

**ASSEMBLY, No. 1183**

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**STATE OF NEW JERSEY**

**220th LEGISLATURE**

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PRE-FILED FOR INTRODUCTION IN THE 2022 SESSION

**Sponsored by:**

**Assemblywoman MILA M. JASEY**

**District 27 (Essex and Morris)**

**Assemblyman RAJ MUKHERJI**

**District 33 (Hudson)**

**Assemblywoman ANNETTE CHAPARRO**

**District 33 (Hudson)**

**Assemblywoman ANGELA V. MCKNIGHT**

**District 31 (Hudson)**

**Assemblywoman VERLINA REYNOLDS-JACKSON**

**District 15 (Hunterdon and Mercer)**

**Assemblywoman ANNETTE QUIJANO**

**District 20 (Union)**

**Co-Sponsored by:**

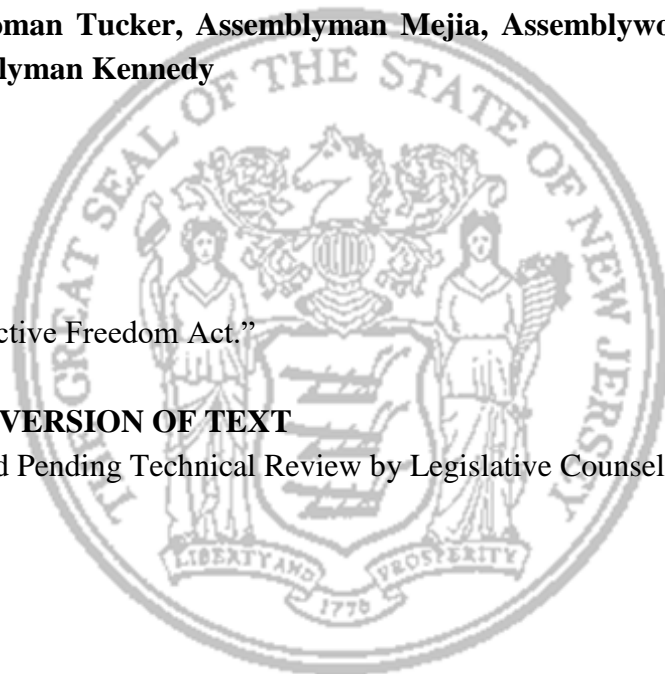
**Assemblywoman Lopez, Assemblymen Conaway, Verrelli, Danielsens,  
Assemblywoman Timberlake, Assemblymen Benson, Spearman,  
Assemblywomen Speight, Sumter, Assemblyman Freiman,  
Assemblywoman Swain, Assemblymen Wimberly, Calabrese, Tully,  
Assemblywoman Tucker, Assemblyman Mejia, Assemblywoman Jimenez  
and Assemblyman Kennedy**

**SYNOPSIS**

“Reproductive Freedom Act.”

**CURRENT VERSION OF TEXT**

Introduced Pending Technical Review by Legislative Counsel.



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2

1 AN ACT concerning reproductive rights and autonomy, and  
2 supplementing, amending, and repealing various parts of the  
3 statutory law.

4

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

7

8 1. (New section) This act shall be known, and may be cited, as  
9 the “Reproductive Freedom Act.”

10

11 2. (New section) a. The Legislature finds that:

12 (1) Access to safe and legal abortion care is essential to  
13 women’s health, autonomy, and privacy and is central to the ability  
14 of women to participate equally in the economic and social life of  
15 the United States and the State of New Jersey.

16 (2) Abortion is one of the safest medical procedures performed  
17 in the United States. In March 2018, experts at the National  
18 Academies of Science, Engineering, and Medicine published a  
19 study confirming that scientific evidence consistently indicates that  
20 legal abortions in the United States are extremely safe.

21 (3) Legal abortion is a necessary component of reproductive  
22 health care, and the Legislature is committed to ensuring that all  
23 individuals in the State have proper access to abortion care.  
24 However, the enactment of legislation that merely recognizes the  
25 legality of abortion is not sufficient to ensure that abortion care will  
26 be provided as a central component of reproductive health care in  
27 New Jersey; rather, due to controversies surrounding abortion rights  
28 in the State and nation, the Legislature must take affirmative steps  
29 to ensure that the ability of individuals to access legal abortion  
30 services in the State is not unnecessarily restricted.

31 (4) Access to comprehensive reproductive health care before,  
32 during, and after giving birth, including access to contraception,  
33 abortion, and prenatal and postnatal care, must be provided to all  
34 persons, irrespective of sex designation or gender identity,  
35 including to transgender and non-binary individuals.

36 (5) Pregnant individuals should be able to make their own health  
37 care decisions throughout the course of their pregnancy, with the  
38 advice of health care professionals they trust and without  
39 government interference or fear of prosecution.

40 (6) Harmful consequences result from unnecessary health  
41 regulations that single out abortion providers or individuals who  
42 seek abortion services without conferring any health benefit or  
43 increasing the safety of abortion. Such medically unnecessary  
44 regulations effectively reduce the number of abortion providers,  
45 diminish the availability of legal abortion services, and create

**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 harmful barriers and delays to care without providing any benefit to  
2 patients.

3 (7) The Commissioner of Human Services and the State Board  
4 of Medical Examiners have adopted rules and regulations, codified,  
5 respectively, in chapters 54 and 66 of Title 10 and chapter 35 of  
6 Title 13 of the New Jersey Administrative Code, which target  
7 abortion providers with medically unnecessary regulation, thereby  
8 conflicting with the purposes of P.L. , c. (C. ) (pending  
9 before the Legislature as this bill).

10 (8) Restrictions placed on abortion services also often have a  
11 disparate impact that is predominantly felt by persons who already  
12 experience barriers to health care, including young women, women  
13 of color, women with disabilities, women with a low-income,  
14 women who live in rural areas, immigrants, and transgender and  
15 non-binary individuals. Persons of color, in particular, experience  
16 disparities across a wide range of reproductive health outcomes,  
17 including in the areas of infant and maternal mortality, unintended  
18 pregnancies, and access to preventive care. In light of this  
19 country's history of discrimination, which includes shameful  
20 incidents of forced sterilization against women of color and persons  
21 with disabilities, it is imperative for New Jersey to ensure that all  
22 individuals, going forward, including, but not limited to, individuals  
23 who are incarcerated, are living in government-funded institutions,  
24 or are otherwise under governmental control or supervision, have  
25 true reproductive choice and individual autonomy with respect to  
26 reproductive decision-making, have sufficient access to  
27 reproductive care and accurate information on reproductive issues,  
28 including abortion, and are able to access the full range of  
29 reproductive services free from discrimination and unnecessary  
30 barriers to care.

31 (9) Given the historic and continued attacks on abortion access  
32 at the federal level and in many of New Jersey's sister states, it is  
33 critical that New Jersey take legislative action to ensure that its  
34 residents and those who come to this State are able to exercise the  
35 fundamental rights to choose to use or refuse contraception or  
36 sterilization, to carry a pregnancy, to give birth, or to have an  
37 abortion, regardless of where they are domiciled.

38 (10) The New Jersey Supreme Court has held, in cases such as  
39 Right to Choose v. Byrne, 91 N.J. 287 (1982), and Planned  
40 Parenthood of Cent. N.J. v. Farmer, 165 N.J. 609 (2000), that  
41 Article I, paragraph 1 of the New Jersey Constitution protects the  
42 right to abortion and reproductive autonomy to an extent that  
43 exceeds the protections established under the United States  
44 Constitution. Consequently, this State has historically provided  
45 stronger protections for reproductive rights and autonomy than are  
46 provided by other states and the federal government.

47 b. The Legislature, therefore, declares that it is both reasonable  
48 and necessary for the State to enable, facilitate, support, and

1 safeguard the provision of high quality, comprehensive reproductive  
2 and sexual health care, including the full range of evidence-based  
3 information, counseling, and health care services, to all individuals  
4 in the State, and to enable, facilitate, support, and safeguard the  
5 ability of such individuals to access affordable and timely  
6 reproductive health care services and to engage in autonomous  
7 reproductive decision-making, in consultation with health care  
8 professionals of their choosing, without fear of prosecution,  
9 discrimination, or unnecessary barriers to care. To achieve those  
10 ends, it shall be the policy of this State to:

11 (1) explicitly guarantee, to every individual, the fundamental right  
12 to reproductive autonomy, which includes the right to contraception,  
13 the right to abortion, and the right to carry a pregnancy to term;

14 (2) enable all qualified health care professionals to provide  
15 abortion services in the State;

16 (3) require all insurance carriers to provide coverage both for  
17 abortion care and for a long-term supply of contraceptives; and

18 (4) invalidate, and prohibit the future adoption of, all laws, rules,  
19 regulations, ordinances, resolutions, policies, standards, or parts  
20 thereof, that conflict with the provisions or the express or implied  
21 purposes of P.L. c. (C. ) (pending before the Legislature as this  
22 bill).

23

24 3. (New section) As used in P.L. c. (C. ) (pending  
25 before the Legislature as this bill):

26 “Abortion” means any medical treatment, including, but not  
27 limited to, the prescription of medication, that is intended to cause  
28 the termination of a pregnancy, except for the purposes of  
29 increasing the probability of a live birth, removing an ectopic  
30 pregnancy, or managing a miscarriage.

31 “Health care professional” means a person who is licensed or  
32 otherwise authorized to provide health care services, pursuant to Title  
33 45 of the Revised Statutes, including, but not limited to, a physician,  
34 advance practice nurse, physician assistant, certified midwife, or  
35 certified nurse midwife.

36 “Pregnancy” means the period of the human reproductive process  
37 beginning with the implantation of a fertilized egg.

38 “Public entity” means the State and any county, municipality,  
39 district, public authority, public agency, or other political subdivision  
40 or public body in the State.

41 “State” means the State and any office, department, branch,  
42 division, subdivision, bureau, board, commission, agency,  
43 instrumentality, or individual acting under color of law of the State,  
44 but shall not include any such entity that is statutorily authorized to sue  
45 and be sued.

1       4. (New section) a. Every individual present in the State,  
2 including, but not limited to, an individual who is under State  
3 control or supervision, shall have the fundamental right to:  
4       (1) choose or refuse contraception or sterilization; and  
5       (2) choose whether to carry a pregnancy, to give birth, or to have  
6 an abortion.  
7       b. A physician or other health care professional, acting within  
8 the professional's lawful scope of practice and in compliance with  
9 all generally applicable regulations, shall be authorized to provide  
10 abortion care in this State.  
11       c. A fertilized egg, embryo, or fetus shall not have independent  
12 rights under the laws of this State.  
13       d. No public entity shall, in the regulation or provision of  
14 benefits, facilities, services, or information, deny or interfere with  
15 an individual's fundamental reproductive rights under subsection a.  
16 of this section or discriminate against an individual on the basis of  
17 the individual's exercise of fundamental reproductive rights under  
18 subsection a. of this section.  
19       e. No individual shall be subject to prosecution or otherwise  
20 deprived of the individual's constitutional rights for:  
21       (1) terminating or attempting to terminate the individual's own  
22 pregnancy; or  
23       (2) acting or failing to act in any manner, with respect to the  
24 individual's own pregnancy, based on the potential or actual impact on  
25 the individual's own health or pregnancy.  
26       f. In protecting or enforcing the fundamental reproductive  
27 rights established pursuant to this section, a public entity shall not  
28 discriminate on the basis of: sex, including, but not limited to, sex  
29 stereotypes, sexual orientation, perceived sexual orientation, gender  
30 identity or expression, or perceived gender identity or expression;  
31 disability; race; ethnicity; age; national origin; immigration status;  
32 religion; incarceration status; or economic status.  
33       g. (1) This section shall apply to all public entity actions in the  
34 State and to all State laws, rules, regulations, ordinances, policies,  
35 procedures, and practices, whether established by statute or  
36 otherwise and whether adopted before or after the effective date of  
37 P.L. , c. (C. ) (pending before the Legislature as this bill).  
38       (2) Notwithstanding any other law, rule, or regulation to the  
39 contrary, no public entity shall enact or enforce any law, rule,  
40 regulation, ordinance, resolution, standard, or other provision  
41 having the force and effect of law that conflicts or is otherwise  
42 inconsistent with the provisions of, or the purposes or policies  
43 expressed or implied in, P.L. , c. (C. ) (pending before the  
44 Legislature as this bill).  
45       (3) The following rules and regulations are declared to be void,  
46 and shall be given no force or effect following the effective date of  
47 P.L. , c. (C. ) (pending before the Legislature as this bill):

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1 (a) all rules and regulations promulgated by the Board of  
2 Medical Examiners as of the effective date of P.L. , c. (C. )  
3 (pending before the Legislature as this bill), or parts thereof, which  
4 specifically regulate and apply exclusively to the termination of  
5 pregnancy or are otherwise inconsistent or in conflict with the  
6 provisions or express or implied purposes of P.L. , c. (C. )  
7 (pending before the Legislature as this bill), including, but not  
8 limited to, N.J.A.C.13:35-4.2 in its entirety;

9 (b) all rules and regulations promulgated by the Department of  
10 Human Services as of the effective date of P.L. , c. (C. )  
11 (pending before the Legislature as this bill), or parts thereof, which  
12 limit coverage for abortion services based on the type of facility or  
13 professional that provides the services, or which are otherwise  
14 inconsistent or in conflict with the provisions or express or implied  
15 purposes of P.L. , c. (C. ) (pending before the Legislature as  
16 this bill), including, but not limited to, relevant parts or subparts of  
17 N.J.A.C.10:54-5.43 and N.J.A.C.10:66-2.16; and

18 (c) any rules and regulations promulgated by any other State  
19 agency as of the effective date of P.L. , c. (C. ) (pending  
20 before the Legislature as this bill), or parts thereof, which are  
21 inconsistent or in conflict with the provisions or express or implied  
22 purposes of P.L. , c. (C. ) (pending before the Legislature as  
23 this bill).

24 h. The provisions of this section shall be enforceable under the  
25 “New Jersey Civil Rights Act,” P.L.2004, c.143 (C.10:6-1 et seq.)  
26 or in any other manner provided by law.

27

28 5. (New section) a. The New Jersey Department of Human  
29 Services shall establish and administer a program to reimburse the cost  
30 of prenatal, labor, and delivery care, as well as the cost of abortion  
31 care and contraceptives described in sections 7 and 18 of P.L. ,  
32 c. (C. ) (pending before the Legislature as this bill), for  
33 individuals who can become pregnant and would be eligible for  
34 medical assistance if not for the provisions of 8 U.S.C. s.1611 or 8  
35 U.S.C. s.1612. This program shall incorporate any existing programs  
36 and funding streams that provide coverage or reimbursement for  
37 prenatal, labor, and delivery care provided to such individuals.

38 b. The Department of Human Services, in collaboration with  
39 other appropriate agencies, shall explore any and all opportunities  
40 to obtain federal financial participation to offset the costs of  
41 implementing this section, including but not limited to, waivers or  
42 demonstration projects authorized under Title X of the Public  
43 Health Service Act or Title XIX or XXI of the Social Security Act.  
44 However, the implementation of this section shall not be contingent  
45 upon the department's receipt of a waiver or other authorization to  
46 operate a demonstration project.

47 c. The State Legislature shall annually appropriate the amount  
48 necessary to pay the reasonable and necessary expenses associated

1 with the operation of the program established under this section,  
2 which expenses shall be determined by the department.

3

4 6. (New section) a. The provisions of P.L. , c. (C. )  
5 (pending before the Legislature as this bill) shall be liberally  
6 construed to effectuate the purposes specified in section 1 of  
7 P.L. , c. (C. ) (pending before the Legislature as this bill).

8 b. If any provision of P.L. , c. (C. ) (pending before the  
9 Legislature as this bill) is deemed by a court to be inconsistent with,  
10 in conflict with, or contrary to, any other provision of law, the  
11 provision contained in P.L. , c. (C. ) (pending before the  
12 Legislature as this bill) shall prevail over such other contradictory  
13 provision of law, and such other provision of law shall be deemed  
14 to be amended, superseded, or repealed to the extent necessary to  
15 reconcile the inconsistency or conflict and ensure the law's  
16 consistency with the provisions of P.L. , c. (C. ) (pending  
17 before the Legislature as this bill).

18 c. If any provision of P.L. , c. (C. ) (pending before the  
19 Legislature as this bill), or the application of such provision to any  
20 person or circumstance, is held to be unconstitutional, the  
21 remaining provisions of P.L. , c. (C. ) (pending before the  
22 Legislature as this bill), and the application of the provision at issue  
23 to all other persons or circumstances, shall not be affected thereby.

24

25 7. (New section) a. Every individual or group hospital service  
26 corporation contract that provides hospital or medical expense benefits  
27 and is delivered, issued, executed, or renewed in this State pursuant to  
28 P.L.1938, c.366 (C.17:48-1 et seq.) or is approved for issuance or  
29 renewal in this State by the Commissioner of Banking and Insurance,  
30 on or after the effective date of P.L. , c. (C. ) (pending before  
31 the Legislature as this bill), shall provide coverage for abortion, as  
32 defined by section 3 of P.L. , c. (C. ) (pending before the  
33 Legislature as this bill).

34 b. A contract subject to this section shall not impose a deductible,  
35 coinsurance, copayment, or any other cost-sharing requirement on the  
36 coverage required under this section. For a qualifying high-deductible  
37 health plan for a health savings account, the hospital service  
38 corporation shall establish the plan's cost-sharing for the coverage  
39 provided pursuant to this section at the minimum level necessary to  
40 preserve the subscriber's ability to claim tax-exempt contributions and  
41 withdrawals from the subscriber's health savings account under 26  
42 U.S.C. s.223.

43 c. A contract shall not impose any restrictions or delays on, and  
44 shall not require prior authorization for, the coverage required under  
45 this section.

46 d. Notwithstanding the provisions of subsections a. through c. of  
47 this section to the contrary, if the Commissioner of Banking and  
48 Insurance concludes that enforcement of this section may adversely

1 affect the allocation of federal funds to this State, the commissioner  
2 may grant an exemption to the requirements of this section, but only to  
3 the minimum extent necessary to ensure the continued receipt of  
4 federal funds.

5 e. A religious employer may request, and a hospital service  
6 corporation shall grant, an exclusion under the contract for the  
7 coverage required by this section if the required coverage conflicts  
8 with the religious employer's bona fide religious beliefs and practices.  
9 A religious employer that obtains such an exclusion shall provide  
10 written notice thereof to subscribers and prospective subscribers, and  
11 the hospital service corporation shall provide notice to the  
12 Commissioner of Banking and Insurance in such form and manner as  
13 may be determined by the commissioner. The provisions of this  
14 subsection shall not be construed as authorizing a hospital service  
15 corporation to exclude coverage for care that is necessary to preserve  
16 the life or health of a subscriber. For the purposes of this subsection,  
17 "religious employer" means an organization that is organized and  
18 operates as a nonprofit entity and is referred to in section  
19 6033(a)(3)(A)(i) or (iii) of the Internal Revenue Code of 1986 (26  
20 U.S.C. s.6033), as amended.

21  
22 8. (New section) a. Every individual or group medical service  
23 corporation contract that provides hospital or medical expense benefits  
24 and is delivered, issued, executed, or renewed in this State pursuant to  
25 P.L.1940, c.74 (C.17:48A-1 et seq.) or is approved for issuance or  
26 renewal in this State by the Commissioner of Banking and Insurance,  
27 on or after the effective date of P.L. , c. (C. ) (pending before  
28 the Legislature as this bill), shall provide coverage for abortion, as  
29 defined by section 3 of P.L. , c. (C. ) (pending before the  
30 Legislature as this bill).

31 b. A contract subject to this section shall not impose a deductible,  
32 coinsurance, copayment, or any other cost-sharing requirement on the  
33 coverage required under this section. For a qualifying high-deductible  
34 health plan for a health savings account, the medical service  
35 corporation shall establish the plan's cost-sharing for the coverage  
36 provided pursuant to this section at the minimum level necessary to  
37 preserve the subscriber's ability to claim tax-exempt contributions and  
38 withdrawals from the subscriber's health savings account under 26  
39 U.S.C. s.223.

40 c. A contract shall not impose any restrictions or delays on, and  
41 shall not require prior authorization for, the coverage required under  
42 this section.

43 d. Notwithstanding the provisions of subsections a. through c. of  
44 this section to the contrary, if the Commissioner of Banking and  
45 Insurance concludes that enforcement of this section may adversely  
46 affect the allocation of federal funds to this State, the commissioner  
47 may grant an exemption to the requirements, but only to the minimum  
48 extent necessary to ensure the continued receipt of federal funds.



1 e. A religious employer may request, and a medical service  
2 corporation shall grant, an exclusion under the contract for the  
3 coverage required by this section if the required coverage conflicts  
4 with the religious employer's bona fide religious beliefs and practices.  
5 A religious employer that obtains such an exclusion shall provide  
6 written notice thereof to subscribers and prospective subscribers, and  
7 the medical service corporation shall provide notice to the  
8 Commissioner of Banking and Insurance in such form and manner as  
9 may be determined by the commissioner. The provisions of this  
10 subsection shall not be construed as authorizing a medical service  
11 corporation to exclude coverage for care that is necessary to preserve  
12 the life or health of a subscriber. For the purposes of this subsection,  
13 "religious employer" means an organization that is organized and  
14 operates as a nonprofit entity and is referred to in section  
15 6033(a)(3)(A)(i) or (iii) of the Internal Revenue Code of 1986 (26  
16 U.S.C. s.6033), as amended.

17  
18 9. (New section) a. Every individual or group health service  
19 corporation contract that provides hospital or medical expense benefits  
20 and is delivered, issued, executed, or renewed in this State pursuant to  
21 P.L.1985, c.236 (C.17:48E-1 et seq.) or is approved for issuance or  
22 renewal in this State by the Commissioner of Banking and Insurance,  
23 on or after the effective date of P.L. , c. (C. ) (pending before  
24 the Legislature as this bill), shall provide coverage for abortion, as  
25 defined by section 3 of P.L. , c. (C. ) (pending before the  
26 Legislature as this bill).

27 b. A contract subject to this section shall not impose a deductible,  
28 coinsurance, copayment, or any other cost-sharing requirement on the  
29 coverage required under this section. For a qualifying high-deductible  
30 health plan for a health savings account, the health service corporation  
31 shall establish the plan's cost-sharing for the coverage provided  
32 pursuant to this section at the minimum level necessary to preserve the  
33 subscriber's ability to claim tax-exempt contributions and withdrawals  
34 from the subscriber's health savings account under 26 U.S.C. s.223.

35 c. A contract shall not impose any restrictions or delays on, and  
36 shall not require prior authorization for, the coverage required under  
37 this section.

38 d. Notwithstanding the provisions of subsections a. through c. of  
39 this section to the contrary, if the Commissioner of Banking and  
40 Insurance concludes that enforcement of this section may adversely  
41 affect the allocation of federal funds to this State, the commissioner  
42 may grant an exemption to the requirements, but only to the minimum  
43 extent necessary to ensure the continued receipt of federal funds.

44 e. A religious employer may request, and a health service  
45 corporation shall grant, an exclusion under the contract for the  
46 coverage required by this section if the required coverage conflicts  
47 with the religious employer's bona fide religious beliefs and practices.  
48 A religious employer that obtains such an exclusion shall provide

1 written notice thereof to subscribers and prospective subscribers, and  
2 the health service corporation shall provide notice to the  
3 Commissioner of Banking and Insurance in such form and manner as  
4 may be determined by the commissioner. The provisions of this  
5 subsection shall not be construed as authorizing a health service  
6 corporation to exclude coverage for care that is necessary to preserve  
7 the life or health of a subscriber. For the purposes of this subsection,  
8 “religious employer” means an organization that is organized and  
9 operates as a nonprofit entity and is referred to in section  
10 6033(a)(3)(A)(i) or (iii) of the Internal Revenue Code of 1986 (26  
11 U.S.C. s.6033), as amended.

12

13 10. (New section) a. Every individual health insurance policy  
14 that provides hospital or medical expense benefits and is delivered,  
15 issued, executed, or renewed in this State pursuant to chapter 26 of  
16 Title 17B of the New Jersey Statutes or is approved for issuance or  
17 renewal in this State by the Commissioner of Banking and  
18 Insurance, on or after the effective date of P.L. , c. (C. )  
19 (pending before the Legislature as this bill), shall provide coverage  
20 for abortion, as defined by section 3 of P.L. , c. (C. )  
21 (pending before the Legislature as this bill).

22 b. A policy subject to this section shall not impose a  
23 deductible, coinsurance, copayment, or any other cost-sharing  
24 requirement on the coverage required under this section. For a  
25 qualifying high-deductible health plan for a health savings account,  
26 the individual health insurer shall establish the plan’s cost-sharing  
27 for the coverage provided pursuant to this section at the minimum  
28 level necessary to preserve the insured’s ability to claim tax-exempt  
29 contributions and withdrawals from the insured’s health savings  
30 account under 26 U.S.C. s.223

31 c. A policy shall not impose any restrictions or delays on, and  
32 shall not require prior authorization for, the coverage required under  
33 this section.

34 d. Notwithstanding the provisions of subsections a. through c.  
35 of this section to the contrary, if the Commissioner of Banking and  
36 Insurance concludes that enforcement of this section may adversely  
37 affect the allocation of federal funds to this State, the commissioner  
38 may grant an exemption to the requirements, but only to the  
39 minimum extent necessary to ensure the continued receipt of federal  
40 funds.

41 e. A religious employer may request, and an individual health  
42 insurer shall grant, an exclusion under the policy for the coverage  
43 required by this section if the required coverage conflicts with the  
44 religious employer’s bona fide religious beliefs and practices. A  
45 religious employer that obtains such an exclusion shall provide  
46 written notice thereof to insureds and prospective insureds, and the  
47 individual health insurer shall provide notice to the Commissioner  
48 of Banking and Insurance in such form and manner as may be

1 determined by the commissioner. The provisions of this subsection  
2 shall not be construed as authorizing an individual health insurer to  
3 exclude coverage for care that is necessary to preserve the life or  
4 health of an insured. For the purposes of this subsection, “religious  
5 employer” means an organization that is organized and operates as a  
6 nonprofit entity and is referred to in section 6033(a)(3)(A)(i) or (iii)  
7 of the Internal Revenue Code of 1986 (26 U.S.C. s.6033), as  
8 amended.

9  
10 11. (New section) a. Every group health insurance policy that  
11 provides hospital or medical expense benefits and is delivered, issued,  
12 executed, or renewed in this State pursuant to chapter 27 of Title 17B  
13 of the New Jersey Statutes or is approved for issuance or renewal in  
14 this State by the Commissioner of Banking and Insurance, on or after  
15 the effective date of P.L. , c. (C. ) (pending before the  
16 Legislature as this bill), shall provide benefits for abortion, as defined  
17 by section 3 of P.L. , c. (C. ) (pending before the Legislature  
18 as this bill).

19 b. A policy subject to this section shall not impose a deductible,  
20 coinsurance, copayment, or any other cost-sharing requirement on the  
21 coverage required under this section. For a qualifying high-deductible  
22 health plan for a health savings account, the group health insurer shall  
23 establish the plan’s cost-sharing for the coverage provided pursuant to  
24 this section at the minimum level necessary to preserve the insured’s  
25 ability to claim tax-exempt contributions and withdrawals from the  
26 insured’s health savings account under 26 U.S.C. s.223.

27 c. A policy shall not impose any restrictions or delays on, and  
28 shall not require prior authorization for, the coverage required under  
29 this section.

30 d. Notwithstanding the provisions of subsections a. through c. of  
31 this section to the contrary, if the Commissioner of Banking and  
32 Insurance concludes that enforcement of this section may adversely  
33 affect the allocation of federal funds to this State, the commissioner  
34 may grant an exemption to the requirements, but only to the minimum  
35 extent necessary to ensure the continued receipt of federal funds.

36 e. A religious employer may request, and a group health insurer  
37 shall grant, an exclusion under the policy for the coverage required by  
38 this section if the required coverage conflicts with the religious  
39 employer’s bona fide religious beliefs and practices. A religious  
40 employer that obtains such an exclusion shall provide written notice  
41 thereof to insureds and prospective insureds, and the group health  
42 insurer shall provide notice to the Commissioner of Banking and  
43 Insurance in such form and manner as may be determined by the  
44 commissioner. The provisions of this subsection shall not be  
45 construed as authorizing a group health insurer to exclude coverage for  
46 care that is necessary to preserve the life or health of an insured. For  
47 the purposes of this subsection, “religious employer” means an  
48 organization that is organized and operates as a nonprofit entity and is

1 referred to in section 6033(a)(3)(A)(i) or (iii) of the Internal Revenue  
2 Code of 1986 (26 U.S.C. s.6033), as amended.

3

4 12. (New section) a. Every individual health benefits plan that  
5 provides hospital or medical expense benefits and is delivered, issued,  
6 executed, or renewed in this State pursuant to P.L.1992, c.161  
7 (C.17B:27A-2 et seq.) or is approved for issuance or renewal in this  
8 State by the Commissioner of Banking and Insurance, on or after the  
9 effective date of P.L. , c. (C. ) (pending before the Legislature  
10 as this bill), shall provide benefits for abortion, as defined by section 3  
11 of P.L. , c. (C. ) (pending before the Legislature as this bill).

12 b. A health benefits plan subject to this section shall not impose a  
13 deductible, coinsurance, copayment, or any other cost-sharing  
14 requirement on the coverage required under this section. For a  
15 qualifying high-deductible health plan for a health savings account, the  
16 carrier shall establish the plan's cost-sharing for the coverage provided  
17 pursuant to this section at the minimum level necessary to preserve the  
18 covered person's ability to claim tax-exempt contributions and  
19 withdrawals from the covered person's health savings account under  
20 26 U.S.C. s.223.

21 c. A health benefits plan shall not impose any restrictions or  
22 delays on, and shall not require prior authorization for, the coverage  
23 required under this section.

24 d. Notwithstanding the provisions of subsections a. through c. of  
25 this section, if the Commissioner of Banking and Insurance concludes  
26 that enforcement of this section may adversely affect the allocation of  
27 federal funds to this State, the commissioner may grant an exemption  
28 to the requirements, but only to the minimum extent necessary to  
29 ensure the continued receipt of federal funds.

30 e. A religious employer may request, and a carrier shall grant, an  
31 exclusion under the health benefits plan for the coverage required by  
32 this section if the required coverage conflicts with the religious  
33 employer's bona fide religious beliefs and practices. A religious  
34 employer that obtains such an exclusion shall provide written notice  
35 thereof to covered persons and prospective covered persons, and the  
36 carrier shall provide notice to the Commissioner of Banking and  
37 Insurance in such form and manner as may be determined by the  
38 commissioner. The provisions of this subsection shall not be  
39 construed as authorizing a carrier to exclude coverage for care that is  
40 necessary to preserve the life or health of a covered person. For the  
41 purposes of this subsection, "religious employer" means an  
42 organization that is organized and operates as a nonprofit entity and is  
43 referred to in section 6033(a)(3)(A)(i) or (iii) of the Internal Revenue  
44 Code of 1986 (26 U.S.C. s.6033), as amended.

45

46 13. (New section) a. Every small employer health benefits plan  
47 that provides hospital or medical expense benefits and is delivered,  
48 issued, executed, or renewed in this State pursuant to P.L.1992, c.162

1 (C.17B:27A-17 et seq.) or is approved for issuance or renewal in this  
2 State by the Commissioner of Banking and Insurance, on or after the  
3 effective date of P.L. , c. (C. ) (pending before the Legislature  
4 as this bill), shall provide benefits for abortion, as defined by section 3  
5 of P.L. , c. (C. ) (pending before the Legislature as this bill).

6 b. A health benefits plan subject to this section shall not impose a  
7 deductible, coinsurance, copayment, or any other cost-sharing  
8 requirement on the coverage required under this section. For a  
9 qualifying high-deductible health plan for a health savings account, the  
10 carrier shall establish the plan's cost-sharing for the coverage provided  
11 pursuant to this section at the minimum level necessary to preserve the  
12 covered person's ability to claim tax-exempt contributions and  
13 withdrawals from the covered person's health savings account under  
14 26 U.S.C. s.223.

15 c. A health benefits plan shall not impose any restrictions or  
16 delays on, and shall not require prior authorization for, the coverage  
17 required under this section.

18 d. Notwithstanding the provisions of subsections a. through c. of  
19 this section to the contrary, if the Commissioner of Banking and  
20 Insurance concludes that enforcement of this section may adversely  
21 affect the allocation of federal funds to this State, the commissioner  
22 may grant an exemption to the requirements, but only to the minimum  
23 extent necessary to ensure the continued receipt of federal funds.

24 e. A religious employer may request, and a carrier shall grant, an  
25 exclusion under the health benefits plan for the coverage required by  
26 this section if the required coverage conflicts with the religious  
27 employer's bona fide religious beliefs and practices. A religious  
28 employer that obtains such an exclusion shall provide written notice  
29 thereof to covered persons and prospective covered persons, and the  
30 carrier shall provide notice to the Commissioner of Banking and  
31 Insurance in such form and manner as may be determined by the  
32 commissioner. The provisions of this subsection shall not be  
33 construed as authorizing a carrier to exclude coverage for care that is  
34 necessary to preserve the life or health of a covered person. For the  
35 purposes of this subsection, "religious employer" means an  
36 organization that is organized and operates as a nonprofit entity and is  
37 referred to in section 6033(a)(3)(A)(i) or (iii) of the Internal Revenue  
38 Code of 1986 (26 U.S.C. s.6033), as amended.

39  
40 14. (New section) a. Every enrollee agreement that is delivered,  
41 issued, executed, or renewed in this State pursuant to P.L.1973, c.337  
42 (C.26:2J-1 et seq.) or is approved for issuance or renewal in this State  
43 by the Commissioner of Banking and Insurance, on or after the  
44 effective date of P.L. , c. (C. ) (pending before the Legislature  
45 as this bill), shall provide health care services for abortion, as defined  
46 by section 3 of P.L. , c. (C. ) (pending before the Legislature  
47 as this bill).

1       b. A contract subject to this section shall not impose a deductible,  
2 coinsurance, copayment, or any other cost-sharing requirement on the  
3 coverage required under this section. For a qualifying high-deductible  
4 health plan for a health savings account, the health maintenance  
5 organization shall establish the plan's cost-sharing for the coverage  
6 provided pursuant to this section at the minimum level necessary to  
7 preserve the enrollee's ability to claim tax-exempt contributions and  
8 withdrawals from the enrollee's health savings account under 26  
9 U.S.C. s.223.

10       c. A contract shall not impose any restrictions or delays on, and  
11 shall not require prior authorization for, the coverage required under  
12 this section.

13       d. Notwithstanding the provisions of subsections a. through c. of  
14 this section to the contrary, if the Department of Banking and  
15 Insurance concludes that enforcement of this section may adversely  
16 affect the allocation of federal funds to this State, the commissioner  
17 may grant an exemption to the requirements, but only to the minimum  
18 extent necessary to ensure the continued receipt of federal funds.

19       e. A religious employer may request, and a health maintenance  
20 organization shall grant, an exclusion under the contract for the  
21 coverage required by this section if the required coverage conflicts  
22 with the religious employer's bona fide religious beliefs and practices.  
23 A religious employer that obtains such an exclusion shall provide  
24 written notice thereof to enrollees and prospective enrollees, and the  
25 health maintenance organization shall provide notice to the  
26 Commissioner of Banking and Insurance in such form and manner as  
27 may be determined by the commissioner. The provisions of this  
28 subsection shall not be construed as authorizing a health maintenance  
29 organization to exclude coverage for care that is necessary to preserve  
30 the life or health of an enrollee. For the purposes of this subsection,  
31 "religious employer" means an organization that is organized and  
32 operates as a nonprofit entity and is referred to in section  
33 6033(a)(3)(A)(i) or (iii) of the Internal Revenue Code of 1986 (26  
34 U.S.C. s.6033), as amended.

35  
36       15. (New section) a. The State Health Benefits Commission shall  
37 ensure that every contract providing hospital or medical expense  
38 benefits, which is purchased by the commission on or after the  
39 effective date of P.L. , c. (C. ) (pending before the Legislature  
40 as this bill), provides coverage for abortion, as defined by section 3 of  
41 P.L. , c. (C. ) (pending before the Legislature as this bill).

42       b. A contract subject to this section shall not impose a deductible,  
43 coinsurance, copayment, or any other cost-sharing requirement on the  
44 coverage required under this section. For a qualifying high-deductible  
45 health plan for a health savings account, the commission shall  
46 establish the plan's cost-sharing for the coverage provided pursuant to  
47 this section at the minimum level necessary to preserve the covered  
48 person's ability to claim tax-exempt contributions and withdrawals

1 from the covered person's health savings account under 26 U.S.C.  
2 s.223.

3 c. A contract shall not impose any restrictions or delays on, and  
4 shall not require prior authorization for, the coverage required under  
5 this section.

6 d. Notwithstanding the provisions of subsections a. through c. of  
7 this section, if the Department of Banking and Insurance concludes  
8 that enforcement of this section may adversely affect the allocation of  
9 federal funds to this State, the commissioner may grant an exemption  
10 to the requirements, but only to the minimum extent necessary to  
11 ensure the continued receipt of federal funds.

12

13 16. (New section) a. The School Employees' Health Benefits  
14 Commission shall ensure that every contract providing hospital or  
15 medical expense benefits, which is purchased by the commission on or  
16 after the effective date of P.L. , c. (C. ) (pending before the  
17 Legislature as this bill), provides coverage for abortion, as defined by  
18 section 3 of P.L. , c. (C. ) (pending before the Legislature as  
19 this bill).

20 b. A contract subject to this section shall not impose a deductible,  
21 coinsurance, copayment, or any other cost-sharing requirement on the  
22 coverage required under this section. For a qualifying high-deductible  
23 health plan for a health savings account, the commission shall  
24 establish the plan's cost-sharing for the coverage provided pursuant to  
25 this section at the minimum level necessary to preserve the covered  
26 person's ability to claim tax-exempt contributions and withdrawals  
27 from the covered person's health savings account under 26 U.S.C.  
28 s.223.

29 c. A contract shall not impose any restrictions or delays on, and  
30 shall not require prior authorization for, the coverage required under  
31 this section.

32 d. Notwithstanding the provisions of subsections a. through c. of  
33 this section to the contrary, if the Department of Banking and  
34 Insurance concludes that enforcement of this section may adversely  
35 affect the allocation of federal funds to this State, the commissioner  
36 may grant an exemption to the requirements, but only to the minimum  
37 extent necessary to ensure the continued receipt of federal funds.

38 e. A religious employer may request, and the School Employees'  
39 Health Benefits Commission shall grant, an exclusion under the  
40 contract for the coverage required by this section if the required  
41 coverage conflicts with the religious employer's bona fide religious  
42 beliefs and practices. A religious employer that obtains such an  
43 exclusion shall provide written notice thereof to covered persons and  
44 prospective covered persons, and the School Employees' Health  
45 Benefits Commission shall provide notice to the Commissioner of  
46 Banking and Insurance in such form and manner as may be determined  
47 by the commissioner. The provisions of this subsection shall not be  
48 construed as authorizing the School Employees' Health Benefits

1 Commission to exclude coverage for care that is necessary to preserve  
2 the life or health of a covered person. For the purposes of this  
3 subsection, “religious employer” means an organization that is  
4 organized and operates as a nonprofit entity and is referred to in  
5 section 6033(a)(3)(A)(i) or (iii) of the Internal Revenue Code of 1986  
6 (26 U.S.C. s.6033), as amended.

7  
8 17. (New section) a. The School Employees’ Health Benefits  
9 Commission shall ensure that every contract providing hospital or  
10 medical expense benefits, which is purchased by the commission on  
11 or after the effective date of P.L. , c. (C. ) (pending before  
12 the Legislature as this bill), provides benefits for expenses incurred  
13 in the purchase of contraceptives and the following services, drugs,  
14 devices, products, and procedures, on an in-network basis:

15 (1) Any contraceptive drug, device, or product approved by the  
16 United States Food and Drug Administration, which coverage shall  
17 be subject to all of the following conditions:

18 (a) If there is a therapeutic equivalent of a contraceptive drug,  
19 device, or product approved by the United States Food and Drug  
20 Administration, coverage shall be provided for either the requested  
21 contraceptive drug, device, or product or for one or more  
22 therapeutic equivalents of the requested drug, device, or product.

23 (b) Coverage shall be provided without a prescription for all  
24 contraceptive drugs available for over-the-counter sale that are  
25 approved by the United States Food and Drug Administration.

26 (c) Coverage shall be provided without any infringement upon a  
27 covered person’s choice of contraception, and medical necessity  
28 shall be determined by the provider for covered contraceptive  
29 drugs, devices, or other products approved by the United States  
30 Food and Drug Administration.

31 (2) Voluntary male and female sterilization.

32 (3) Patient education and counseling on contraception.

33 (4) Services related to the administration and monitoring of  
34 drugs, devices, products, and services required under this section,  
35 including but not limited to:

36 (a) Management of side effects;

37 (b) Counseling for continued adherence to a prescribed regimen;

38 (c) Device insertion and removal;

39 (d) Provision of alternative contraceptive drugs, devices, or  
40 products deemed medically appropriate in the judgment of the  
41 covered person’s health care provider; and

42 (e) Diagnosis and treatment services provided pursuant to, or as  
43 a follow-up to, a service required under this section.

44 b. The coverage provided under this section shall include  
45 prescriptions for dispensing contraceptives for a single dispensing  
46 unit of up to a 13-unit supply of prescription contraceptives,  
47 intended to last over a 12-month period, regardless of whether  
48 coverage under the contract was in effect at the time of the first



1 dispensing, except that an entity subject to this section may provide  
2 coverage for a supply of contraceptives that is for less than a 12-  
3 month period if a 12-month period would extend beyond the terms  
4 of the contract. The contraceptives may be furnished over the  
5 course of the 12-month period at the discretion of the health care  
6 provider.

7 c. (1) Except as provided in paragraph (2) of this subsection,  
8 the contract shall specify that no deductible, coinsurance,  
9 copayment, or any other cost-sharing requirement may be imposed  
10 on the coverage required pursuant to this section.

11 (2) In the case of a high deductible health plan, benefits for male  
12 sterilization or male contraceptives shall be provided at the lowest  
13 deductible and other cost-sharing permitted for a high deductible  
14 health plan under section 223(c)(2)(A) of the Internal Revenue  
15 Code (26 U.S.C. s.223).

16 d. Nothing in this section shall limit coverage of any additional  
17 preventive service for women, as identified or recommended by the  
18 United States Preventive Services Task Force or the Health  
19 Resources and Services Administration of the United States  
20 Department of Health and Human Services pursuant to the  
21 provisions of 42 U.S.C. 300gg-13.

22 e. A religious employer may request, and the commission shall  
23 grant, an exclusion under the contract for the coverage required by  
24 this section if the required coverage conflicts with the religious  
25 employer's bona fide religious beliefs and practices. A religious  
26 employer that obtains such an exclusion shall provide written notice  
27 thereof to covered persons and prospective covered persons, which  
28 notice shall list the contraceptive health care services that the  
29 employer refuses to cover for religious reasons. The commission  
30 shall provide notice of the exclusion to the Commissioner of  
31 Banking and Insurance in such form and manner as may be  
32 determined by the commissioner. The provisions of this subsection  
33 shall not be construed as authorizing the School Employees' Health  
34 Benefits Commission to exclude coverage for care that is necessary  
35 to preserve the life or health of a covered person. For the purposes  
36 of this subsection, "religious employer" means an organization that  
37 is organized and operates as a nonprofit entity and is referred to in  
38 section 6033(a)(3)(A)(i) or (iii) of the Internal Revenue Code of  
39 1986, as amended.

40 f. Except as otherwise authorized under this section, the  
41 School Employees' Health Benefits Commission shall not impose  
42 any restrictions or delays on, and shall not require prior  
43 authorization for, the coverage required under this section.

44  
45 18. Section 1 of P.L.1965, c.217 (C.9:17A-1) is amended to read as  
46 follows:

47 1. The consent to the performance of medical or surgical care  
48 and **procedure** procedures by a hospital or by a **physician**

1 licensed to practice medicine and surgery] health care professional,  
2 as defined by section 3 of P.L. , c. (C. ) (pending before the  
3 Legislature as this bill), which consent is executed by a married  
4 person who is a minor, or by a pregnant **【woman】** person who is a  
5 minor, on **【his or her】** the minor's behalf or on behalf of any of  
6 **【his or her】** the minor's children, shall be valid and binding, and,  
7 for such purposes, a married person who is a minor or a pregnant  
8 **【woman】** person who is a minor shall be deemed to have the same  
9 legal capacity to act and shall have the same powers and obligations  
10 as **【has】** a person of legal age. Notwithstanding any other  
11 provision of the law, an unmarried, pregnant minor may give  
12 consent to the furnishing of hospital, medical, and surgical care  
13 related to **【her】** the minor's pregnancy or **【her】** the minor's child,  
14 although prior notification of a parent may be required pursuant to  
15 P.L.1999, c.145 (C.9:17A-1.1 et al.)**】** and such consent shall not be  
16 subject to disaffirmance because of minority. The consent of the  
17 parent or parents of an unmarried, pregnant minor shall not be  
18 necessary in order to authorize hospital, medical, and surgical care  
19 related to **【her】** the minor's pregnancy or **【her】** the minor's child.  
20 (cf: P.L.1999, c.145, s.1)

21

22 19. Section 1 of P.L.2005, c.251 (C.17:48-6ee) is amended to  
23 read as follows:

24 1. a. A hospital service corporation that provides hospital or  
25 medical expense benefits shall provide coverage, under every  
26 contract that is delivered, issued, executed, or renewed in this State  
27 or is approved for issuance or renewal in this State by the  
28 Commissioner of Banking and Insurance, on or after the effective  
29 date of this **【act】** section, for expenses incurred in the purchase of  
30 **【prescription female】** contraceptives**【,】** and the following services,  
31 drugs, devices, products, and procedures, on an in-network basis:

32 (1) Any contraceptive drug, device, or product approved by the  
33 United States Food and Drug Administration, which coverage shall  
34 be subject to all of the following conditions:

35 (a) If there is a therapeutic equivalent of a contraceptive drug,  
36 device, or product approved by the United States Food and Drug  
37 Administration, coverage shall be provided for either the requested  
38 contraceptive drug, device, or product or for one or more  
39 therapeutic equivalents of the requested drug, device, or product.

40 (b) Coverage shall be provided without a prescription for all  
41 contraceptive drugs available for over-the-counter sale that are  
42 approved by the United States Food and Drug Administration.

43 (c) Coverage shall be provided without any infringement upon a  
44 subscriber's choice of contraception, and medical necessity shall be  
45 determined by the provider for covered contraceptive drugs,  
46 devices, or other products approved by the United States Food and  
47 Drug Administration.

- 1 (2) Voluntary male and female sterilization.
- 2 (3) Patient education and counseling on contraception.
- 3 (4) Services related to the administration and monitoring of  
4 drugs, devices, products, and services required under this section,  
5 including but not limited to:
- 6 (a) Management of side effects;
- 7 (b) Counseling for continued adherence to a prescribed regimen;
- 8 (c) Device insertion and removal;
- 9 (d) Provision of alternative contraceptive drugs, devices, or  
10 products deemed medically appropriate in the judgment of the  
11 subscriber's health care provider; and
- 12 (e) Diagnosis and treatment services provided pursuant to, or as  
13 a follow-up to, a service required under this section.
- 14 b. The coverage provided under this section shall include  
15 prescriptions for dispensing contraceptives for:
- 16 (1) a three-month period for the first dispensing of the  
17 contraceptive; and
- 18 (2) a six-month period for any subsequent dispensing of the  
19 same contraceptive, regardless of whether coverage under the  
20 contract was in effect at the time of the first dispensing, except that  
21 an entity subject to this section may provide coverage for a supply  
22 of contraceptives that is for less than a six-month period, if a six-  
23 month period would extend beyond the term of the contract **] a  
24 single dispensing unit of up to a 13-unit supply of prescription  
25 contraceptives, intended to last over a 12-month period, regardless  
26 of whether coverage under the contract was in effect at the time of  
27 the first dispensing, except that an entity subject to this section may  
28 provide coverage for a supply of contraceptives that is for less than  
29 a 12-month period if a 12-month period would extend beyond the  
30 terms of the contract. The contraceptives may be furnished over the  
31 course of the 12-month period at the discretion of the health care  
32 provider.**
- 33 c. (1) Except as provided in paragraph (2) of this subsection,  
34 the benefits provided under this section shall be provided to the  
35 same extent as for any other service, drug, device, product, or  
36 procedure under the contract, except that no deductible,  
37 coinsurance, copayment, or any other cost-sharing requirement on  
38 the coverage shall be imposed.
- 39 (2) In the case of a high deductible health plan, benefits for male  
40 sterilization or male contraceptives shall be provided at the lowest  
41 deductible and other cost-sharing permitted for a high deductible  
42 health plan under section 223(c)(2)(A) of the Internal Revenue  
43 Code (26 U.S.C. s.223).
- 44 d. This section shall apply to those contracts in which the  
45 hospital service corporation has reserved the right to change the  
46 premium.
- 47 e. Nothing in this section shall limit coverage of any additional  
48 preventive service for women, as identified or recommended by the

1 United States Preventive Services Task Force or the Health  
2 Resources and Services Administration of the United States  
3 Department of Health and Human Services pursuant to the  
4 provisions of 42 U.S.C. 300gg-13.

5 f. A religious employer may request, and a hospital service  
6 corporation shall grant, an exclusion under the contract for the  
7 coverage required by this section if the required coverage conflicts  
8 with the religious employer’s bona fide religious beliefs and  
9 practices. A religious employer that obtains such an exclusion shall  
10 provide written notice thereof to subscribers and prospective  
11 subscribers, which notice shall list the contraceptive health care  
12 services that the employer refuses to cover for religious reasons.  
13 The hospital service corporation shall provide notice of the  
14 exclusion to the Commissioner of Banking and Insurance in such  
15 form and manner as may be determined by the commissioner. The  
16 provisions of this subsection shall not be construed as authorizing a  
17 hospital service corporation to exclude coverage for care that is  
18 necessary to preserve the life or health of a subscriber. For the  
19 purposes of this subsection, “religious employer” means an  
20 organization that is organized and operates as a nonprofit entity and  
21 is referred to in section 6033(a)(3)(A)(i) or (iii) of the Internal  
22 Revenue Code of 1986 (26 U.S.C. s.6033), as amended.

23 g. Except as otherwise authorized under this section, a hospital  
24 service corporation shall not impose any restrictions or delays on,  
25 and shall not require prior authorization for, the coverage required  
26 under this section.

27 (cf: P.L.2019, c.361, s.1).

28

29 20. Section 2 of P.L.2005, c.251 (C.17:48A-7bb) is amended to  
30 read as follows:

31 2. a. A medical service corporation that provides hospital or  
32 medical expense benefits shall provide coverage<sub>2</sub> under every  
33 contract that is delivered, issued, executed<sub>2</sub> or renewed in this State  
34 or approved for issuance or renewal in this State by the  
35 Commissioner of Banking and Insurance, on or after the effective  
36 date of this **[act]** section, for expenses incurred in the purchase of  
37 **[prescription female]** contraceptives**[,]** and the following services,  
38 drugs, devices, products, and procedures<sub>2</sub> on an in-network basis:

39 (1) Any contraceptive drug, device<sub>2</sub> or product approved by the  
40 United States Food and Drug Administration, which coverage shall  
41 be subject to all of the following conditions:

42 (a) If there is a therapeutic equivalent of a contraceptive drug,  
43 device<sub>2</sub> or product approved by the United States Food and Drug  
44 Administration, coverage shall be provided for either the requested  
45 contraceptive drug, device<sub>2</sub> or product or for one or more  
46 therapeutic equivalents of the requested drug, device<sub>2</sub> or product.

1 (b) Coverage shall be provided without a prescription for all  
2 contraceptive drugs available for over-the-counter sale that are  
3 approved by the United States Food and Drug Administration.

4 (c) Coverage shall be provided without any infringement upon a  
5 subscriber's choice of contraception, and medical necessity shall be  
6 determined by the provider for covered contraceptive drugs,  
7 devices, or other products approved by the United States Food and  
8 Drug Administration.

9 (2) Voluntary male and female sterilization.

10 (3) Patient education and counseling on contraception.

11 (4) Services related to the administration and monitoring of  
12 drugs, devices, products, and services required under this section,  
13 including but not limited to:

14 (a) Management of side effects;

15 (b) Counseling for continued adherence to a prescribed regimen;

16 (c) Device insertion and removal;

17 (d) Provision of alternative contraceptive drugs, devices, or  
18 products deemed medically appropriate in the judgment of the  
19 subscriber's health care provider; and

20 (e) Diagnosis and treatment services provided pursuant to, or as  
21 a follow-up to, a service required under this section.

22 b. The coverage provided under this section shall include  
23 prescriptions for dispensing contraceptives for:

24 (1) a three-month period for the first dispensing of the  
25 contraceptive; and

26 (2) a six-month period for any subsequent dispensing of the  
27 same contraceptive, regardless of whether coverage under the  
28 contract was in effect at the time of the first dispensing, except that  
29 an entity subject to this section may provide coverage for a supply  
30 of contraceptives that is for less than a six-month period, if a six-  
31 month period would extend beyond the term of the contract **]** a  
32 single dispensing unit of up to a 13-unit supply of prescription  
33 contraceptives, intended to last over a 12-month period, regardless  
34 of whether coverage under the contract was in effect at the time of  
35 the first dispensing, except that an entity subject to this section may  
36 provide coverage for a supply of contraceptives that is for less than  
37 a 12-month period if a 12-month period would extend beyond the  
38 terms of the contract. The contraceptives may be furnished over the  
39 course of the 12-month period at the discretion of the health care  
40 provider.

41 c. (1) Except as provided in paragraph (2) of this subsection,  
42 the benefits provided under this section shall be provided to the  
43 same extent as for any other service, drug, device, product, or  
44 procedure under the contract, except that no deductible,  
45 coinsurance, copayment, or any other cost-sharing requirement on  
46 the coverage shall be imposed.

47 (2) In the case of a high deductible health plan, benefits for male  
48 sterilization or male contraceptives shall be provided at the lowest

1 deductible and other cost-sharing permitted for a high deductible  
2 health plan under section 223(c)(2)(A) of the Internal Revenue  
3 Code (26 U.S.C. s.223).

4 d. This section shall apply to those contracts in which the  
5 medical service corporation has reserved the right to change the  
6 premium.

7 e. Nothing in this section shall limit coverage of any additional  
8 preventive service for women, as identified or recommended by the  
9 United States Preventive Services Task Force or the Health  
10 Resources and Services Administration of the United States  
11 Department of Health and Human Services pursuant to the  
12 provisions of 42 U.S.C. 300gg-13.

13 f. A religious employer may request, and a medical service  
14 corporation shall grant, an exclusion under the contract for the  
15 coverage required by this section if the required coverage conflicts  
16 with the religious employer's bona fide religious beliefs and  
17 practices. A religious employer that obtains such an exclusion shall  
18 provide written notice thereof to subscribers and prospective  
19 subscribers, which notice shall list the contraceptive health care  
20 services that the employer refuses to cover for religious reasons.  
21 The medical service corporation shall provide notice of the  
22 exclusion to the Commissioner of Banking and Insurance in such  
23 form and manner as may be determined by the commissioner. The  
24 provisions of this subsection shall not be construed as authorizing a  
25 medical service corporation to exclude coverage for care that is  
26 necessary to preserve the life or health of a subscriber. For the  
27 purposes of this subsection, "religious employer" means an  
28 organization that is organized and operates as a nonprofit entity and  
29 is referred to in section 6033(a)(3)(A)(i) or (iii) of the Internal  
30 Revenue Code of 1986 (26 U.S.C. s.6033), as amended.

31 g. Except as otherwise authorized under this section, a medical  
32 service corporation shall not impose any restrictions or delays on,  
33 and shall not require prior authorization for, the coverage required  
34 under this section.

35 (cf: P.L.2019, c.361, s.2)

36  
37 21. Section 3 of P.L.2005, c.251 (C.17:48E-35.29) is amended  
38 to read as follows:

39 3. a. A health service corporation that provides hospital or  
40 medical expense benefits shall provide coverage, under every  
41 contract that is delivered, issued, executed, or renewed in this State  
42 or approved for issuance or renewal in this State by the  
43 Commissioner of Banking and Insurance, on or after the effective  
44 date of this **act** section, for expenses incurred in the purchase of  
45 **prescription female** contraceptives~~[,]~~ and the following services,  
46 drugs, devices, products, and procedures, on an in-network basis:

1 (1) Any contraceptive drug, device, or product approved by the  
2 United States Food and Drug Administration, which coverage shall  
3 be subject to all of the following conditions:

4 (a) If there is a therapeutic equivalent of a contraceptive drug,  
5 device, or product approved by the United States Food and Drug  
6 Administration, coverage shall be provided for either the requested  
7 contraceptive drug, device, or product or for one or more  
8 therapeutic equivalents of the requested drug, device, or product.

9 (b) Coverage shall be provided without a prescription for all  
10 contraceptive drugs available for over-the-counter sale that are  
11 approved by the United States Food and Drug Administration.

12 (c) Coverage shall be provided without any infringement upon a  
13 subscriber's choice of contraception, and medical necessity shall be  
14 determined by the provider for covered contraceptive drugs,  
15 devices, or other products approved by the United States Food and  
16 Drug Administration.

17 (2) Voluntary male and female sterilization.

18 (3) Patient education and counseling on contraception.

19 (4) Services related to the administration and monitoring of  
20 drugs, devices, products, and services required under this section,  
21 including but not limited to:

22 (a) Management of side effects;

23 (b) Counseling for continued adherence to a prescribed regimen;

24 (c) Device insertion and removal;

25 (d) Provision of alternative contraceptive drugs, devices, or  
26 products deemed medically appropriate in the judgment of the  
27 subscriber's health care provider; and

28 (e) Diagnosis and treatment services provided pursuant to, or as  
29 a follow-up to, a service required under this section.

30 b. The coverage provided under this section shall include  
31 prescriptions for dispensing contraceptives for:

32 (1) a three-month period for the first dispensing of the  
33 contraceptive; and

34 (2) a six-month period for any subsequent dispensing of the  
35 same contraceptive, regardless of whether coverage under the  
36 contract was in effect at the time of the first dispensing, except that  
37 an entity subject to this section may provide coverage for a supply  
38 of contraceptives that is for less than a six-month period, if a six-  
39 month period would extend beyond the term of the contract **] a  
40 single dispensing unit of up to a 13-unit supply of prescription  
41 contraceptives, intended to last over a 12-month period, regardless  
42 of whether coverage under the contract was in effect at the time of  
43 the first dispensing, except that an entity subject to this section may  
44 provide coverage for a supply of contraceptives that is for less than  
45 a 12-month period if a 12-month period would extend beyond the  
46 terms of the contract. The contraceptives may be furnished over the  
47 course of the 12-month period at the discretion of the health care  
48 provider.**

1 c. (1) Except as provided in paragraph (2) of this subsection,  
2 the benefits provided under this section shall be provided to the  
3 same extent as for any other service, drug, device, product, or  
4 procedure under the contract, except that no deductible,  
5 coinsurance, copayment, or any other cost-sharing requirement on  
6 the coverage shall be imposed.

7 (2) In the case of a high deductible health plan, benefits for male  
8 sterilization or male contraceptives shall be provided at the lowest  
9 deductible and other cost-sharing permitted for a high deductible  
10 health plan under section 223(c)(2)(A) of the Internal Revenue  
11 Code (26 U.S.C. s.223).

12 d. This section shall apply to those contracts in which the  
13 health service corporation has reserved the right to change the  
14 premium.

15 e. Nothing in this section shall limit coverage of any additional  
16 preventive service for women, as identified or recommended by the  
17 United States Preventive Services Task Force or the Health  
18 Resources and Services Administration of the United States  
19 Department of Health and Human Services pursuant to the  
20 provisions of 42 U.S.C. 300gg-13.

21 f. A religious employer may request, and a health service  
22 corporation shall grant, an exclusion under the contract for the  
23 coverage required by this section if the required coverage conflicts  
24 with the religious employer's bona fide religious beliefs and  
25 practices. A religious employer that obtains such an exclusion shall  
26 provide written notice thereof to subscribers and prospective  
27 subscribers, which notice shall list the contraceptive health care  
28 services that the employer refuses to cover for religious reasons.  
29 The health service corporation shall provide notice of the exclusion  
30 to the Commissioner of Banking and Insurance in such form and  
31 manner as may be determined by the commissioner. The provisions  
32 of this subsection shall not be construed as authorizing a health  
33 service corporation to exclude coverage for care that is necessary to  
34 preserve the life or health of a subscriber. For the purposes of this  
35 subsection, "religious employer" means an organization that is  
36 organized and operates as a nonprofit entity and is referred to in  
37 section 6033(a)(3)(A)(i) or (iii) of the Internal Revenue Code of  
38 1986 (26 U.S.C. s.6033), as amended.

39 g. Except as otherwise authorized under this section, a health  
40 service corporation shall not impose any restrictions or delays on,  
41 and shall not require prior authorization for, the coverage required  
42 under this section.

43 (cf: P.L.2019, c.361, s.3)

44  
45 22. Section 9 of P.L.2005, c.251 (C.17:48F-13.2) is amended to  
46 read as follows:

47 9. a. A prepaid prescription service organization shall provide  
48 coverage, on an in-network basis, under every contract delivered,



1 issued, executed, or renewed in this State or approved for issuance  
2 or renewal in this State by the Commissioner of Banking and  
3 Insurance[, ] on or after the effective date of this [act] section[, ]  
4 for expenses incurred in the purchase of [prescription female]  
5 contraceptives[, ] and the services, drugs, devices, products, and  
6 procedures [on an in-network basis as determined to be] required  
7 [to be covered] by the commissioner to be covered pursuant to  
8 subsection b. of this section.

9 b. The Commissioner of Banking and Insurance shall  
10 determine, in the commissioner's discretion, which provisions of the  
11 coverage requirements applicable to insurers pursuant to P.L.2019,  
12 c.361 shall apply to prepaid prescription organizations, and shall  
13 adopt regulations in accordance with the commissioner's  
14 determination.

15 c. The coverage provided under this section shall include  
16 prescriptions for dispensing contraceptives for[ ]:

17 (1) a three-month period for the first dispensing of the  
18 contraceptive; and

19 (2) a six-month period for any subsequent dispensing of the  
20 same contraceptive, regardless of whether coverage under the  
21 contract was in effect at the time of the first dispensing, except that  
22 an entity subject to this section may provide coverage for a supply  
23 of contraceptives that is for less than a six-month period, if a six-  
24 month period would extend beyond the term of the contract] a  
25 single dispensing unit of up to a 13-unit supply of prescription  
26 contraceptives, intended to last over a 12-month period, regardless  
27 of whether coverage under the contract was in effect at the time of  
28 the first dispensing, except that an entity subject to this section may  
29 provide coverage for a supply of contraceptives that is for less than  
30 a 12-month period if a 12-month period would extend beyond the  
31 terms of the contract. The contraceptives may be furnished over the  
32 course of the 12-month period at the discretion of the health care  
33 provider.

34 d. (1) Except as provided in paragraph (2) of this subsection,  
35 the benefits provided under this section shall be provided to the  
36 same extent as for any other service, drug, device, product, or  
37 procedure under the contract, except that no deductible,  
38 coinsurance, copayment, or any other cost-sharing requirement on  
39 the coverage shall be imposed.

40 (2) In the case of a high deductible health plan, benefits for male  
41 sterilization or male contraceptives shall be provided at the lowest  
42 deductible and other cost-sharing permitted for a high deductible  
43 health plan under section 223(c)(2)(A) of the Internal Revenue  
44 Code (26 U.S.C. s.223).

45 e. This section shall apply to those prepaid prescription  
46 contracts in which the prepaid prescription service organization has  
47 reserved the right to change the premium.

1 f. Nothing in this section shall limit coverage of any additional  
2 preventive service for women, as identified or recommended by the  
3 United States Preventive Services Task Force or the Health  
4 Resources and Services Administration of the United States  
5 Department of Health and Human Services pursuant to the  
6 provisions of 42 U.S.C. 300gg-13.

7 g. A religious employer may request, and a prepaid  
8 prescription service organization shall grant, an exclusion under the  
9 contract for the coverage required by this section if the required  
10 coverage conflicts with the religious employer's bona fide religious  
11 beliefs and practices. A religious employer that obtains such an  
12 exclusion shall provide written notice thereof to enrollees and  
13 prospective enrollees, which notice shall list the contraceptive  
14 health care services that the employer refuses to cover for religious  
15 reasons. The prepaid prescription service organization shall  
16 provide notice of the exclusion to the Commissioner of Banking and  
17 Insurance in such form and manner as may be determined by the  
18 commissioner. The provisions of this subsection shall not be  
19 construed as authorizing a prepaid prescription service organization  
20 to exclude coverage for care that is necessary to preserve the life or  
21 health of an enrollee. For the purposes of this subsection, "religious  
22 employer" means an organization that is organized and operates as a  
23 nonprofit entity and is referred to in section 6033(a)(3)(A)(i) or (iii)  
24 of the Internal Revenue Code of 1986 (26 U.S.C. s.6033), as  
25 amended.

26 h. Except as otherwise authorized under this section, a prepaid  
27 prescription service organization shall not impose any restrictions  
28 or delays on, and shall not require prior authorization for, the  
29 coverage required under this section.

30 (cf: P.L.2019, c.361, s.9)

31  
32 23. Section 5 of P.L.2005, c.251 (C.17B:26-2.1y) is amended to  
33 read as follows:

34 5. a. An individual health insurer that provides hospital or  
35 medical expense benefits shall provide coverage under every policy  
36 that is delivered, issued, executed, or renewed in this State or is  
37 approved for issuance or renewal in this State by the Commissioner  
38 of Banking and Insurance, on or after the effective date of this [act]  
39 section, for expenses incurred in the purchase of prescription female  
40 contraceptives[,] and the following services, drugs, devices,  
41 products, and procedures, on an in-network basis:

42 (1) Any contraceptive drug, device, or product approved by the  
43 United States Food and Drug Administration, which coverage shall  
44 be subject to all of the following conditions:

45 (a) If there is a therapeutic equivalent of a contraceptive drug,  
46 device, or product approved by the United States Food and Drug  
47 Administration, coverage shall be provided for either the requested

1 contraceptive drug, device<sub>2</sub> or product or for one or more  
2 therapeutic equivalents of the requested drug, device<sub>2</sub> or product.

3 (b) Coverage shall be provided without a prescription for all  
4 contraceptive drugs available for over-the-counter sale that are  
5 approved by the United States Food and Drug Administration.

6 (c) Coverage shall be provided without any infringement upon  
7 **【a subscriber's】** an insured's choice of contraception<sub>2</sub> and medical  
8 necessity shall be determined by the provider for covered  
9 contraceptive drugs, devices<sub>2</sub> or other products approved by the  
10 United States Food and Drug Administration.

11 (2) Voluntary male and female sterilization.

12 (3) Patient education and counseling on contraception.

13 (4) Services related to the administration and monitoring of  
14 drugs, devices, products<sub>2</sub> and services required under this section,  
15 including but not limited to:

16 (a) Management of side effects;

17 (b) Counseling for continued adherence to a prescribed regimen;

18 (c) Device insertion and removal;

19 (d) Provision of alternative contraceptive drugs, devices<sub>2</sub> or  
20 products deemed medically appropriate in the judgment of the  
21 **【subscriber's】** insured's health care provider; and

22 (e) Diagnosis and treatment services provided pursuant to, or as  
23 a follow-up to, a service required under this section.

24 b. The coverage provided under this section shall include  
25 prescriptions for dispensing contraceptives for**【**:

26 (1) a three-month period for the first dispensing of the  
27 contraceptive; and

28 (2) a six-month period for any subsequent dispensing of the  
29 same contraceptive, regardless of whether coverage under the  
30 contract was in effect at the time of the first dispensing, except that  
31 an entity subject to this section may provide coverage for a supply  
32 of contraceptives that is for less than a six-month period, if a six-  
33 month period would extend beyond the term of the contract**】** a  
34 single dispensing unit of up to a 13-unit supply of prescription  
35 contraceptives, intended to last over a 12-month period, regardless  
36 of whether coverage under the policy was in effect at the time of the  
37 first dispensing, except that an entity subject to this section may  
38 provide coverage for a supply of contraceptives that is for less than  
39 a 12-month period if a 12-month period would extend beyond the  
40 terms of the policy. The contraceptives may be furnished over the  
41 course of the 12-month period at the discretion of the health care  
42 provider.

43 c. (1) Except as provided in paragraph (2) of this subsection,  
44 the benefits provided under this section shall be provided to the  
45 same extent as for any other service, drug, device, product, or  
46 procedure under the policy, except that no deductible, coinsurance,  
47 copayment, or any other cost-sharing requirement on the coverage  
48 shall be imposed.

1 (2) In the case of a high deductible health plan, benefits for male  
2 sterilization or male contraceptives shall be provided at the lowest  
3 deductible and other cost-sharing permitted for a high deductible  
4 health plan under section 223(c)(2)(A) of the Internal Revenue  
5 Code (26 U.S.C. s.223).

6 d. This section shall apply to those policies in which the insurer  
7 has reserved the right to change the premium.

8 e. Nothing in this section shall limit coverage of any additional  
9 preventive service for women, as identified or recommended by the  
10 United States Preventive Services Task Force or the Health  
11 Resources and Services Administration of the United States  
12 Department of Health and Human Services pursuant to the  
13 provisions of 42 U.S.C. 300gg-13.

14 f. A religious employer may request, and an individual health  
15 insurer shall grant, an exclusion under the policy for the coverage  
16 required by this section if the required coverage conflicts with the  
17 religious employer's bona fide religious beliefs and practices. A  
18 religious employer that obtains such an exclusion shall provide  
19 written notice thereof to insureds and prospective insureds, which  
20 notice shall list the contraceptive health care services that the  
21 employer refuses to cover for religious reasons. The individual  
22 health insurer shall provide notice of the exclusion to the  
23 Commissioner of Banking and Insurance in such form and manner  
24 as may be determined by the commissioner. The provisions of this  
25 subsection shall not be construed as authorizing an individual health  
26 insurer to exclude coverage for care that is necessary to preserve the  
27 life or health of an insured. For the purposes of this subsection,  
28 "religious employer" means an organization that is organized and  
29 operates as a nonprofit entity and is referred to in section  
30 6033(a)(3)(A)(i) or (iii) of the Internal Revenue Code of 1986, as  
31 amended.

32 g. Except as otherwise authorized under this section, an  
33 individual health insurer shall not impose any restrictions or delays  
34 on, and shall not require prior authorization for, the coverage  
35 required under this section.

36 (cf: P.L.2019, c.361, s.5)

37

38 24. Section 4 of P.L.2005, c.251 (C.17B:27-46.1ee) is amended  
39 to read as follows:

40 4. a. A group health insurer that provides hospital or medical  
41 expense benefits shall provide coverage under every policy that is  
42 delivered, issued, executed, or renewed in this State or is approved  
43 for issuance or renewal in this State by the Commissioner of  
44 Banking and Insurance, on or after the effective date of this [act]  
45 section, for expenses incurred in the purchase of [prescription  
46 female] contraceptives[,] and the following services, drugs,  
47 devices, products, and procedures, on an in-network basis:

- 1 (1) Any contraceptive drug, device, or product approved by the  
2 United States Food and Drug Administration, which coverage shall  
3 be subject to all of the following conditions:
- 4 (a) If there is a therapeutic equivalent of a contraceptive drug,  
5 device, or product approved by the United States Food and Drug  
6 Administration, coverage shall be provided for either the requested  
7 contraceptive drug, device, or product or for one or more  
8 therapeutic equivalents of the requested drug, device, or product.
- 9 (b) Coverage shall be provided without a prescription for all  
10 contraceptive drugs available for over-the-counter sale that are  
11 approved by the United States Food and Drug Administration.
- 12 (c) Coverage shall be provided without any infringement upon  
13 **【a subscriber's】** an insured's choice of contraception, and medical  
14 necessity shall be determined by the provider for covered  
15 contraceptive drugs, devices, or other products approved by the  
16 United States Food and Drug Administration.
- 17 (2) Voluntary male and female sterilization.
- 18 (3) Patient education and counseling on contraception.
- 19 (4) Services related to the administration and monitoring of  
20 drugs, devices, products, and services required under this section,  
21 including but not limited to:
- 22 (a) Management of side effects;
- 23 (b) Counseling for continued adherence to a prescribed regimen;
- 24 (c) Device insertion and removal;
- 25 (d) Provision of alternative contraceptive drugs, devices, or  
26 products deemed medically appropriate in the judgment of the  
27 **【subscriber's】** insured's health care provider; and
- 28 (e) Diagnosis and treatment services provided pursuant to, or as  
29 a follow-up to, a service required under this section.
- 30 b. The coverage provided under this section shall include  
31 prescriptions for dispensing contraceptives for**【**:
- 32 (1) a three-month period for the first dispensing of the  
33 contraceptive; and
- 34 (2) a six-month period for any subsequent dispensing of the  
35 same contraceptive, regardless of whether coverage under the  
36 contract was in effect at the time of the first dispensing, except that  
37 an entity subject to this section may provide coverage for a supply  
38 of contraceptives that is for less than a six-month period, if a six-  
39 month period would extend beyond the term of the contract**】** a  
40 single dispensing unit of up to a 13-unit supply of prescription  
41 contraceptives, intended to last over a 12-month period, regardless  
42 of whether coverage under the policy was in effect at the time of the  
43 first dispensing, except that an entity subject to this section may  
44 provide coverage for a supply of contraceptives that is for less than  
45 a 12-month period if a 12-month period would extend beyond the  
46 terms of the policy. The contraceptives may be furnished over the  
47 course of the 12-month period at the discretion of the health care  
48 provider.

1 c. (1) Except as provided in paragraph (2) of this subsection,  
2 the benefits provided under this section shall be provided to the  
3 same extent as for any other service, drug, device, product, or  
4 procedure under the policy, except that no deductible, coinsurance,  
5 copayment, or any other cost-sharing requirement on the coverage  
6 shall be imposed.

7 (2) In the case of a high deductible health plan, benefits for male  
8 sterilization or male contraceptives shall be provided at the lowest  
9 deductible and other cost-sharing permitted for a high deductible  
10 health plan under section 223(c)(2)(A) of the Internal Revenue  
11 Code (26 U.S.C. s.223).

12 d. This section shall apply to those policies in which the insurer  
13 has reserved the right to change the premium.

14 e. Nothing in this section shall limit coverage of any additional  
15 preventive service for women, as identified or recommended by the  
16 United States Preventive Services Task Force or the Health  
17 Resources and Services Administration of the United States  
18 Department of Health and Human Services pursuant to the  
19 provisions of 42 U.S.C. 300gg-13.

20 f. A religious employer may request, and a group health  
21 insurer shall grant, an exclusion under the policy for the coverage  
22 required by this section if the required coverage conflicts with the  
23 religious employer's bona fide religious beliefs and practices. A  
24 religious employer that obtains such an exclusion shall provide  
25 written notice thereof to insureds and prospective insureds, which  
26 notice shall list the contraceptive health care services that the  
27 employer refuses to cover for religious reasons. The group health  
28 insurer shall provide notice of the exclusion to the Commissioner of  
29 Banking and Insurance in such form and manner as may be  
30 determined by the commissioner. The provisions of this subsection  
31 shall not be construed as authorizing a group health insurer to  
32 exclude coverage for care that is necessary to preserve the life or  
33 health of an insured. For the purposes of this subsection, "religious  
34 employer" means an organization that is organized and operates as a  
35 nonprofit entity and is referred to in section 6033(a)(3)(A)(i) or (iii)  
36 of the Internal Revenue Code of 1986, as amended.

37 g. Except as otherwise authorized under this section, a group  
38 health insurer shall not impose any restrictions or delays on, and  
39 shall not require prior authorization for, the coverage required under  
40 this section.

41 (cf: P.L.2019, c.361, s.4)

42  
43 25. Section 7 of P.L.2005, c.251 (C.17B:27A-7.12) is amended  
44 to read as follows:

45 7. a. An individual health benefits plan required pursuant to  
46 section 3 of P.L.1992, c.161 (C.17B:27A-4) shall provide coverage  
47 for expenses incurred in the purchase of **【prescription female】**

1 contraceptives~~[,]~~ and the following services, drugs, devices,  
2 products, and procedures~~2~~ on an in-network basis:

3 (1) Any contraceptive drug, device~~2~~ or product approved by the  
4 United States Food and Drug Administration, which coverage shall  
5 be subject to all of the following conditions:

6 (a) If there is a therapeutic equivalent of a contraceptive drug,  
7 device~~2~~ or product approved by the United States Food and Drug  
8 Administration, coverage shall be provided for either the requested  
9 contraceptive drug, device~~2~~ or product or for one or more  
10 therapeutic equivalents of the requested drug, device~~2~~ or product.

11 (b) Coverage shall be provided without a prescription for all  
12 contraceptive drugs available for over-the-counter sale that are  
13 approved by the United States Food and Drug Administration.

14 (c) Coverage shall be provided without any infringement upon a  
15 **【subscriber's】** covered person's choice of contraception~~2~~ and  
16 medical necessity shall be determined by the provider for covered  
17 contraceptive drugs, devices~~2~~ or other products approved by the  
18 United States Food and Drug Administration.

19 (2) Voluntary male and female sterilization.

20 (3) Patient education and counseling on contraception.

21 (4) Services related to the administration and monitoring of  
22 drugs, devices, products~~2~~ and services required under this section,  
23 including but not limited to:

24 (a) Management of side effects;

25 (b) Counseling for continued adherence to a prescribed regimen;

26 (c) Device insertion and removal;

27 (d) Provision of alternative contraceptive drugs, devices~~2~~ or  
28 products deemed medically appropriate in the judgment of the  
29 **【subscriber's】** covered person's health care provider; and

30 (e) Diagnosis and treatment services provided pursuant to, or as  
31 a follow-up to, a service required under this section.

32 b. The coverage provided under this section shall include  
33 prescriptions for dispensing contraceptives for~~2~~:

34 (1) a three-month period for the first dispensing of the  
35 contraceptive; and

36 (2) a six-month period for any subsequent dispensing of the  
37 same contraceptive, regardless of whether coverage under the  
38 contract was in effect at the time of the first dispensing, except that  
39 an entity subject to this section may provide coverage for a supply  
40 of contraceptives that is for less than a six-month period, if a six-  
41 month period would extend beyond the term of the contract~~2~~ **】** a  
42 single dispensing unit of up to a 13-unit supply of prescription  
43 contraceptives, intended to last over a 12-month period, regardless  
44 of whether coverage under the health benefits plan was in effect at  
45 the time of the first dispensing, except that an entity subject to this  
46 section may provide coverage for a supply of contraceptives that is  
47 for less than a 12-month period if a 12-month period would extend

1 beyond the terms of the health benefits plan. The contraceptives  
2 may be furnished over the course of the 12-month period at the  
3 discretion of the health care provider.

4 c. (1) Except as provided in paragraph (2) of this subsection,  
5 the benefits provided under this section shall be provided to the  
6 same extent as for any other service, drug, device, product, or  
7 procedure under the health benefits plan, except that no deductible,  
8 coinsurance, copayment, or any other cost-sharing requirement on  
9 the coverage shall be imposed.

10 (2) In the case of a high deductible health plan, benefits for male  
11 sterilization or male contraceptives shall be provided at the lowest  
12 deductible and other cost-sharing permitted for a high deductible  
13 health plan under section 223(c)(2)(A) of the Internal Revenue  
14 Code (26 U.S.C. s.223).

15 d. This section shall apply to all individual health benefits  
16 plans in which the carrier has reserved the right to change the  
17 premium.

18 e. Nothing in this section shall limit coverage of any additional  
19 preventive service for women, as identified or recommended by the  
20 United States Preventive Services Task Force or the Health  
21 Resources and Services Administration of the United States  
22 Department of Health and Human Services pursuant to the  
23 provisions of 42 U.S.C. 300gg-13.

24 f. A religious employer may request, and a carrier shall grant,  
25 an exclusion under the health benefits plan for the coverage  
26 required by this section if the required coverage conflicts with the  
27 religious employer's bona fide religious beliefs and practices. A  
28 religious employer that obtains such an exclusion shall provide  
29 written notice thereof to covered persons and prospective covered  
30 persons, which notice shall list the contraceptive health care  
31 services that the employer refuses to cover for religious reasons.  
32 The carrier shall provide notice of the exclusion to the  
33 Commissioner of Banking and Insurance in such form and manner  
34 as may be determined by the commissioner. The provisions of this  
35 subsection shall not be construed as authorizing a carrier to exclude  
36 coverage for care that is necessary to preserve the life or health of a  
37 covered person. For the purposes of this subsection, "religious  
38 employer" means an organization that is organized and operates as a  
39 nonprofit entity and is referred to in section 6033(a)(3)(A)(i) or (iii)  
40 of the Internal Revenue Code of 1986, as amended.

41 g. Except as otherwise authorized under this section, a carrier  
42 shall not impose any restrictions or delays on, and shall not require  
43 prior authorization for, the coverage required under this section.

44 (cf: P.L.2019, c.361, s.7)

45

46 26. Section 8 of P.L.2005, c.251 (C.17B:27A-19.15) is amended  
47 to read as follows:



1 8. a. A small employer health benefits plan required pursuant  
2 to section 3 of P.L.1992, c.162 (C.17B:27A-19) shall provide  
3 coverage for expenses incurred in the purchase of [prescription  
4 female] contraceptives[,] and the following services, drugs,  
5 devices, products, and procedures, on an in-network basis:

6 (1) Any contraceptive drug, device, or product approved by the  
7 United States Food and Drug Administration, which coverage shall  
8 be subject to all of the following conditions:

9 (a) If there is a therapeutic equivalent of a contraceptive drug,  
10 device, or product approved by the United States Food and Drug  
11 Administration, coverage shall be provided for either the requested  
12 contraceptive drug, device, or product or for one or more  
13 therapeutic equivalents of the requested drug, device, or product.

14 (b) Coverage shall be provided without a prescription for all  
15 contraceptive drugs available for over-the-counter sale that are  
16 approved by the United States Food and Drug Administration.

17 (c) Coverage shall be provided without any infringement upon a  
18 [subscriber's] covered person's choice of contraception, and  
19 medical necessity shall be determined by the provider for covered  
20 contraceptive drugs, devices, or other products approved by the  
21 United States Food and Drug Administration.

22 (2) Voluntary male and female sterilization.

23 (3) Patient education and counseling on contraception.

24 (4) Services related to the administration and monitoring of  
25 drugs, devices, products, and services required under this section,  
26 including but not limited to:

27 (a) Management of side effects;

28 (b) Counseling for continued adherence to a prescribed regimen;

29 (c) Device insertion and removal;

30 (d) Provision of alternative contraceptive drugs, devices, or  
31 products deemed medically appropriate in the judgment of the  
32 [subscriber's] covered person's health care provider; and

33 (e) Diagnosis and treatment services provided pursuant to, or as  
34 a follow-up to, a service required under this section.

35 b. The coverage provided under this section shall include  
36 prescriptions for dispensing contraceptives for[  
37

38 (1) a three-month period for the first dispensing of the  
39 contraceptive; and

40 (2) a six-month period for any subsequent dispensing of the  
41 same contraceptive, regardless of whether coverage under the  
42 contract was in effect at the time of the first dispensing, except that  
43 an entity subject to this section may provide coverage for a supply  
44 of contraceptives that is for less than a six-month period, if a six-  
45 month period would extend beyond the term of the contract] a  
46 single dispensing unit of up to a 13-unit supply of prescription  
47 contraceptives, intended to last over a 12-month period, regardless  
of whether coverage under the health benefits plan was in effect at

1 the time of the first dispensing, except that an entity subject to this  
2 section may provide coverage for a supply of contraceptives that is  
3 for less than a 12-month period if a 12-month period would extend  
4 beyond the terms of the health benefits plan. The contraceptives  
5 may be furnished over the course of the 12-month period at the  
6 discretion of the health care provider.

7 c. (1) Except as provided in paragraph (2) of this subsection,  
8 the benefits provided under this section shall be provided to the  
9 same extent as for any other service, drug, device, product, or  
10 procedure under the health benefits plan, except that no deductible,  
11 coinsurance, copayment, or any other cost-sharing requirement on  
12 the coverage shall be imposed.

13 (2) In the case of a high deductible health plan, benefits for male  
14 sterilization or male contraceptives shall be provided at the lowest  
15 deductible and other cost-sharing permitted for a high deductible  
16 health plan under section 223(c)(2)(A) of the Internal Revenue  
17 Code (26 U.S.C. s.223).

18 d. This section shall apply to all small employer health benefits  
19 plans in which the carrier has reserved the right to change the  
20 premium.

21 e. Nothing in this section shall limit coverage of any additional  
22 preventive service for women, as identified or recommended by the  
23 United States Preventive Services Task Force or the Health  
24 Resources and Services Administration of the United States  
25 Department of Health and Human Services pursuant to the  
26 provisions of 42 U.S.C. 300gg-13.

27 f. A religious employer may request, and a carrier shall grant,  
28 an exclusion under the health benefits plan for the coverage  
29 required by this section if the required coverage conflicts with the  
30 religious employer's bona fide religious beliefs and practices. A  
31 religious employer that obtains such an exclusion shall provide  
32 written notice thereof to covered persons and prospective covered  
33 persons, which notice shall list the contraceptive health care  
34 services that the employer refuses to cover for religious reasons.  
35 The carrier shall provide notice of the exclusion to the  
36 Commissioner of Banking and Insurance in such form and manner  
37 as may be determined by the commissioner. The provisions of this  
38 subsection shall not be construed as authorizing a carrier to exclude  
39 coverage for care that is necessary to preserve the life or health of a  
40 covered person. For the purposes of this subsection, "religious  
41 employer" means an organization that is organized and operates as a  
42 nonprofit entity and is referred to in section 6033(a)(3)(A)(i) or (iii)  
43 of the Internal Revenue Code of 1986, as amended.

44 g. Except as otherwise authorized under this section, a carrier  
45 shall not impose any restrictions or delays on, and shall not require  
46 prior authorization for, the coverage required under this section.

47 (cf: P.L.2019, c.361, s.8)

1       27. Section 6 of P.L.2005, c.251 (C.26:2J-4.30) is amended to  
2 read as follows:

3       6. a. A certificate of authority to establish and operate a health  
4 maintenance organization in this State shall not be issued or  
5 continued, on or after the effective date of this **act for a health**  
6 **maintenance organization** section, unless the health maintenance  
7 organization provides health care services for prescription female  
8 contraceptives~~[,]~~ and the following services, drugs, devices,  
9 products, and procedures, on an in-network basis:

10       (1) Any contraceptive drug, device, or product approved by the  
11 United States Food and Drug Administration, which coverage shall  
12 be subject to all of the following conditions:

13       (a) If there is a therapeutic equivalent of a contraceptive drug,  
14 device, or product approved by the United States Food and Drug  
15 Administration, coverage shall be provided for either the requested  
16 contraceptive drug, device, or product or for one or more  
17 therapeutic equivalents of the requested drug, device, or product.

18       (b) Coverage shall be provided without a prescription for all  
19 contraceptive drugs available for over-the-counter sale that are  
20 approved by the United States Food and Drug Administration.

21       (c) Coverage shall be provided without any infringement upon a  
22 **subscriber's** enrollee's choice of contraception, and medical  
23 necessity shall be determined by the provider for covered  
24 contraceptive drugs, devices, or other products approved by the  
25 United States Food and Drug Administration.

26       (2) Voluntary male and female sterilization.

27       (3) Patient education and counseling on contraception.

28       (4) Services related to the administration and monitoring of  
29 drugs, devices, products, and services required under this section,  
30 including but not limited to:

31       (a) Management of side effects;

32       (b) Counseling for continued adherence to a prescribed regimen;

33       (c) Device insertion and removal;

34       (d) Provision of alternative contraceptive drugs, devices, or  
35 products deemed medically appropriate in the judgment of the  
36 **subscriber's** enrollee's health care provider; and

37       (e) Diagnosis and treatment services provided pursuant to, or as  
38 a follow-up to, a service required under this section.

39       b. The coverage provided under this section shall include  
40 prescriptions for dispensing contraceptives for~~]~~:

41       (1) a three-month period for the first dispensing of the  
42 contraceptive; and

43       (2) a six-month period for any subsequent dispensing of the  
44 same contraceptive, regardless of whether coverage under the  
45 contract was in effect at the time of the first dispensing, except that  
46 an entity subject to this section may provide coverage for a supply  
47 of contraceptives that is for less than a six-month period, if a six-

1 month period would extend beyond the term of the contract] a  
2 single dispensing unit of up to a 13-unit supply of prescription  
3 contraceptives, intended to last over a 12-month period, regardless  
4 of whether coverage under the contract was in effect at the time of  
5 the first dispensing, except that an entity subject to this section may  
6 provide coverage for a supply of contraceptives that is for less than  
7 a 12-month period if a 12-month period would extend beyond the  
8 terms of the contract. The contraceptives may be furnished over the  
9 course of the 12-month period at the discretion of the health care  
10 provider.

11 c. (1) Except as provided in paragraph (2) of this subsection,  
12 the health care services provided under this section shall be  
13 provided to the same extent as for any other service, drug, device,  
14 product, or procedure under the contract, except that no deductible,  
15 coinsurance, copayment, or any other cost-sharing requirement on  
16 the coverage shall be imposed.

17 (2) In the case of a high deductible health plan, benefits for male  
18 sterilization or male contraceptives shall be provided at the lowest  
19 deductible and other cost-sharing permitted for a high deductible  
20 health plan under section 223(c)(2)(A) of the Internal Revenue  
21 Code (26 U.S.C. s.223).

22 d. The provisions of this section shall apply to those contracts  
23 for health care services by health maintenance organizations under  
24 which the right to change the schedule of charges for enrollee  
25 coverage is reserved.

26 e. Nothing in this section shall limit coverage of any additional  
27 preventive service for women, as identified or recommended by the  
28 United States Preventive Services Task Force or the Health  
29 Resources and Services Administration of the United States  
30 Department of Health and Human Services pursuant to the  
31 provisions of 42 U.S.C. 300gg-13.

32 f. A religious employer may request, and a health maintenance  
33 organization shall grant, an exclusion under the contract for the  
34 coverage required by this section if the required coverage conflicts  
35 with the religious employer's bona fide religious beliefs and  
36 practices. A religious employer that obtains such an exclusion shall  
37 provide written notice thereof to enrollees and prospective  
38 enrollees, which notice shall list the contraceptive health care  
39 services that the employer refuses to cover for religious reasons.  
40 The health maintenance organization shall provide notice of the  
41 exclusion to the Commissioner of Banking and Insurance in such  
42 form and manner as may be determined by the commissioner. The  
43 provisions of this subsection shall not be construed as authorizing a  
44 health maintenance organization to exclude coverage for care that is  
45 necessary to preserve the life or health of an enrollee. For the  
46 purposes of this subsection, "religious employer" means an  
47 organization that is organized and operates as a nonprofit entity and

1 is referred to in section 6033(a)(3)(A)(i) or (iii) of the Internal  
2 Revenue Code of 1986, as amended.

3 g. Except as otherwise authorized under this section, a health  
4 maintenance organization shall not impose any restrictions or  
5 delays on, and shall not require prior authorization for, the coverage  
6 required under this section.

7 (cf: P.L.2019, c.361, s.6)

8

9 28. Section 10 of P.L.2018, c.62 (C.26:6B-10) is amended to read  
10 as follows:

11 10. a. A medical examiner shall conduct a medicolegal  
12 investigation of a death in this State, as determined to be necessary  
13 to establish identity and the cause and manner of death, and to  
14 resolve any issues or potential issues of public health and of legal  
15 concern, in accordance with rules and regulations adopted by the  
16 Chief State Medical Examiner, in any of the following instances:

17 (1) death where criminal violence appears to have taken place,  
18 regardless of the time interval between the incident and death, and  
19 regardless of whether the violence appears to have been the  
20 immediate cause of death, or a contributory factor thereto;

21 (2) death by accident or unintentional injury, regardless of the  
22 time interval between the incident and death, and regardless of  
23 whether the injury appears to have been the immediate cause of  
24 death~~[,]~~ or a contributory factor thereto;

25 (3) death under suspicious or unusual circumstances;

26 (4) death from causes that might constitute a threat to public  
27 health or safety;

28 (5) death not caused by readily recognizable diseases, disability,  
29 or infirmity;

30 (6) sudden death when the decedent was in apparent good  
31 health;

32 (7) suicide;

33 (8) death of a child under 18 years of age from any cause;

34 (9) sudden or unexpected death of an infant or child under three  
35 years of age ~~or a fetal death occurring without medical~~  
36 ~~attendance~~];

37 (10) death where suspicion of abuse of a child, family or  
38 household member, or elderly or disabled person exists;

39 (11) death within 24 hours of admission to a hospital or a  
40 nursing home;

41 (12) death in custody, in a jail or correctional facility, or in a  
42 State or county psychiatric hospital, State developmental center, or  
43 other public or private institution or facility for persons with mental  
44 illness, developmental disabilities, or brain injury;

45 (13) death related to occupational illness or injury;

46 (14) death due to thermal, chemical, electrical, or radiation  
47 injury;

- 1 (15) death due to toxins, poisons, medicinal or recreational  
2 drugs, or a combination thereof;
- 3 (16) known or suspected non-natural death;
- 4 (17) any person found dead under unexplained circumstances;
- 5 (18) the discovery of skeletal remains;
- 6 (19) death for which investigation is in the public interest; or
- 7 (20) **【a】** death occurring under such other circumstances as  
8 prescribed by regulation of the Chief State Medical Examiner.
- 9 b. For a death that occurs, or appears to have occurred, for any  
10 of the reasons specified in subsection a. of this section:
- 11 (1) It shall be the duty of any member of the general public  
12 having knowledge of the death to notify immediately the local law  
13 enforcement agency of the known facts concerning the time, place,  
14 manner, and circumstances of that death;
- 15 (2) It shall be the duty of any attending physician, licensed  
16 nurse, hospital administrator, law enforcement officer, Department  
17 of Children and Families staff member, or funeral director to notify  
18 immediately the county or intercounty medical examiner of the  
19 known facts concerning the time, place, manner, and circumstances  
20 of that death; and
- 21 (3) A person who willfully neglects or refuses to report the  
22 death~~【,】~~ or who, without an order from the office of the county or  
23 intercounty medical examiner or the Office of the Chief State  
24 Medical Examiner, willfully touches, removes, or disturbs the  
25 decedent's body or touches, removes, or disturbs the clothing upon  
26 or near the body, is guilty of a crime of the fourth degree.
- 27 c. In addition to the rules and regulations adopted by the Chief  
28 State Medical Examiner establishing uniform procedures for  
29 conducting medicolegal death investigations, the procedures  
30 concerning the death investigation process as set forth in this  
31 subsection shall be followed by the persons specified herein.
- 32 (1) Upon the death of a person from any of the causes specified  
33 in subsection a. of this section, it shall be the duty of the physician  
34 in attendance, a law enforcement officer having knowledge of the  
35 death, the funeral director, or any other person present, to  
36 immediately notify the county or intercounty medical examiner and  
37 the county prosecutor of the county in which the death occurred of  
38 the known facts concerning the time, place, manner, and  
39 circumstances of that death. Upon receipt of that notification, the  
40 county or intercounty medical examiner, **【or】** an assistant county or  
41 intercounty medical examiner, or a medicolegal death investigator  
42 shall immediately proceed to the place where the dead body is  
43 located and take charge of the body. A medicolegal death  
44 investigator who engages in the investigation of deaths pursuant to  
45 this subsection shall obtain certification from the American Board  
46 of Medicolegal Death Investigators within three years after the  
47 effective date of **【this act】** P.L.2018, c.62 (C.26:6B-1 et al.), or

1 within three years after the person first takes action under this  
2 paragraph, whichever is later.

3 (2) In cases of apparent homicide or suicide, or in cases of  
4 accidental death, the cause of which is obscure, the scene of the  
5 event shall not be disturbed until the medical examiner or  
6 medicolegal death investigator in charge provides authorization to  
7 do so.

8 (3) (a) The medical examiner or medicolegal death investigator,  
9 as the case may be, shall: fully investigate the essential facts  
10 concerning the medical causes of death and take the names and  
11 addresses of as many witnesses thereto as may be practicable to  
12 obtain; before leaving the premises, reduce those facts, as the  
13 medical examiner may deem necessary, to writing; file those facts  
14 in the office of the county or intercounty medical examiner; and  
15 make the facts available to the county prosecutor and the Chief  
16 State Medical Examiner at their request.

17 (b) The law enforcement officer present at the investigation, or  
18 the medical examiner or medicolegal death investigator if no officer  
19 is present, shall, in the absence of the next-of-kin of the deceased  
20 person: take possession of all property of value found on the  
21 decedent; **[make]** include an exact inventory thereof **[on his]** in the  
22 medical examiner's or medicolegal death investigator's official  
23 report; and deliver the property to the law enforcement agency for  
24 the municipality in which the death occurred, which shall surrender  
25 the property to the person entitled to its custody or possession.

26 (c) The medical examiner or medicolegal death investigator, as  
27 the case may be, shall take possession of any objects or articles that,  
28 in **[his]** the opinion of the medical examiner or medicolegal death  
29 investigator, may be useful in establishing the cause or manner of  
30 death, or which constitute evidence of criminal behavior, and, after  
31 cataloging each item, shall deliver them to the county prosecutor.

32 (4) The Chief State Medical Examiner, Deputy Chief State  
33 Medical Examiner, county or intercounty medical examiner,  
34 assistant county or intercounty medical examiner, or medicolegal  
35 death investigator, as the case may be, shall consult with law  
36 enforcement officers and agencies, county prosecutors, public  
37 health agencies, **[or]** and other appropriate entities in matters  
38 within their expertise, when conducting a medicolegal death  
39 investigation. The medical examiner, assistant medical examiner,  
40 or medicolegal death investigator, as the case may be, shall be  
41 provided with an Originating Agency Identification Number**[.]** and  
42 access to the State's motor vehicle registries and fingerprint  
43 registries**[.]** for the purposes of identifying the remains of a  
44 deceased individual under this section.

45 (5) If the cause of death is established within a reasonable  
46 degree of medical certainty and no autopsy is deemed necessary, the  
47 county or intercounty medical examiner, assistant county or

1 intercounty medical examiner, or medicolegal death investigator, as  
2 the case may be, shall reduce the findings to writing and promptly  
3 make a full report thereof to the Chief State Medical Examiner and  
4 to the county prosecutor in a format to be prescribed by the Chief  
5 State Medical Examiner for that purpose.

6 (6) If, in the opinion of the county or intercounty medical  
7 examiner, the Chief State Medical Examiner, an assignment judge  
8 of the Superior Court, the county prosecutor, the Attorney General,  
9 or the commissioner, an autopsy is deemed necessary, the autopsy  
10 shall be performed by:

11 (a) the county or intercounty medical examiner or assistant  
12 county or intercounty medical examiner, provided that the  
13 individual performing the autopsy is under the supervision of a  
14 pathologist certified by the American Board of Pathology or the  
15 American Osteopathic Board of Pathology;

16 (b) the Chief State Medical Examiner, at his or her discretion, or  
17 the Deputy Chief State Medical Examiner; or

18 (c) such competent forensic pathologists as may be authorized  
19 by the Chief State Medical Examiner.

20 (7) If, in any case in which the suspected cause of death of a  
21 child under one year of age is sudden infant death syndrome~~[,]~~ or  
22 the death of a child ~~[is]~~ between one and three years of age ~~[and~~  
23 ~~the death]~~ is sudden and unexpected, and an investigation has been  
24 conducted in accordance with the provisions of this section, and ~~[a]~~  
25 the child's parent or legal guardian ~~[of the child]~~ requests an  
26 autopsy, an autopsy shall be performed by: (a) the county or  
27 intercounty medical examiner or assistant county or intercounty  
28 medical examiner, provided that the individual performing the  
29 autopsy is under the supervision of a pathologist certified by the  
30 American Board of Pathology or the American Osteopathic Board  
31 of Pathology; or (b) the Chief State Medical Examiner, at his or her  
32 discretion, or the Deputy Chief State Medical Examiner.

33 (a) The medical examiner performing the autopsy shall file a  
34 detailed description of the findings and conclusions of the autopsy  
35 with the Office of the Chief State Medical Examiner, ~~[and with]~~  
36 the appropriate county or intercounty medical examiner office~~,~~ and  
37 the county prosecutor.

38 (b) Upon the request of a parent or legal guardian of the child, a  
39 pediatric pathologist, if available, shall assist in the performance of  
40 the autopsy under the direction of a forensic pathologist. The Chief  
41 State Medical Examiner or county or intercounty medical examiner  
42 shall notify the parent or legal guardian of the child that ~~[they]~~ the  
43 parent or guardian may request that a pediatric pathologist assist in  
44 the performance of the autopsy. The medical examiner shall  
45 include any findings and conclusions by the pathologist from the  
46 autopsy with the information filed with the Office of the Chief State  
47 Medical Examiner, ~~[and with]~~ the appropriate county or



1 intercounty medical examiner office, and the county prosecutor,  
2 pursuant to subparagraph (a) of this paragraph. The Chief State  
3 Medical Examiner or the county or intercounty medical examiner  
4 shall make available a copy of these findings and conclusions to the  
5 closest surviving relative of the decedent within 120 days of the  
6 receipt of a request therefor, unless the death is under active  
7 investigation by a law enforcement agency.

8 (c) The medical examiner **[with]** having jurisdiction **[for]** over  
9 the investigation shall make the preliminary findings and  
10 conclusions of the autopsy available to the child's parent or legal  
11 guardian and the department within 48 hours after the medical  
12 examiner is notified of the death of the child. The medical  
13 examiner shall provide his or her findings and conclusions for each  
14 reported case to the department upon completion of the  
15 investigation.

16 (8) Notwithstanding the provisions of **[this act]** P.L.2018, c.62  
17 (C.26:6B-1 et al.) to the contrary, a county or intercounty medical  
18 examiner may request the Chief State Medical Examiner **[or]**,  
19 Deputy Chief State Medical Examiner, or other person authorized  
20 and designated by the Chief State Medical Examiner~~[,]~~ to conduct  
21 an examination or perform an autopsy whenever it is deemed  
22 necessary or desirable.

23 (9) In the case of the death of a resident of a long-term care  
24 facility licensed by the Department of Health pursuant to P.L.1971,  
25 c.136 (C.26:2H-1 et seq.), a State psychiatric hospital operated by  
26 the Department of Health and listed in R.S.30:1-7, a county  
27 psychiatric hospital, a facility for persons with developmental  
28 disabilities as defined in section 3 of P.L.1977, c.82 (C.30:6D-3), or  
29 a facility for persons with traumatic brain injury as defined in 42  
30 U.S.C. s.280b-1c that is operated by or under contract with the  
31 Department of Human Services, the psychiatric hospital or facility,  
32 as the case may be, shall, in addition to notifying the next-of-kin of  
33 the resident's death, so notify the county or intercounty medical  
34 examiner and provide that individual with contact information for  
35 the resident's next-of-kin. The county or intercounty medical  
36 examiner~~[,]~~ or assistant county or intercounty medical examiner  
37 **[on his behalf]**, shall make every practicable effort to contact the  
38 resident's next-of-kin to offer that person the opportunity to provide  
39 the medical examiner with information that the person deems  
40 relevant to: the circumstances of the resident's death; and whether  
41 there is a need to perform a dissection or autopsy of the decedent.

42 d. Upon the request of a decedent's legal representative, or  
43 upon the request of the person who, pursuant to section 22 of  
44 P.L.2003, c.261 (C.45:27-22), is in control of the decedent's  
45 funeral, the Chief State Medical Examiner shall provide the legal  
46 representative or person in control of the funeral with all available

1 documentation related to the decedent's autopsy and the medical  
2 investigation of the decedent's death.

3 (cf: P.L.2018, c.62, s.10)

4

5 29. Section 10 of P.L.2005, c.251 (C.52:14-17.29j) is amended  
6 to read as follows:

7 10. a. The State Health Benefits Commission shall ensure that  
8 every contract purchased by the commission on or after the  
9 effective date of this **act shall provide** section provides benefits  
10 for expenses incurred in the purchase of **prescription female**  
11 **contraceptives**, and the following services, drugs, devices,  
12 products, and procedures, on an in-network basis:

13 (1) Any contraceptive drug, device, or product approved by the  
14 United States Food and Drug Administration, which coverage shall  
15 be subject to all of the following conditions:

16 (a) If there is a therapeutic equivalent of a contraceptive drug,  
17 device, or product approved by the United States Food and Drug  
18 Administration, coverage shall be provided for either the requested  
19 contraceptive drug, device, or product or for one or more  
20 therapeutic equivalents of the requested drug, device, or product.

21 (b) Coverage shall be provided without a prescription for all  
22 contraceptive drugs available for over-the-counter sale that are  
23 approved by the United States Food and Drug Administration.

24 (c) Coverage shall be provided without any infringement upon a  
25 **subscriber's** covered person's choice of contraception, and  
26 medical necessity shall be determined by the provider for covered  
27 contraceptive drugs, devices, or other products approved by the  
28 United States Food and Drug Administration.

29 (2) Voluntary male and female sterilization.

30 (3) Patient education and counseling on contraception.

31 (4) Services related to the administration and monitoring of  
32 drugs, devices, products, and services required under this section,  
33 including but not limited to:

34 (a) Management of side effects;

35 (b) Counseling for continued adherence to a prescribed regimen;

36 (c) Device insertion and removal;

37 (d) Provision of alternative contraceptive drugs, devices, or  
38 products deemed medically appropriate in the judgment of the  
39 **subscriber's** covered person's health care provider; and

40 (e) Diagnosis and treatment services provided pursuant to, or as  
41 a follow-up to, a service required under this section.

42 b. The coverage provided under this section shall include  
43 prescriptions for dispensing contraceptives for:

44 (1) a three-month period for the first dispensing of the  
45 contraceptive; and

46 (2) a six-month period for any subsequent dispensing of the  
47 same contraceptive, regardless of whether coverage under the

1 contract was in effect at the time of the first dispensing, except that  
2 an entity subject to this section may provide coverage for a supply  
3 of contraceptives that is for less than a six-month period, if a six-  
4 month period would extend beyond the term of the contract] a  
5 single dispensing unit of up to a 13-unit supply of prescription  
6 contraceptives, intended to last over a 12-month period, regardless  
7 of whether coverage under the contract was in effect at the time of  
8 the first dispensing, except that an entity subject to this section may  
9 provide coverage for a supply of contraceptives that is for less than  
10 a 12-month period if a 12-month period would extend beyond the  
11 terms of the contract. The contraceptives may be furnished over the  
12 course of the 12-month period at the discretion of the health care  
13 provider.

14 c. (1) Except as provided in paragraph (2) of this subsection,  
15 the contract shall specify that no deductible, coinsurance,  
16 copayment, or any other cost-sharing requirement may be imposed  
17 on the coverage required pursuant to this section.

18 (2) In the case of a high deductible health plan, benefits for male  
19 sterilization or male contraceptives shall be provided at the lowest  
20 deductible and other cost-sharing permitted for a high deductible  
21 health plan under section 223(c)(2)(A) of the Internal Revenue  
22 Code (26 U.S.C. s.223).

23 d. Nothing in this section shall limit coverage of any additional  
24 preventive service for women, as identified or recommended by the  
25 United States Preventive Services Task Force or the Health  
26 Resources and Services Administration of the United States  
27 Department of Health and Human Services pursuant to the  
28 provisions of 42 U.S.C. 300gg-13.

29 e. Except as otherwise authorized by this section, the State  
30 Health Benefits Commission shall not impose any restrictions or  
31 delays on, and shall not require prior authorization for, the coverage  
32 required under this section.

33 (cf: P.L.2019, c.361, s.10)

34

35 30. The following sections are repealed:

36 Sections 1 through 3 of P.L.1997, c.262 (C.2A:65A-5 through  
37 C.2A:65A-7); and

38 Sections 2 through 13 of P.L.1999, c.145 (C.9:17A-1.1 through  
39 C.9:17A-1.12).

40

41 31. The Commissioners of Human Services and Banking and  
42 Insurance shall adopt rules and regulations, pursuant to the  
43 “Administrative Procedure Act,” P.L.1968, c.410 (C.52:14B-1 et seq.),  
44 as may be necessary to implement the provisions of this act. Each  
45 professional licensing board operating under the authority of the  
46 Division of Consumer Affairs in the Department of Law and Public  
47 Safety shall additionally adopt rules and regulations, pursuant to the  
48 “Administrative Procedure Act, P.L.1968, c.410 (C.52:14B-1 et seq.),

1 with respect to the health care professionals under each licensing  
2 board's respective jurisdiction, as may be necessary to implement the  
3 provisions of this act. The rules and regulations adopted by the  
4 Commissioner of Human Services, pursuant to this section, shall  
5 include, but need not be limited to, rules and regulations permitting  
6 electronic billing for abortion services, which rules and regulations  
7 shall be promulgated by January 1, 2022.

8  
9 32. This act shall take effect immediately, except that sections 7  
10 through 16, sections 18 through 26, and section 28 shall take effect  
11 on the 60th day after enactment and shall apply to all contracts,  
12 plans, and policies delivered, issued, executed, or renewed on or  
13 after that date, and section 5 shall take effect one year after the date  
14 of enactment. The Department of Banking and Insurance may take  
15 anticipatory administrative action, in advance of the effective date  
16 specified for sections 7 through 16, sections 18 through 26, and  
17 section 28 of this act, as may be necessary to implement those  
18 provisions, and the Department of Human Services and any  
19 cooperating agencies may take anticipatory administrative action, in  
20 advance of the effective date specified for section 5 of this act, as  
21 may be necessary to implement the provisions of that section.

22  
23  
24 STATEMENT  
25

26 This bill, to be known as the "Reproductive Freedom Act,"  
27 would make various changes to the law to facilitate and safeguard  
28 the individual right to reproductive autonomy in the State.

29 The State Supreme Court has held that the New Jersey  
30 Constitution protects the right to reproductive autonomy and choice,  
31 including the right to choose abortion, to an extent that exceeds the  
32 protections found in the federal Constitution. Although the right to  
33 reproductive choice and autonomy, including the right to choose  
34 abortion, is not specifically expressed within the text of the State  
35 Constitution, the Supreme Court has concluded that the right to  
36 reproductive autonomy derives from the provisions of Article I,  
37 paragraph 1 of the State Constitution, which provide extensive  
38 protections for individual liberty and privacy to an extent that  
39 exceeds the protections established under the United States  
40 Constitution.

41 This bill would make it express, within the State's statutory law,  
42 that every individual in the State, regardless of whether they are  
43 domiciled in the State, and regardless of whether or not the  
44 individual is under State control, has a fundamental right to: 1)  
45 choose or refuse contraception or sterilization; and 2) choose  
46 whether to carry a pregnancy, to give birth, or to have an abortion.  
47 Under the bill's provisions, no individual would be subject to  
48 prosecution or otherwise deprived of their individual constitutional

1 rights for terminating or attempting to terminate the individual's  
2 own pregnancy or for acting or failing to act, in any manner, with  
3 respect to the individual's own pregnancy, based on the potential or  
4 actual impact on the individual's own health or pregnancy.

5 The bill specifies that no public entity may, in the regulation or  
6 provision of benefits, facilities, services, or information, deny or  
7 interfere with an individual's fundamental reproductive rights, as  
8 expressed in the bill. The bill further provides that, in protecting or  
9 enforcing the fundamental reproductive rights recognized by the  
10 bill, a public entity may not discriminate on the basis of: sex,  
11 including, but not limited to, sex stereotypes, sexual orientation,  
12 perceived sexual orientation, gender identity or expression, or  
13 perceived gender identity or expression; disability; race; ethnicity;  
14 age; national origin; immigration status; religion; incarceration  
15 status; or economic status.

16 The bill specifies that a fertilized egg, embryo, or fetus may not  
17 be understood to have independent rights under any of the laws of  
18 this State, and it further specifies that any health care professional,  
19 acting within the professional's lawful scope of practice and in  
20 compliance with generally applicable regulations, is authorized to  
21 provide abortion care.

22 Current regulations of the State Board of Medical Examiners and  
23 the Commissioner of Human Services, which are codified in Titles  
24 10 and 13 of the New Jersey Administrative Code, specifically  
25 regulate the procedures that may be used in the termination of  
26 pregnancy and limit coverage for abortion based on the type of  
27 facility and professional that provides the abortion services.  
28 Because these existing regulations are medically unnecessary forms  
29 of abortion regulation, which conflict with the purposes of the bill,  
30 the bill would specify that, following its effective date, these and all  
31 other rules or regulations that specifically regulate and apply  
32 exclusively to the termination of pregnancy or are otherwise  
33 inconsistent or in conflict with the provisions or express or implied  
34 purposes of the bill will become void, inoperable, and  
35 unenforceable.

36 Any person who is aggrieved by an action that is undertaken in  
37 violation of the bill's provisions will be entitled to bring suit under  
38 the "New Jersey Civil Rights Act," P.L.2004, c.143 (C.10:6-1 et  
39 seq.) or to enforce the bill's provisions in any other manner  
40 provided by law.

41 In addition to recognizing an individual's fundamental rights to  
42 reproductive autonomy and choice, the bill also requires all  
43 providers of health insurance (including hospital service  
44 corporations, medical service corporations, health service  
45 corporations, individual and group health insurance carriers,  
46 individual and group health benefits plans, the State Health Benefits  
47 Commission, and the School Employees' Health Benefits  
48 Commission) to provide coverage for abortion. An insurance

1 contract, policy, or plan may not impose any restrictions or delays  
2 on, and may not require prior authorization for, the abortion  
3 coverage required by the bill. An insurance contract, policy, or plan  
4 also may not impose any deductible, coinsurance, copayment, or  
5 other cost-sharing requirement on the coverage required by the bill  
6 and, for a qualifying high-deductible health plan for a health  
7 savings account, the cost-sharing for coverage is to be set at the  
8 minimum level necessary to preserve the covered person's ability to  
9 claim tax-exempt contributions and withdrawals from the covered  
10 person's health savings account under 26 U.S.C. s.223.

11 Notwithstanding the bill's insurance coverage requirements, if  
12 the Commissioner of Banking and Insurance concludes that the  
13 provision of insurance coverage for abortion, in accordance with the  
14 bill, might adversely affect the allocation of federal funds to the  
15 State, the commissioner may grant an exemption to the coverage  
16 requirements, but only to the minimum extent necessary to ensure  
17 the continued receipt of federal funds. In addition, the bill provides  
18 that religious employers will be eligible to request and obtain an  
19 exclusion from the bill's abortion coverage requirements if the  
20 required coverage conflicts with the religious employer's bona fide  
21 religious beliefs and practices. A religious employer that obtains  
22 such an exclusion will be required to provide written notice thereof  
23 to covered persons and prospective covered persons. The bill  
24 specifies, however, that nothing in its provisions may be construed  
25 as authorizing an insurance carrier to exclude coverage for abortion  
26 care that is necessary to preserve the life or health of the covered  
27 person.

28 The bill also amends the existing insurance laws that pertain to  
29 the provision of coverage for contraceptive care in order to require  
30 coverage for the dispensing of a single dispensing unit of up to a  
31 13-unit supply of prescription contraceptives, intended to last over a  
32 12-month period, regardless of whether coverage was in effect at  
33 the time of the first dispensing, and except in cases where a 12-  
34 month supply would extend beyond the terms of the insurance  
35 contract, policy, or plan. Current law requires coverage for only a  
36 three-month period in association with the first dispensing of a  
37 contraceptive and for a six-month period in association with any  
38 subsequent dispensing of the same contraceptive. The bill  
39 authorizes the contraceptives to be furnished over the course of the  
40 12-month period at the discretion of the health care provider, and it  
41 prohibits an insurance carrier from imposing any restrictions or  
42 delays on, or requiring any prior authorization for, the provision of  
43 contraceptive coverage.

44 Like the bill's provisions pertaining to insurance coverage for  
45 abortion, the bill authorizes a religious employer to request and  
46 obtain an exclusion from the bill's contraceptive coverage  
47 requirements if the required coverage conflicts with the religious  
48 employer's bona fide religious beliefs and practices. A religious

1 employer that obtains such an exclusion will need to provide  
2 written notice thereof to covered persons and prospective covered  
3 persons, which notice is to list the contraceptive health care services  
4 that the employer refuses to cover for religious reasons. Nothing in  
5 the bill's provisions may be deemed to authorize an insurance  
6 carrier to exclude coverage for contraceptive care that is necessary  
7 to preserve the life or health of the covered person.

8 In addition to amending the existing laws pertaining to  
9 contraceptive coverage, the bill would supplement the existing law  
10 in order to require the School Employees' Health Benefits  
11 Commission to provide coverage for contraceptives to the same  
12 extent as is required of all other insurance carriers under the bill's  
13 provisions. Existing law does not require the School Employees'  
14 Health Benefits Commission to provide coverage for  
15 contraceptives, despite the fact that all other insurance carriers are  
16 required to provide such coverage.

17 The bill further requires the Department of Human Services  
18 (DHS) to establish and administer a program to reimburse the cost  
19 of prenatal, labor, and delivery care, as well as abortion care and  
20 contraceptives, which are provided by a hospital service corporation  
21 to individuals who can become pregnant and would be eligible for  
22 medical assistance if not for the provisions of 8 U.S.C. s.1611 or 8  
23 U.S.C. s.1612, which provisions prohibit certain immigrants from  
24 obtaining public benefits. The reimbursement program is to  
25 incorporate any existing programs and funding streams that provide  
26 coverage or reimbursement for prenatal, labor, and delivery care  
27 received by relevant immigrants. The DHS, in collaboration with  
28 other appropriate agencies, will be required to explore any and all  
29 opportunities to obtain federal financial participation to offset the  
30 costs of implementing the reimbursement program; however, the  
31 implementation of the program will not be contingent upon the  
32 department's receipt of a waiver or other authorization from the  
33 federal government to operate a demonstration project. The bill  
34 would provide for the State Legislature to annually appropriate the  
35 amount necessary to pay the reasonable and necessary expenses of  
36 the program, which expenses are to be determined by the DHS.

37 The bill requires both the Commissioner of Human Services and  
38 the Commissioner of Banking and Insurance to adopt rules and  
39 regulations to implement the bill's provisions. The bill additionally  
40 requires each professional licensing board operating under the  
41 authority of the Division of Consumer Affairs in the Department of  
42 Law and Public Safety to adopt rules and regulations, pursuant to  
43 the "Administrative Procedure Act, P.L.1968, c.410 (C.52:14B-1 et  
44 seq.), with respect to the health care professionals under each  
45 licensing board's respective jurisdiction, as may be necessary to  
46 implement the bill's provisions. The rules and regulations adopted  
47 by the Commissioner of Human Services under the bill are to  
48 include, but need not be limited to, rules and regulations permitting

1 electronic billing for abortion services, which rules and regulations  
2 are to be promulgated by January 1, 2022.

3 The bill specifies that it is to be liberally construed to effectuate  
4 its purposes. If any provision of the bill is deemed by a court to be  
5 inconsistent with, in conflict with, or contrary to, any other  
6 provision of law, the provision contained in the bill will prevail  
7 over the other, contradictory, provision of law, and such other  
8 provision of law is to be deemed amended, superseded, or repealed  
9 to the extent necessary to reconcile the inconsistency or conflict and  
10 ensure the law's consistency with the provisions of the bill. If any  
11 provision of the bill, or the application thereof to any person or  
12 circumstance, is held to be unconstitutional, the remaining  
13 provisions of the bill, and the application of the provision at issue to  
14 all other persons or circumstances, will not be affected thereby.

15 The bill would amend the existing law pertaining to autopsies  
16 and medicolegal death investigations to eliminate the requirement  
17 that a medicolegal death investigation be conducted in a case where  
18 a fetal death occurs without medical attendance. The bill would  
19 also repeal the "Partial Birth Abortion Ban Act of 1997," sections 1  
20 through 3 of P.L.1997, c.262 (C.2A:65A-5 through C.2A:65A-7),  
21 and the "Parental Notification for Abortion Act," sections 2 through  
22 13 of P.L.1999, c.145 (C.9:17A-1.1 through C.9:17A-1.12), each of  
23 which has been found by the New Jersey Supreme Court to be  
24 unconstitutional, void, and unenforceable. Finally, the bill would  
25 amend the law at section 1 of P.L.1999, c.145 (C.9:17A-1), which  
26 governs the consent of minors to medical treatment, in order to  
27 eliminate a cross-reference to the "Parental Notification for  
28 Abortion Act" and thereby ensure that the statutory law conforms to  
29 the existing case law in this area, which allows an unmarried,  
30 pregnant minor to give consent to the furnishing of hospital,  
31 medical, and surgical care related to her pregnancy or child, without  
32 the need to notify her parents.