fund's or an injured person's
40 right as to the discovery of facts about the injured person's
41 earnings or about his history, condition, treatment, dates and
42 costs of such treatment, or the submission of such injured person
43 to a mental or physical examination, the insurer, Unsatisfied
44 Claim and Judgment Fund or the injured person may petition a
45 court of competent jurisdiction for an order resolving the dispute
46 and protecting the rights of all parties. The order may be
47 entered on motion for good cause shown giving notice to all
48 persons having an interest therein. Such court may protect
49 against annoyance, embarrassment or oppression and may as
50 justice requires, enter an order compelling or refusing discovery,
51 or specifying conditions of such discovery; the court may further
52 order the payment of costs and expenses of the proceeding, as
53 justice requires.

54 (cf: P.L.1972, c.70, s.13)

1 2. This act shall take effect immediately.

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6 Clarifies that only chiropractors can determine need for
7 chiropractic treatment in review of PIP benefits.

STATEMENT

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This bill makes it clear that only a chiropractor shall be authorized to determine the clinical need for chiropractic treatment of persons claiming personal injury protection benefits under New Jersey's no-fault automobile insurance laws.

Clarifies that only chiropractors can determine need for chiropractic treatment in review of PIP benefits.

ASSEMBLY COMMERCE AND REGULATED
PROFESSIONS COMMITTEE

STATEMENT TO

ASSEMBLY, No. 1532

with committee amendments

STATE OF NEW JERSEY

DATED: OCTOBER 1, 1992

The Assembly Commerce and Regulated Professions Committee reports favorably Assembly Bill No. 1532 with committee amendments.

As amended, this bill provides that in the case of a person claiming personal injury protection benefits under New Jersey's no-fault automobile insurance laws, only a licensed chiropractor may determine the clinical need for further chiropractic treatment by performing a chiropractic examination. The committee amended the bill by removing the provision that the review of a treating chiropractor's patient records shall not be used to make such a determination and replaced it with the stipulation that the aforesaid determination shall not depend solely upon a review of the treating chiropractor patient records in cases of denial of benefits.

SENATE COMMERCE COMMITTEE

STATEMENT TO

[FIRST REPRINT]

ASSEMBLY, No. 1532

STATE OF NEW JERSEY

DATED: MAY 6, 1993

The Senate Commerce Committee reports favorably Assembly Bill No. 1532 [1R].

Currently, when the mental or physical condition of a person injured in an automobile accident and covered by personal injury protection benefits is material to a claim, that person must, upon request of an insurer, submit to a mental or physical examination by a physician. This bill provides that only a licensed chiropractor may determine the clinical need for further chiropractic treatment by performing a chiropractic examination and this determination cannot depend solely upon a review of the records of the treating chiropractor in cases of denial of benefits.