

## CHAPTER 56

**AN ACT** concerning acupuncturists, amending the title and body of P.L.1983, c.7 and various parts of the statutory law, supplementing P.L.1983, c.7 and chapter 21 of Title 2C of the New Jersey Statutes, and repealing sections 12 and 14 of P.L.1983, c.7.

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

1. The title of P.L.1983, c.7 is amended to read as follows:

Title amended.

AN ACT regulating the practice of acupuncture, providing standards, qualifications and licensure of practitioners with respect thereto, amending P.L.1971, c.60, P.L.1974, c.46 and P.L.1978, c.73 and supplementing Title 45 of the Revised Statutes.

2. Section 2 of P.L.1983, c.7 (C.45:2C-2) is amended to read as follows:

C.45:2C-2 Definitions.

2. As used in this act:

- a. "Acupuncture" means the practice of Oriental medicine based on traditional Oriental medical theories, including, but not limited to, the stimulation of a certain point or points on or near the surface of the body by the insertion of needles to prevent or modify the perception of pain or to normalize physiological functions, including pain control, for the treatment of diseases or dysfunctions of the body and includes the techniques of electroacupuncture, mechanical stimulation, adjunctive therapies and moxibustion.

- b. "Board" means the Acupuncture Examining Board.

- c. "Electroacupuncture" means the therapeutic use of weak electric currents at acupuncture loci.

- d. "Moxibustion" means the therapeutic use of thermal stimulus at acupuncture loci by burning artemisia.

3. Section 3 of P.L.1983, c.7 (C.45:2C-3) is amended to read as follows:

C.45:2C-3 Acupuncture Examining Board.

3. There is created in the Division of Consumer Affairs of the Department of Law and Public Safety and under the State Board of Medical Examiners an Acupuncture Examining Board consisting of nine members, four of whom shall be acupuncturists licensed in this State and not licensed as physicians and surgeons, two members shall be physicians and surgeons licensed in this State, with at least two years' experience in acupuncture; and pursuant to the provisions of section 2 of P.L.1971, c.60 (C.45:1-2.2), two members shall be public members who do not hold a license as a physician and surgeon or acupuncturist and one member shall be from a department in the Executive Branch of the State government. The members of the board shall be residents of the State appointed by the Governor for terms of three years and until the appointment and qualification of their successors. Of the members initially appointed, three shall hold office for one year; three shall hold office for two years; and three shall hold office for three years. Vacancies shall be filled for the unexpired terms only.

The board shall organize as soon as possible after the appointment of its members and shall annually elect a chairman and a secretary from among its members. The board shall carry out the responsibilities assigned to it under this act and such other matters as the State

Board of Medical Examiners may require. The board shall promulgate such rules and regulations as it deems necessary to effectuate the purposes of this act. All regulations adopted, amended or repealed by the board shall be subject to the review and approval of the State Board of Medical Examiners.

4. Section 4 of P.L.1983, c.7 (C.45:2C-4) is amended to read as follows:

C.45:2C-4 Record of proceedings, register of applications for licensure.

4. The board shall keep a record of its proceedings under this act and a register of all applications for licensure hereunder, which register shall include but not be limited to:

- a. The name and residence of each applicant;
- b. The date of the application;
- c. The applicant's place of business;
- d. Whether the applicant was rejected or a license was granted and the date of such action.

The board shall compile annually a list of licensed acupuncturists authorized to practice in this State. This list shall be available to the public.

5. Section 5 of P.L.1983, c.7 (C.45:2C-5) is amended to read as follows:

C.45:2C-5 Standards governing practice of acupuncture.

5. a. The State Board of Medical Examiners, after consultation with the board, shall establish standards governing the practice of acupuncture, including but not limited to:

- (1) (Deleted by amendment, P.L.2009, c.56)
- (2) An acupuncturist shall obtain informed written consent from each patient, giving each patient a full explanation of the procedure to be performed and informing each patient of the possible complications which may result therefrom, before performing acupuncture.
- (3) Only acupuncture devices labeled in accordance with United States Food and Drug Administration guidelines shall be used by acupuncturists.
- (4) An acupuncturist shall advise each patient as to the importance of consulting with a licensed physician regarding the patient's condition, and shall keep on file with the patient's records a form attesting to the patient's notice of that advice. The form shall be in duplicate, with one copy to be issued to the patient, and signed and dated by both the acupuncturist and the patient.
- (5) An acupuncturist shall maintain medical malpractice liability insurance coverage, at appropriate amounts as set forth in regulations.

b. The board may employ such personnel as it deems necessary for the administration of this act.

6. Section 6 of P.L.1983, c.7 (C.45:2C-6) is amended to read as follows:

C.45:2C-6 Practices allowed by holder of license.

6. a. A license issued pursuant to this act authorizes the holder thereof to engage in the practice of acupuncture and when used in connection therewith to perform or prescribe the use of tuina, shiatsu, and other forms of Oriental massage, surface stimulation of a certain point or combination of points on the body, breathing techniques and exercise to promote health.

b. The holder of a license may also utilize adjunctive therapies, which include, but are not limited to: Oriental dietary therapy; lifestyle and behavioral education; laser stimulation in accordance with relevant federal law; cupping; thermal methods; magnets; gua-sha; percutaneous and transcutaneous electrical nerve stimulation; and, subject to the additional certification and filing requirements set forth in section 14 of P.L.2009, c.56 (C.45:2C-19), herbology. Any adjunctive therapies utilized by the holder of a license shall be approved by the board.

7. Section 7 of P.L.1983, c.7 (C.45:2C-7) is amended to read as follows:

C.45:2C-7 License required to practice acupuncture; exceptions.

7. A person who is not licensed under this act shall not practice acupuncture, hold himself out as practicing acupuncture, or use a title or description, including the following: L.Ac; Licensed Acupuncturist; C. A.; Certified Acupuncturist; Acupuncturist; or any other letters or words denoting that the person so practices acupuncture. A person who is participating in an approved course of study or school in acupuncture may practice acupuncture under conditions established by the board.

The State Board of Medical Examiners may suspend or revoke a license to practice medicine and surgery, upon proof to its satisfaction that the holder thereof practiced acupuncture contrary to the provisions of this act or employed a person who practiced acupuncture without licensure.

8. Section 8 of P.L.1983, c.7 (C.45:2C-8) is amended to read as follows:

C.45:2C-8 Practice of acupuncture by physician, surgeon, dentist.

8. Nothing in this act shall be construed to prevent the practice of acupuncture by a person licensed in New Jersey as a physician and surgeon or dentist and is in good standing, provided his course of training has included acupuncture. The course of training in acupuncture shall be for a minimum of 300 hours and shall include a clinical training program of not less than 150 hours. A person licensed in New Jersey as a physician and surgeon or dentist, who practices acupuncture as permitted pursuant to this section, shall be subject to oversight by the State Board of Medical Examiners or the New Jersey State Board of Dentistry, as appropriate, and shall not be subject to oversight by the Acupuncture Examining Board.

9. Section 9 of P.L.1983, c.7 (C.45:2C-9) is amended to read as follows:

C.45:2C-9 Requirements for licensure as acupuncturist.

9. Except as provided in section 8 of P.L.1983, c.7 (C.45:2C-8), each person desiring to obtain a license to practice acupuncture shall make application therefor to the board upon such form and in such manner as the board shall prescribe and shall furnish satisfactory evidence to the board that he:

- a. Is at least 21 years of age;
- b. Is of good moral character; and
- c. (1) Has a baccalaureate degree and has successfully completed a board approved course of study or a board approved program of a school of acupuncture.  
(2) (Deleted by amendment, P.L.2009, c.56)

(3) (Deleted by amendment, P.L.2009, c.56)

The application shall be accompanied by the fee prescribed by the board.

The board shall evaluate each applicant applying for a license to practice acupuncture and make the final determination regarding each applicant's admission to the examination and the issuance or denial of a license.

10. Section 11 of P.L.1983, c.7 (C.45:2C-11) is amended to read as follows:

C.45:2C-11 Licensing.

11. The board shall license each applicant who passes the examination, in accordance with standards fixed by it and who is not disqualified to be licensed pursuant to the provisions of this act or P.L.1978, c.73 (C.45:1-14 et seq.).

11. Section 13 of P.L.1983, c.7 (C.45:2C-13) is amended to read as follows:

C.45:2C-13 Standards for approval of courses of study, schools.

13. a. The board shall establish standards for the approval or recognition of courses of study and schools, completion of which will satisfy the requirements of subsection c. of section 9 of this act.

b. (Deleted by amendment, P.L.2009, c.56)

12. Section 16 of P.L.1983, c.7 (C.45:2C-16) is amended to read as follows:

C.45:2C-16 Posting license, notification of change of address.

16. Before practicing acupuncture, an acupuncturist shall post his license in a conspicuous location in his office. If an acupuncturist has more than one office, he shall obtain from the board a duplicate license for each additional office. Where a license or duplicate is lost or destroyed, notice of the loss or destruction shall be given to the board forthwith and the board may issue a copy thereof. An acupuncturist shall notify the board in writing of any change of address or location of his office at least five days prior to the change, returning therewith his license and any duplicates, so that the board may either endorse thereon the change or issue a new license and duplicates as of the same date as the original license, in lieu of the license and duplicates so surrendered.

13. Section 17 of P.L.1983, c.7 (C.45:2C-17) is amended to read as follows:

C.45:2C-17 Refusal to grant, suspension, revocation of license; grounds.

17. In addition to the provisions of section 8 of P.L.1978, c.73 (C.45:1-21), the board may refuse to grant or may suspend or revoke a license to practice acupuncture upon proof to the satisfaction of the board that the holder thereof has:

a. Employed unlicensed persons to practice acupuncture; or

b. Advertised the practice of acupuncture so as to disseminate false, deceptive or misleading information, whether as an individual, through a professional service corporation or through a third party.

C.45:2C-19 Herbology in practice of acupuncture, certification.

14. a. An acupuncturist licensed on or after the effective date of P.L.2009, c.56 (C.45:2C-

19 et al.), before employing herbology in his practice, shall submit to the board proof of current certification in either Chinese Herbology or Oriental Medicine by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM), or its successor.

b. (1) The board may, as provided in this subsection, approve the employment of herbology in the practice of acupuncture by the following persons who do not meet the herbology certification requirements of subsection a. of this section:

(a) An acupuncturist certified on or before the effective date of P.L.2009, c.56 (C.45:2C-19 et al.), who employs herbology in his practice; or

(b) A person who, on or before the effective date of P.L.2009, c.56 (C.45:2C-19 et al.), is enrolled in and graduates, or has graduated, from a school accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM).

(2) The board shall promulgate rules and regulations concerning the appropriate criteria for approval pursuant to this subsection, which shall include:

(a) professional level training in herbology at a school accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM);

(b) experience in the professional use of herbology in the acupuncturist's practice; or

(c) any other criteria deemed appropriate by the board.

(3) Persons seeking approval to employ herbology pursuant to this subsection shall apply to the board within six months after the final adoption of the rules and regulations establishing the criteria.

#### C.45:2C-9.1 Certified acupuncturist deemed licensed.

15. Any person who is a certified acupuncturist pursuant to section 9 of P.L.1983, c.7 (C.45:2C-9) on the effective date of P.L.2009, c.56 (C.45:2C-19 et al.) shall be deemed a licensed acupuncturist under, and subject to the provisions of, P.L.1983, c.7 (C.45:2C-1 et seq.), as amended and supplemented by P.L.2009, c.56 (C.45:2C-19 et al.).

#### C.2C:21-20.1 Unlicensed practice of acupuncture, third degree crime.

16. A person is guilty of a crime of the third degree if he does not possess a license to practice acupuncture, or his license is suspended, revoked or otherwise limited by an order entered by the Acupuncture Examining Board, and, so knowing, he:

a. engages in that practice;

b. exceeds the scope of practice permitted by the board order;

c. holds himself out to the public or any person as being licensed to engage in that practice;

d. engages in any activity for which a license is a necessary prerequisite; or

e. practices acupuncture under a false or assumed name or falsely impersonates another person licensed by the board.

17. Section 4 of P.L.1998, c.21 (C.39:6A-3.1) is amended to read as follows:

#### C.39:6A-3.1 Election of basic automobile insurance policy; coverage provided.

4. As an alternative to the mandatory coverages provided in sections 3 and 4 of P.L.1972, c.70 (C.39:6A-3 and 39:6A-4), any owner or registered owner of an automobile registered or principally garaged in this State may elect a basic automobile insurance policy providing the following coverage:

a. Personal injury protection coverage, for the payment of benefits without regard to negligence, liability or fault of any kind, to the named insured and members of his family residing in his household, who sustained bodily injury as a result of an accident while occupying, entering into, alighting from or using an automobile, or as a pedestrian, caused by an automobile or by an object propelled by or from an automobile, and to other persons sustaining bodily injury while occupying, entering into, alighting from or using the automobile of the named insured, with the permission of the named insured. "Personal injury protection coverage" issued pursuant to this section means and includes payment of medical expense benefits, as provided in the policy and approved by the commissioner, for the reasonable and necessary treatment of bodily injury in an amount not to exceed \$15,000 per person per accident; except that, medical expense benefits shall be paid in an amount not to exceed \$250,000: (1) for all medically necessary treatment of permanent or significant brain injury, spinal cord injury or disfigurement or (2) for medically necessary treatment of other permanent or significant injuries rendered at a trauma center or acute care hospital immediately following the accident and until the patient is stable, no longer requires critical care and can be safely discharged or transferred to another facility in the judgment of the attending physician. In the event benefits paid by an insurer pursuant to this subsection are in excess of \$75,000 on account of personal injury to any one person in any one accident covered by a policy issued or renewed prior to January 1, 2004, such excess shall be paid by the insurer and shall be reimbursable to the insurer from the Unsatisfied Claim and Judgment Fund pursuant to section 2 of P.L.1977, c.310 (C.39:6-73.1). Benefits provided under basic coverage shall be in accordance with a benefit plan provided in the policy and approved by the commissioner. The policy form, which shall be subject to the approval of the commissioner, shall set forth the benefits provided under the policy, including eligible medical treatments, diagnostic tests and services as well as such other benefits as the policy may provide. The commissioner shall set forth by regulation a statement of the basic benefits which shall be included in the policy. Medical treatments, diagnostic tests, and services provided by the policy shall be rendered in accordance with commonly accepted protocols and professional standards and practices which are commonly accepted as being beneficial for the treatment of the covered injury. Protocols and professional standards and practices which are deemed to be commonly accepted pursuant to this section shall be those recognized by national standard setting organizations, national or state professional organizations of the same discipline as the treating provider, or those designated or approved by the commissioner in consultation with the professional licensing boards in the Division of Consumer Affairs in the Department of Law and Public Safety. The commissioner, in consultation with the Commissioner of the Department of Health and Senior Services and the applicable licensing boards, may reject the use of protocols, standards and practices or lists of diagnostic tests set by any organization deemed not to have standing or general recognition by the provider community or the applicable licensing boards. Protocols shall be deemed to establish guidelines as to standard appropriate treatment and diagnostic tests for injuries sustained in automobile accidents, but the establishment of standard treatment protocols or protocols for the administration of diagnostic tests shall not be interpreted in such a manner as to preclude variance from the standard when warranted by reason of medical necessity. The policy form may provide for the precertification of certain procedures, treatments, diagnostic tests, or other services or for the purchase of durable medical goods, as approved by the commissioner, provided that the requirement for precertification shall not be unreasonable, and no precertification requirement shall apply

within ten days of the insured event. The policy may provide that certain benefits provided by the policy which are in excess of the basic benefits required by the commissioner to be included in the policy may be subject to reasonable copayments in addition to the copayments provided for herein, provided that the copayments shall not be unreasonable and shall be established in such a manner as not to serve to encourage underutilization of benefits subject to the copayments, nor encourage overutilization of benefits. The policy form shall clearly set forth any limitations on benefits or exclusions, which may include, but need not be limited to, benefits which are otherwise compensable under workers' compensation, or benefits for treatments deemed to be experimental or investigational, or benefits deducted pursuant to section 6 of P.L.1972, c.70 (C.39:6A-6). The commissioner may enlist the services of a benefit consultant in establishing the basic benefits level provided in this subsection, which shall be set forth by regulation no later than 120 days following the enactment date of this amendatory and supplementary act. The commissioner shall not advertise for the consultant as provided in sections 3 and 4 of P.L.1954, c.48 (C.52:34-8 and 52:34-9).

Medical expense benefits payable under this subsection shall not be assignable, except to a provider of service benefits, in accordance with policy terms approved by the commissioner, nor shall they be subject to levy, execution, attachment or other process for satisfaction of debts. Medical expense benefits payable in accordance with this subsection may be subject to a deductible and copayments as provided for in the policy, if any. No insurer or provider providing service benefits to an insured shall have a right of subrogation for the amount of benefits paid pursuant to any deductible or copayment under this section.

Notwithstanding the provisions of P.L.2003, c.18, physical therapy treatment shall not be reimbursable as medical expense benefits pursuant to this subsection unless rendered by a licensed physical therapist pursuant to a referral from a licensed physician, dentist, podiatrist or chiropractor within the scope of their respective practices.

Notwithstanding the provisions of P.L.2009, c.56 (C.45:2C-19 et al.), acupuncture treatment shall not be reimbursable as medical expense benefits pursuant to this subsection unless rendered by a licensed acupuncturist pursuant to a referral from a licensed physician within the scope of the physician's practice.

b. Liability insurance coverage insuring against loss resulting from liability imposed by law for property damage sustained by any person arising out of the ownership, maintenance, operation or use of an automobile in an amount or limit of \$5,000, exclusive of interest and costs, for damage to property in any one accident.

c. In addition to the aforesaid coverages required to be provided in a basic automobile insurance policy, optional liability insurance coverage insuring against loss resulting from liability imposed by law for bodily injury or death in an amount or limit of \$10,000, exclusive of interests and costs, on account of injury to, or death of, one or more persons in any one accident.

If a named insured has elected the basic automobile insurance policy option and an immediate family member or members or relatives resident in his household have one or more policies with the coverages provided for in sections 3 and 4 of P.L.1972, c.70 (C.39:6A-3 and 39:6A-4), the provisions of section 12 of P.L.1983, c.362 (C.39:6A-4.2) shall apply.

Every named insured and any other person to whom the basic automobile insurance policy, with or without the optional \$10,000 liability coverage insuring against loss resulting from liability imposed by law for bodily injury or death provided for in subsection c. of this

section, applies shall be subject to the tort option provided in subsection a. of section 8 of P.L.1972, c.70 (C.39:6A-8).

No licensed insurance carrier shall refuse to renew the coverage stipulated by this section of an eligible person as defined in section 25 of P.L.1990, c.8 (C.17:33B-13) except in accordance with the provisions of section 26 of P.L.1988, c.119 (C.17:29C-7.1) or with the consent of the Commissioner of Banking and Insurance.

18. Section 4 of P.L.1972, c.70 (C.39:6A-4) is amended to read as follows:

C.39:6A-4 Personal injury protection coverage, regardless of fault.

4. Personal injury protection coverage, regardless of fault.

Except as provided by section 45 of P.L.2003, c.89 (C.39:6A-3.3) and section 4 of P.L.1998, c.21 (C.39:6A-3.1), every standard automobile liability insurance policy issued or renewed on or after the effective date of P.L.1998, c.21 (C.39:6A-1.1 et al.) shall contain personal injury protection benefits for the payment of benefits without regard to negligence, liability or fault of any kind, to the named insured and members of his family residing in his household who sustain bodily injury as a result of an accident while occupying, entering into, alighting from or using an automobile, or as a pedestrian, caused by an automobile or by an object propelled by or from an automobile, and to other persons sustaining bodily injury while occupying, entering into, alighting from or using the automobile of the named insured, with permission of the named insured.

"Personal injury protection coverage" means and includes:

a. Payment of medical expense benefits in accordance with a benefit plan provided in the policy and approved by the commissioner, for reasonable, necessary, and appropriate treatment and provision of services to persons sustaining bodily injury, in an amount not to exceed \$250,000 per person per accident. In the event benefits paid by an insurer pursuant to this subsection are in excess of \$75,000 on account of bodily injury to any one person in any one accident, that excess shall be paid by the insurer and shall be reimbursable to the insurer from the Unsatisfied Claim and Judgment Fund pursuant to section 2 of P.L.1977, c.310 (C.39:6-73.1). The policy form, which shall be subject to the approval of the commissioner, shall set forth the benefits provided under the policy, including eligible medical treatments, diagnostic tests and services as well as such other benefits as the policy may provide. The commissioner shall set forth by regulation a statement of the basic benefits which shall be included in the policy. Medical treatments, diagnostic tests, and services provided by the policy shall be rendered in accordance with commonly accepted protocols and professional standards and practices which are commonly accepted as being beneficial for the treatment of the covered injury. Protocols and professional standards and practices and lists of valid diagnostic tests which are deemed to be commonly accepted pursuant to this section shall be those recognized by national standard setting organizations, national or state professional organizations of the same discipline as the treating provider, or those designated or approved by the commissioner in consultation with the professional licensing boards in the Division of Consumer Affairs in the Department of Law and Public Safety. The commissioner, in consultation with the Commissioner of the Department of Health and Senior Services and the applicable licensing boards, may reject the use of protocols, standards and practices or lists of diagnostic tests set by any organization deemed not to have standing or general recognition by the provider community or the applicable licensing boards. Protocols shall be deemed to establish guidelines as to standard appropriate treatment and diagnostic tests for

injuries sustained in automobile accidents, but the establishment of standard treatment protocols or protocols for the administration of diagnostic tests shall not be interpreted in such a manner as to preclude variance from the standard when warranted by reason of medical necessity. The policy form may provide for the precertification of certain procedures, treatments, diagnostic tests, or other services or for the purchase of durable medical goods, as approved by the commissioner, provided that the requirement for precertification shall not be unreasonable, and no precertification requirement shall apply within ten days of the insured event. The policy may provide that certain benefits provided by the policy which are in excess of the basic benefits required by the commissioner to be included in the policy may be subject to reasonable copayments in addition to the copayments provided for pursuant to subsection e. of this section, provided that the copayments shall not be unreasonable and shall be established in such a manner as not to serve to encourage underutilization of benefits subject to the copayments, nor encourage overutilization of benefits. The policy form shall clearly set forth any limitations on benefits or exclusions, which may include, but need not be limited to, benefits which are otherwise compensable under workers' compensation, or benefits for treatments deemed to be experimental or investigational, or benefits deducted pursuant to section 6 of P.L.1972, c.70 (C.39:6A-6). The commissioner may enlist the services of a benefit consultant in establishing the basic benefits level provided in this subsection, which shall be set forth by regulation no later than 120 days following the enactment date of P.L.1998, c.21 (C.39:6A-1.1 et al.). The commissioner shall not advertise for bids for the consultant as provided in sections 3 and 4 of P.L.1954, c.48 (C.52:34-8 and 52:34-9).

Notwithstanding the provisions of P.L.2003, c.18, physical therapy treatment shall not be reimbursable as medical expense benefits pursuant to this subsection unless rendered by a licensed physical therapist pursuant to a referral from a licensed physician, dentist, podiatrist or chiropractor within the scope of their respective practices.

Notwithstanding the provisions of P.L.2009, c.56 (C.45:2C-19 et al.), acupuncture treatment shall not be reimbursable as medical expense benefits pursuant to this subsection unless rendered by a licensed acupuncturist pursuant to a referral from a licensed physician within the scope of the physician's practice.

b. Income continuation benefits. The payment of the loss of income of an income producer as a result of bodily injury disability, subject to a maximum weekly payment of \$100. Such sum shall be payable during the life of the injured person and shall be subject to an amount or limit of \$5,200, on account of injury to any one person in any one accident, except that in no case shall income continuation benefits exceed the net income normally earned during the period in which the benefits are payable.

c. Essential services benefits. Payment of essential services benefits to an injured person shall be made in reimbursement of necessary and reasonable expenses incurred for such substitute essential services ordinarily performed by the injured person for himself, his family and members of the family residing in the household, subject to an amount or limit of \$12 per day. Such benefits shall be payable during the life of the injured person and shall be subject to an amount or limit of \$4,380, on account of injury to any one person in any one accident.

d. Death benefits. In the event of the death of an income producer as a result of injuries sustained in an accident entitling such person to benefits under this section, the maximum amount of benefits which could have been paid to the income producer, but for his death, under subsection b. of this section shall be paid to the surviving spouse, or in the event there

is no surviving spouse, then to the surviving children, and in the event there are no surviving spouse or surviving children, then to the estate of the income producer.

In the event of the death of one performing essential services as a result of injuries sustained in an accident entitling such person to benefits under subsection c. of this section, the maximum amount of benefits which could have been paid to such person, under subsection c., shall be paid to the person incurring the expense of providing such essential services.

e. Funeral expenses benefits. All reasonable funeral, burial and cremation expenses, subject to a maximum benefit of \$1,000, on account of the death of any one person in any one accident shall be payable to the decedent's estate.

Benefits payable under this section shall:

(1) Be subject to any option elected by the policyholder pursuant to section 13 of P.L.1983, c.362 (C.39:6A-4.3);

(2) Not be assignable, except to a provider of service benefits under this section in accordance with policy terms approved by the commissioner, nor subject to levy, execution, attachment or other process for satisfaction of debts.

Medical expense benefit payments shall be subject to any deductible and any copayment which may be established as provided in the policy. Upon the request of the commissioner or any party to a claim for benefits or payment for services rendered, a provider shall present adequate proof that any deductible or copayment related to that claim has not been waived or discharged by the provider.

No insurer or health provider providing benefits to an insured shall have a right of subrogation for the amount of benefits paid pursuant to any deductible or copayment under this section.

Repealer.

19. Sections 12 and 14 of P.L.1983, c.7 (C.45:2C-12 and 45:2C-14) are repealed.

20. This act shall take effect on the 180th day next following enactment.

Approved May 6, 2009.