

SENATE, No. 786

STATE OF NEW JERSEY
221st LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2024 SESSION

Sponsored by:

Senator GORDON M. JOHNSON

District 37 (Bergen)

Co-Sponsored by:

Senator Cruz-Perez

SYNOPSIS

Reduces statute of limitations from six years to two years in medical fee disputes in workers' compensation matters.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel.



1 AN ACT concerning the statute of limitations for medical fee
2 disputes in workers' compensation matters and amending
3 R.S.34:15-15.
4

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

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

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

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

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 Division of Workers' Compensation, the expenditures assumed by
2 the employee for such physicians' treatment and hospital services,
3 apparatus and appliances.

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

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

15 Fees for medical, surgical, other treatment, or hospital services
16 that have been authorized by the employer or its carrier or its third
17 party administrator or determined by the Division of Workers'
18 Compensation to be the responsibility of the employer, its carrier or
19 third party administrator, or have been paid by the employer, its
20 carrier or third party administrator pursuant to the workers'
21 compensation law, R.S.34:15-1 et seq., shall not be charged against
22 or collectible from the injured worker. Exclusive jurisdiction for
23 any disputed medical charge arising from any claim for
24 compensation for a work-related injury or illness shall be vested in
25 the division. For services rendered on or after the effective date of
26 P.L. , c. (pending before the Legislature as this bill), a dispute
27 shall be filed with the Division of Workers' Compensation no later
28 than two years after the date that any payment or notice of denial of
29 payment was received. The treatment of an injured worker or the
30 payment of workers' compensation to an injured worker or
31 dependent of an injured or deceased worker shall not be delayed
32 because of a claim by a medical provider.

33 No provider to the injured worker of medical, surgical, other
34 treatment, or hospital service pursuant to the workers' compensation
35 law, R.S.34:15-1 et seq., shall report any portion of their charges
36 which are alleged to be unpaid, to any collection or credit reporting
37 agency, bureau, or data collection facility until: (1) a judge of
38 compensation within the Division of Workers' Compensation has
39 fully adjudicated the rights and liabilities of all parties, including
40 the rights of the claimant for payments pursuant to this section,
41 section 1 of P.L.1953, c.207 (C.34:15-15.1), and section 1 of
42 P.L.1966, c.115 (C.34:15-15.2), regarding the payment of these
43 charges; or (2) a notice of a stipulation settlement or an order
44 approving settlement regarding the payment of these charges has
45 been filed with the court. Upon a finding that non-compliance with
46 this paragraph has occurred, a judge of compensation, in summary
47 fashion, and in addition to such other provisions under the workers'
48 compensation law, R.S.34:15-1 et seq., may:

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- 1 a. order the non-compliant provider to retract the medical,
2 surgical, other treatment, or hospital service charges reported to the
3 collection or credit reporting agency, bureau, or data collection
4 facility;
- 5 b. impose a fine on the non-compliant provider, not to exceed
6 \$5,000, payable to the Second Injury Fund;
- 7 c. order the non-compliant provider to pay a reasonable
8 counsel fee in connection with a claimant for payments who has
9 suffered damage to credit rating due to the reporting of unpaid
10 medical, surgical, other treatment, or hospital service charges to a
11 collection or credit reporting agency, bureau, or data collection
12 facility;
- 13 d. order the non-compliant provider to take such steps as are
14 necessary, within 30 days of the order, to rehabilitate the credit
15 record of a claimant, with a showing made to the court of the efforts
16 made in that regard; and
- 17 e. order the non-compliant provider to pay an award of
18 damages to the claimant not to exceed 25 percent of the medical,
19 surgical, other treatment, or hospital service charges reported by the
20 non-compliant provider to the collection or credit reporting agency,
21 bureau, or data collection facility, the minimum award being
22 \$350.00.
23 (cf: P.L.2019, c.416, s.1)

24
25 2. This act shall take effect immediately.
26
27

28 STATEMENT
29

30 This bill provides that the statute of limitations for a medical fee
31 dispute in a workers' compensation matter will be two years from
32 the date that a payment or notice of denial of payment was received
33 by a claimant. The current statute of limitations for these matters,
34 as interpreted by State courts, is six years from the date that a
35 payment or notice of denial of payment was received by a claimant.