

ASSEMBLY, No. 2232

STATE OF NEW JERSEY

219th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2020 SESSION

Sponsored by:

Assemblyman RONALD S. DANCER

District 12 (Burlington, Middlesex, Monmouth and Ocean)

Assemblywoman JOANN DOWNEY

District 11 (Monmouth)

SYNOPSIS

Prohibits medical providers from reporting certain workers' compensation medical charges to collection and credit reporting agencies.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel.



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

3

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

6

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

8 34:15-15. The employer shall furnish to the injured worker such
9 medical, surgical and other treatment, and hospital service as shall
10 be necessary to cure and relieve the worker of the effects of the
11 injury and to restore the functions of the injured member or organ
12 where such restoration is possible; provided, however, that the
13 employer shall not be liable to furnish or pay for physicians' or
14 surgeons' services in excess of \$50.00 and in addition to furnish
15 hospital service in excess of \$50.00, unless the injured worker or
16 the worker's physician who provides treatment, or any other person
17 on the worker's behalf, shall file a petition with the Division of
18 Workers' Compensation stating the need for physicians' or surgeons'
19 services in excess of \$50.00, as aforesaid, and such hospital service
20 or appliances in excess of \$50.00, as aforesaid, and the Division of
21 Workers' Compensation after investigating the need of the same and
22 giving the employer an opportunity to be heard, shall determine that
23 such physicians' and surgeons' treatment and hospital services are or
24 were necessary, and that the fees for the same are reasonable and
25 shall make an order requiring the employer to pay for or furnish the
26 same. The mere furnishing of medical treatment or the payment
27 thereof by the employer shall not be construed to be an admission
28 of liability.

29 If the employer shall refuse or neglect to comply with the
30 foregoing provisions of this section, the employee may secure such
31 treatment and services as may be necessary and as may come within
32 the terms of this section, and the employer shall be liable to pay
33 therefor; provided, however, that the employer shall not be liable
34 for any amount expended by the employee or by any third person on
35 the employee's behalf for any such physicians' treatment and
36 hospital services, unless such employee or any person on the
37 employee's behalf shall have requested the employer to furnish the
38 same and the employer shall have refused or neglected so to do, or
39 unless the nature of the injury required such services, and the
40 employer or the superintendent or foreman of the employer, having
41 knowledge of such injury shall have neglected to provide the same,
42 or unless the injury occurred under such conditions as make
43 impossible the notification of the employer, or unless the
44 circumstances are so peculiar as shall justify, in the opinion of the
45 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.

Matter underlined thus is new matter.

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

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

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

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

27 No provider of medical benefits or services who has been paid in
28 part or in whole, or who may be payable, or who has been alleged to
29 be payable in part or in whole by an employer or its carrier or its
30 third party administrator pursuant to the workers' compensation
31 law, R.S.34:15-1 et seq., shall report any portion of their charges
32 which are alleged to be unpaid, to any collection or credit reporting
33 agency, bureau, or data collection facility until: (1) a judge of
34 compensation within the Division of Workers' Compensation has
35 fully adjudicated the rights and liabilities of all parties, including
36 the rights of the claimant for medical payments pursuant to this
37 section, section 1 of P.L.1953, c.207 (C.34:15-15.1), and section 1
38 of P.L.1966, c.115 (C.34:15-15.2), regarding the payment of these
39 charges; or (2) a notice of a stipulation settlement or an order
40 approving settlement regarding the payment of these charges has
41 been filed with the court. Upon a finding that non-compliance with
42 this paragraph has occurred, a judge of compensation, in summary
43 fashion, and in addition to such other provisions under the workers'
44 compensation law, R.S.34:15-1 et seq., may:

45 a. order the non-compliant party to retract the medical charges
46 reported to the collection or credit reporting agency, bureau, or data
47 collection facility;

b. impose a fine on the non-compliant party, not to exceed \$5,000, payable to the Second Injury Fund;

c. order a reasonable counsel fee in connection with a claimant for medical payments who has suffered damage to credit rating due to the reporting of unpaid medical charges to a collection or credit reporting agency, bureau, or data collection facility;

d. order the non-compliant party to take such steps as are necessary, within 30 days of the order, to rehabilitate the credit record of a claimant, with a showing made to the court of the efforts made in that regard; and

e. order an award of damages to the claimant not to exceed 25 percent of the medical charges reported by the non-compliant party to the collection or credit reporting agency, bureau, or data collection facility, the minimum award being \$350.00.

(cf: P.L.2012, c.67, s.1)

2. This act shall take effect immediately.

STATEMENT

This bill prohibits a provider of medical benefits or services who has been paid in part or in whole, or who may be payable, or who has been alleged to be payable in part or in whole by an employer or its carrier or its third party administrator pursuant to the workers' compensation law, R.S.34:15-1 et seq., from reporting any portion of their charges which are alleged to be unpaid, to any collection or credit reporting agency, bureau, or data collection facility. Under the bill, a medical provider may only report such charges when a judge of compensation within the Division of Workers' Compensation has fully adjudicated the rights and liabilities of all parties, including the rights of the claimant for medical payments, regarding the payment of these charges, or when a notice of a stipulation settlement or an order approving settlement regarding the payment of these charges has been filed with the court.

Upon a finding of non-compliance with the provisions of the bill, a judge of compensation within the Division of Workers' Compensation, in addition to other provisions under the workers' compensation law, may:

a. order the non-compliant party to retract the medical charges reported to the collection or credit reporting agency, bureau, or data collection facility;

b. impose a fine on the non-compliant party, not to exceed \$5,000, payable to the Second Injury Fund;

c. order a reasonable counsel fee in connection with a claimant for medical payments who has suffered damage to credit rating due to the reporting of unpaid medical charges to a collection or credit reporting agency, bureau, or data collection facility ;

1 d. order the non-compliant party to take such steps as are
2 necessary, within 30 days of the order, to rehabilitate the credit
3 record of a claimant, with a showing made to the court of the efforts
4 made in that regard; and

5 e. order an award of damages to the claimant not to exceed 25
6 percent of the medical charges reported by the non-compliant party
7 to the collection or credit reporting agency, bureau, or data
8 collection facility, the minimum award being \$350.00.