

ASSEMBLY, No. 2839

STATE OF NEW JERSEY 220th LEGISLATURE

INTRODUCED FEBRUARY 28, 2022

Sponsored by:

Assemblyman JOHN F. MCKEON

District 27 (Essex and Morris)

Assemblyman ROBERT J. KARABINCHAK

District 18 (Middlesex)

Assemblywoman ANNETTE QUIJANO

District 20 (Union)

Assemblyman PAUL D. MORIARTY

District 4 (Camden and Gloucester)

Co-Sponsored by:

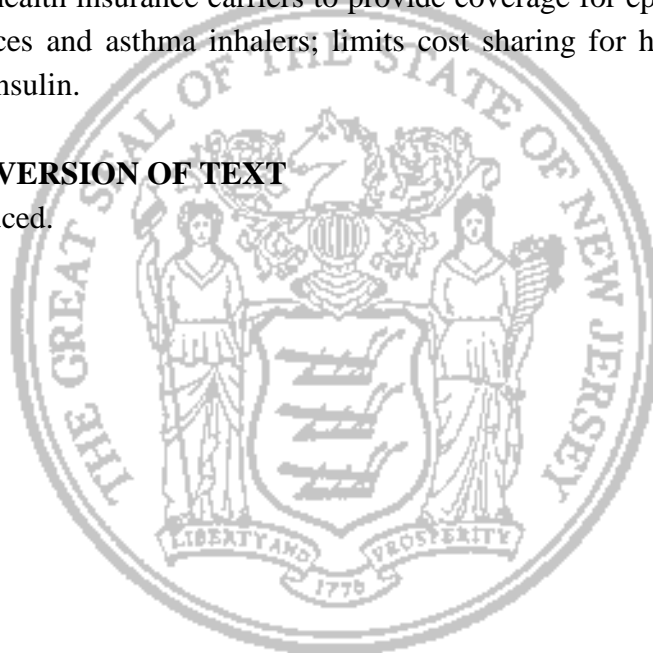
Assemblyman Benson, Assemblywomen Mosquera, Reynolds-Jackson, McKnight, Assemblyman Danielsen, Assemblywomen Park, Murphy, Assemblyman Schaer, Assemblywomen Carter and Jimenez

SYNOPSIS

Requires health insurance carriers to provide coverage for epinephrine auto-injector devices and asthma inhalers; limits cost sharing for health insurance coverage of insulin.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 5/9/2022)

1 AN ACT concerning cost sharing for certain prescription drugs,
2 amending P.L.1995, c.331, and supplementing various parts of
3 the statutory law.

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

7
8 1. Section 1 of P.L.1995, c.331 (C.17:48-6n) is amended to
9 read as follows:

10 1. a. Every individual or group hospital service corporation
11 contract providing hospital or medical expense benefits that is
12 delivered, issued, executed or renewed in this State pursuant to
13 P.L.1938, c.366 (C.17:48-1 et seq.) or approved for issuance or
14 renewal in this State by the Commissioner of Banking and
15 Insurance on or after the effective date of this act shall provide
16 benefits to any subscriber or other person covered thereunder for
17 expenses incurred for the following equipment and supplies for the
18 treatment of diabetes, if recommended or prescribed by a physician
19 or nurse practitioner/clinical nurse specialist: blood glucose
20 monitors and blood glucose monitors for the legally blind; test
21 strips for glucose monitors and visual reading and urine testing
22 strips; insulin; injection aids; cartridges for the legally blind;
23 syringes; insulin pumps and appurtenances thereto; insulin infusion
24 devices; and oral agents for controlling blood sugar. Coverage for
25 the purchase of insulin shall not be subject to any deductible, and
26 no copayment or coinsurance for the purchase of insulin shall
27 exceed \$35 per 30-day supply. The provisions of this subsection
28 shall apply to a high deductible health plan to the maximum extent
29 permitted by federal law, except if the plan is used to establish a
30 medical savings account pursuant to section 220 of the federal
31 Internal Revenue Code of 1986 (26 U.S.C. s.220) or a health
32 savings account pursuant to section 223 of the federal Internal
33 Revenue Code of 1986 (26 U.S.C. s.223). The provisions of this
34 subsection shall apply to the plan to the maximum extent that is
35 permitted by federal law and does not disqualify the account for the
36 deduction allowed under section 220 or 223, as applicable.

37 b. Each individual or group hospital service corporation
38 contract shall also provide benefits for expenses incurred for
39 diabetes self-management education to ensure that a person with
40 diabetes is educated as to the proper self-management and treatment
41 of their diabetic condition, including information on proper diet.
42 Benefits provided for self-management education and education
43 relating to diet shall be limited to visits medically necessary upon
44 the diagnosis of diabetes; upon diagnosis by a physician or nurse
45 practitioner/clinical nurse specialist of a significant change in the

EXPLANATION – Matter enclosed in bold-faced brackets **[thus]** in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

1 subscriber's or other covered person's symptoms or conditions
2 which necessitate changes in that person's self-management; and
3 upon determination of a physician or nurse practitioner/clinical
4 nurse specialist that reeducation or refresher education is necessary.
5 Diabetes self-management education shall be provided by a dietitian
6 registered by a nationally recognized professional association of
7 dietitians or a health care professional recognized as a Certified
8 Diabetes Educator by the American Association of Diabetes
9 Educators or a registered pharmacist in the State qualified with
10 regard to management education for diabetes by any institution
11 recognized by the board of pharmacy of the State of New Jersey.

12 c. The benefits required by this section shall be provided to the
13 same extent as for any other sickness under the contract.

14 d. This section shall apply to all hospital service corporation
15 contracts in which the hospital service corporation has reserved the
16 right to change the premium.

17 e. The provisions of this section shall not apply to a health
18 benefits plan subject to the provisions of P.L.1992, c.161
19 (C.17B:27A-2 et seq.) or P.L.1992, c.162 (C.17B:27A-17 et seq.).

20 f. The Commissioner of Banking and Insurance may, in
21 consultation with the Commissioner of Health, pursuant to the
22 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et
23 seq.), promulgate and periodically update a list of additional
24 diabetes equipment and related supplies that are medically
25 necessary for the treatment of diabetes and for which benefits shall
26 be provided according to the provisions of this section.

27 (cf: P.L.1995, c.331, s.1)

28

29 2. (New section) An individual or group hospital service
30 corporation contract providing hospital or medical expense benefits
31 that is delivered, issued, executed, or renewed in this State pursuant
32 to P.L.1938, c.366 (C.17:48-1 et seq.) or approved for issuance or
33 renewal in this State by the Commissioner of Banking and
34 Insurance on or after the effective date of P.L. , c. (C.)
35 (pending before the Legislature as this bill) shall provide coverage
36 for at least one epinephrine auto-injector device, if recommended or
37 prescribed by a participating physician or participating nurse
38 practitioner/clinical nurse specialist. Coverage for the purchase of
39 an epinephrine auto-injector device shall not be subject to any
40 deductible, and no copayment or coinsurance for the purchase of an
41 epinephrine auto-injector device shall exceed \$25 per 30-day
42 supply. The provisions of this section shall apply to a high
43 deductible health plan to the maximum extent permitted by federal
44 law, except if the plan is used to establish a medical savings
45 account pursuant to section 220 of the federal Internal Revenue
46 Code of 1986 (26 U.S.C. s.220) or a health savings account
47 pursuant to section 223 of the federal Internal Revenue Code of
48 1986 (26 U.S.C. s.223). The provisions of this section shall apply

1 to the plan to the maximum extent that is permitted by federal law
2 and does not disqualify the account for the deduction allowed under
3 section 220 or 223, as applicable.

4 Nothing in this section shall prevent a hospital service
5 corporation from reducing a subscriber's or other covered person's
6 cost-sharing requirement by an amount greater than the amount
7 specified in this section.

8
9 3. (New section) An individual or group hospital service
10 corporation contract providing hospital or medical expense benefits
11 that is delivered, issued, executed, or renewed in this State pursuant
12 to P.L.1938, c.366 (C.17:48-1 et seq.) or approved for issuance or
13 renewal in this State by the Commissioner of Banking and
14 Insurance on or after the effective date of P.L. , c. (C.)
15 (pending before the Legislature as this bill) shall provide benefits to
16 a subscriber or other person covered thereunder for expenses
17 incurred for a prescription asthma inhaler, if recommended or
18 prescribed by a participating physician or participating nurse
19 practitioner/clinical nurse specialist. Coverage for the purchase of a
20 covered prescription asthma inhaler shall not be subject to any
21 deductible, and no copayment or coinsurance for the purchase of a
22 covered prescription asthma inhaler shall exceed \$50 per 30-day
23 supply. The provisions of this section shall apply to a high
24 deductible health plan to the maximum extent permitted by federal
25 law, except if the plan is used to establish a medical savings
26 account pursuant to section 220 of the federal Internal Revenue
27 Code of 1986 (26 U.S.C. s.220) or a health savings account
28 pursuant to section 223 of the federal Internal Revenue Code of
29 1986 (26 U.S.C. s.223). The provisions of this section shall apply
30 to the plan to the maximum extent that is permitted by federal law
31 and does not disqualify the account for the deduction allowed under
32 section 220 or 223, as applicable.

33 Nothing in this section shall prevent a hospital service
34 corporation from reducing a subscriber's or other covered person's
35 cost-sharing requirement by an amount greater than the amount
36 specified in this section.

37
38 4. Section 2 of P.L.1995, c.331 (C.17:48A-71) is amended to
39 read as follows:

40 2. a. Every individual or group medical service corporation
41 contract providing hospital or medical expense benefits that is
42 delivered, issued, executed or renewed in this State pursuant to
43 P.L.1940, c.74 (C.17:48A-1 et seq.) or approved for issuance or
44 renewal in this State by the Commissioner of Banking and
45 Insurance on or after the effective date of this act shall provide
46 benefits to any subscriber or other person covered thereunder for
47 expenses incurred for the following equipment and supplies for the
48 treatment of diabetes, if recommended or prescribed by a physician

1 or nurse practitioner/clinical nurse specialist: blood glucose
2 monitors and blood glucose monitors for the legally blind; test
3 strips for glucose monitors and visual reading and urine testing
4 strips; insulin; injection aids; cartridges for the legally blind;
5 syringes; insulin pumps and appurtenances thereto; insulin infusion
6 devices; and oral agents for controlling blood sugar. Coverage for
7 the purchase of insulin shall not be subject to any deductible, and
8 no copayment or coinsurance for the purchase of insulin shall
9 exceed \$35 per 30-day supply. The provisions of this subsection
10 shall apply to a high deductible health plan to the maximum extent
11 permitted by federal law, except if the plan is used to establish a
12 medical savings account pursuant to section 220 of the federal
13 Internal Revenue Code of 1986 (26 U.S.C. s.220) or a health
14 savings account pursuant to section 223 of the federal Internal
15 Revenue Code of 1986 (26 U.S.C. s.223). The provisions of this
16 subsection shall apply to the plan to the maximum extent that is
17 permitted by federal law and does not disqualify the account for the
18 deduction allowed under section 220 or 223, as applicable.

19 b. Each individual or group medical service corporation
20 contract shall also provide benefits for expenses incurred for
21 diabetes self-management education to ensure that a person with
22 diabetes is educated as to the proper self-management and treatment
23 of their diabetic condition, including information on proper diet.
24 Benefits provided for self-management education and education
25 relating to diet shall be limited to visits medically necessary upon
26 the diagnosis of diabetes; upon diagnosis by a physician or nurse
27 practitioner/clinical nurse specialist of a significant change in the
28 subscriber's or other covered person's symptoms or conditions
29 which necessitate changes in that person's self-management; and
30 upon determination of a physician or nurse practitioner/clinical
31 nurse specialist that reeducation or refresher education is necessary.
32 Diabetes self-management education shall be provided by a dietitian
33 registered by a nationally recognized professional association of
34 dietitians or a health care professional recognized as a Certified
35 Diabetes Educator by the American Association of Diabetes
36 Educators or a registered pharmacist in the State qualified with
37 regard to management education for diabetes by any institution
38 recognized by the board of pharmacy of the State of New Jersey.

39 c. The benefits required by this section shall be provided to the
40 same extent as for any other sickness under the contract.

41 d. This section shall apply to all medical service corporation
42 contracts in which the medical service corporation has reserved the
43 right to change the premium.

44 e. The provisions of this section shall not apply to a health
45 benefits plan subject to the provisions of P.L.1992, c.161
46 (C.17B:27A-2 et seq.) or P.L.1992, c.162 (C.17B:27A-17 et seq.).

47 f. The Commissioner of Banking and Insurance may, in
48 consultation with the Commissioner of Health, pursuant to the

1 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et
2 seq.), promulgate and periodically update a list of additional
3 diabetes equipment and related supplies that are medically
4 necessary for the treatment of diabetes and for which benefits shall
5 be provided according to the provisions of this section.

6 (cf: P.L.1995, c.331, s.2)

7

8 5. (New section) An individual or group medical service
9 corporation contract providing hospital or medical expense benefits
10 that is delivered, issued, executed, or renewed in this State pursuant
11 to P.L.1940, c.74 (C.17:48A-1 et seq.) or approved for issuance or
12 renewal in this State by the Commissioner of Banking and
13 Insurance on or after the effective date of P.L. , c. (C.)
14 (pending before the Legislature as this bill) shall provide coverage
15 for at least one epinephrine auto-injector device, if recommended or
16 prescribed by a participating physician or participating nurse
17 practitioner/clinical nurse specialist. Coverage for the purchase of
18 an epinephrine auto-injector device shall not be subject to any
19 deductible, and no copayment or coinsurance for the purchase of an
20 epinephrine auto-injector device shall exceed \$25 per 30-day
21 supply. The provisions of this section shall apply to a high
22 deductible health plan to the maximum extent permitted by federal
23 law, except if the plan is used to establish a medical savings
24 account pursuant to section 220 of the federal Internal Revenue
25 Code of 1986 (26 U.S.C. s.220) or a health savings account
26 pursuant to section 223 of the federal Internal Revenue Code of
27 1986 (26 U.S.C. s.223). The provisions of this section shall apply
28 to the plan to the maximum extent that is permitted by federal law
29 and does not disqualify the account for the deduction allowed under
30 section 220 or 223, as applicable.

31 Nothing in this section shall prevent a medical service
32 corporation from reducing a subscriber's or other covered person's
33 cost-sharing requirement by an amount greater than the amount
34 specified in this section.

35

36 6. (New section) An individual or group medical service
37 corporation contract providing hospital or medical expense benefits
38 that is delivered, issued, executed, or renewed in this State pursuant
39 to P.L.1940, c.74 (C.17:48A-1 et seq.) or approved for issuance or
40 renewal in this State by the Commissioner of Banking and
41 Insurance on or after the effective date of P.L. , c. (C.)
42 (pending before the Legislature as this bill) shall provide benefits to
43 a subscriber or other person covered thereunder for expenses
44 incurred for a prescription asthma inhaler, if recommended or
45 prescribed by a participating physician or participating nurse
46 practitioner/clinical nurse specialist. Coverage for the purchase of a
47 covered prescription asthma inhaler shall not be subject to any
48 deductible, and no copayment or coinsurance for the purchase of a

1 covered prescription asthma inhaler shall exceed \$50 per 30-day
2 supply. The provisions of this section shall apply to a high
3 deductible health plan to the maximum extent permitted by federal
4 law, except if the plan is used to establish a medical savings
5 account pursuant to section 220 of the federal Internal Revenue
6 Code of 1986 (26 U.S.C. s.220) or a health savings account
7 pursuant to section 223 of the federal Internal Revenue Code of
8 1986 (26 U.S.C. s.223). The provisions of this section shall apply to
9 the plan to the maximum extent that is permitted by federal law and
10 does not disqualify the account for the deduction allowed under
11 section 220 or 223, as applicable.

12 Nothing in this section shall prevent a medical service
13 corporation from reducing a subscriber's or other covered person's
14 cost-sharing requirement by an amount greater than the amount
15 specified in this section.

16

17 7. Section 3 of P.L.1995, c.331 (C.17:48E-35.11) is amended
18 to read as follows:

19 3. a. Every individual or group health service corporation
20 contract providing hospital or medical expense benefits that is
21 delivered, issued, executed or renewed in this State pursuant to
22 P.L.1985, c.236 (C.17:48E-1 et seq.) or approved for issuance or
23 renewal in this State by the Commissioner of Banking and
24 Insurance on or after the effective date of this act shall provide
25 benefits to any subscriber or other person covered thereunder for
26 expenses incurred for the following equipment and supplies for the
27 treatment of diabetes, if recommended or prescribed by a physician
28 or nurse practitioner/clinical nurse specialist: blood glucose
29 monitors and blood glucose monitors for the legally blind; test
30 strips for glucose monitors and visual reading and urine testing
31 strips; insulin; injection aids; cartridges for the legally blind;
32 syringes; insulin pumps and appurtenances thereto; insulin infusion
33 devices; and oral agents for controlling blood sugar. Coverage for
34 the purchase of insulin shall not be subject to any deductible, and
35 no copayment or coinsurance for the purchase of insulin shall
36 exceed \$35 per 30-day supply. The provisions of this subsection
37 shall apply to a high deductible health plan to the maximum extent
38 permitted by federal law, except if the plan is used to establish a
39 medical savings account pursuant section 220 of the federal Internal
40 Revenue Code of 1986 (26 U.S.C. s.220) or a health savings
41 account pursuant to section 223 of the federal Internal Revenue
42 Code of 1986 (26 U.S.C. s.223). The provisions of this subsection
43 shall apply to the plan to the maximum extent that is permitted by
44 federal law and does not disqualify the account for the deduction
45 allowed under section 220 or 223, as applicable.

46 b. Each individual or group health service corporation contract
47 shall also provide benefits for expenses incurred for diabetes self-
48 management education to ensure that a person with diabetes is

1 educated as to the proper self-management and treatment of their
2 diabetic condition, including information on proper diet. Benefits
3 provided for self-management education and education relating to
4 diet shall be limited to visits medically necessary upon the
5 diagnosis of diabetes; upon the diagnosis by a physician or nurse
6 practitioner/clinical nurse specialist of a significant change in the
7 subscriber's or other covered person's symptoms or conditions
8 which necessitate changes in that person's self-management; and
9 upon determination of a physician or nurse practitioner/clinical
10 nurse specialist that reeducation or refresher education is necessary.
11 Diabetes self-management education shall be provided by a dietitian
12 registered by a nationally recognized professional association of
13 dietitians or a health care professional recognized as a Certified
14 Diabetes Educator by the American Association of Diabetes
15 Educators or a registered pharmacist in the State qualified with
16 regard to management education for diabetes by any institution
17 recognized by the board of pharmacy of the State of New Jersey.

18 c. The benefits required by this section shall be provided to the
19 same extent as for any other sickness under the contract.

20 d. This section shall apply to all health service corporation
21 contracts in which the health service corporation has reserved the
22 right to change the premium.

23 e. The provisions of this section shall not apply to a health
24 benefits plan subject to the provisions of P.L.1992, c.161
25 (C.17B:27A-2 et seq.) or P.L.1992, c.162 (C.17B:27A-17 et seq.).

26 f. The Commissioner of Banking and Insurance may, in
27 consultation with the Commissioner of Health, pursuant to the
28 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et
29 seq.), promulgate and periodically update a list of additional
30 diabetes equipment and related supplies that are medically
31 necessary for the treatment of diabetes and for which benefits shall
32 be provided according to the provisions of this section.

33 (cf: P.L.1995, c.331, s.3)

34

35 8. (New section) An individual or group health service
36 corporation contract providing hospital or medical expense benefits
37 that is delivered, issued, executed, or renewed in this State pursuant
38 to P.L.1985, c.236 (C.17:48E-1 et seq.) or approved for issuance or
39 renewal in this State by the Commissioner of Banking and
40 Insurance on or after the effective date of P.L. , c. (C.)
41 (pending before the Legislature as this bill) shall provide coverage
42 for at least one epinephrine auto-injector device, if recommended or
43 prescribed by a participating physician or participating nurse
44 practitioner/clinical nurse specialist. Coverage for the purchase of
45 an epinephrine auto-injector device shall not be subject to any
46 deductible, and no copayment or coinsurance for the purchase of an
47 epinephrine auto-injector device shall exceed \$25 per 30-day
48 supply. The provisions of this section shall apply to a high

1 deductible health plan to the maximum extent permitted by federal
2 law, except if the plan is used to establish a medical savings
3 account pursuant to section 220 of the federal Internal Revenue
4 Code of 1986 (26 U.S.C. s.220) or a health savings account
5 pursuant to section 223 of the federal Internal Revenue Code of
6 1986 (26 U.S.C. s.223). The provisions of this section shall apply
7 to the plan to the maximum extent that is permitted by federal law
8 and does not disqualify the account for the deduction allowed under
9 section 220 or 223, as applicable.

10 Nothing in this section shall prevent a health service corporation
11 from reducing a subscriber's or other covered person's cost-sharing
12 requirement by an amount greater than the amount specified in this
13 section.

14

15 9. (New section) An individual or group health service
16 corporation contract providing hospital or medical expense benefits
17 that is delivered, issued, executed, or renewed in this State pursuant
18 to P.L.1985, c.236 (C.17:48E-1 et seq.) or approved for issuance or
19 renewal in this State by the Commissioner of Banking and
20 Insurance on or after the effective date of P.L. , c. (C.)
21 (pending before the Legislature as this bill) shall provide benefits to
22 a subscriber or other person covered thereunder for expenses
23 incurred for a prescription asthma inhaler, if recommended or
24 prescribed by a participating physician or participating nurse
25 practitioner/clinical nurse specialist. Coverage for the purchase of a
26 covered prescription asthma inhaler shall not be subject to any
27 deductible, and no copayment or coinsurance for the purchase of a
28 covered prescription asthma inhaler shall exceed \$50 per 30-day
29 supply. The provisions of this section shall apply to a high
30 deductible health plan to the maximum extent permitted by federal
31 law, except if the plan is used to establish a medical savings
32 account pursuant to section 220 of the federal Internal Revenue
33 Code of 1986 (26 U.S.C. s.220) or a health savings account
34 pursuant to section 223 of the federal Internal Revenue Code of
35 1986 (26 U.S.C. s.223). The provisions of this section shall apply
36 to the plan to the maximum extent that is permitted by federal law
37 and does not disqualify the account for the deduction allowed under
38 section 220 or 223, as applicable.

39 Nothing in this section shall prevent a health service corporation
40 contract from reducing a subscriber's or other covered person's
41 cost-sharing requirement by an amount greater than the amount
42 specified in this section.

43

44 10. Section 4 of P.L.1995, c.331 (C.17B:26-2.11) is amended to
45 read as follows:

46 4. a. Every individual health insurance policy providing
47 hospital or medical expense benefits that is delivered, issued,
48 executed or renewed in this State pursuant to Chapter 26 of Title

1 17B of the New Jersey Statutes or approved for issuance or renewal
2 in this State by the Commissioner of Banking and Insurance on or
3 after the effective date of this act shall provide benefits to any
4 person covered thereunder for expenses incurred for the following
5 equipment and supplies for the treatment of diabetes, if
6 recommended or prescribed by a physician or nurse
7 practitioner/clinical nurse specialist: blood glucose monitors and
8 blood glucose monitors for the legally blind; test strips for glucose
9 monitors and visual reading and urine testing strips; insulin;
10 injection aids; cartridges for the legally blind; syringes; insulin
11 pumps and appurtenances thereto; insulin infusion devices; and oral
12 agents for controlling blood sugar. Coverage for the purchase of
13 insulin shall not be subject to any deductible, and no copayment or
14 coinsurance for the purchase of insulin shall exceed \$35 per 30-day
15 supply. The provisions of this subsection shall apply to a high
16 deductible health plan to the maximum extent permitted by federal
17 law, except if the plan is used to establish a medical savings
18 account pursuant to section 220 of the federal Internal Revenue
19 Code of 1986 (26 U.S.C. s.220) or a health savings account
20 pursuant to section 223 of the federal Internal Revenue Code of
21 1986 (26 U.S.C. s.223). The provisions of this subsection shall
22 apply to the plan to the maximum extent that is permitted by federal
23 law and does not disqualify the account for the deduction allowed
24 under section 220 or 223, as applicable.

25 b. Each individual health insurance policy shall also provide
26 benefits for expenses incurred for diabetes self-management
27 education to ensure that a person with diabetes is educated as to the
28 proper self-management and treatment of their diabetic condition,
29 including information on proper diet. Benefits provided for self-
30 management education and education relating to diet shall be
31 limited to visits medically necessary upon the diagnosis of diabetes;
32 upon diagnosis by a physician or nurse practitioner/clinical nurse
33 specialist of a significant change in the covered person's symptoms
34 or conditions which necessitate changes in that person's self-
35 management; and upon determination of a physician or nurse
36 practitioner/clinical nurse specialist that reeducation or refresher
37 education is necessary. Diabetes self-management education shall
38 be provided by a dietitian registered by a nationally recognized
39 professional association of dietitians or a health care professional
40 recognized as a Certified Diabetes Educator by the American
41 Association of Diabetes Educators or a registered pharmacist in the
42 State qualified with regard to management education for diabetes by
43 any institution recognized by the board of pharmacy of the State of
44 New Jersey.

45 c. The benefits required by this section shall be provided to the
46 same extent as for any other sickness under the policy.

1 d. This section shall apply to all individual health insurance
2 policies in which the insurer has reserved the right to change the
3 premium.

4 e. The provisions of this section shall not apply to a health
5 benefits plan subject to the provisions of P.L.1992, c.161
6 (C.17B:27A-2 et seq.) or P.L.1992, c.162 (C.17B:27A-17 et seq.).

7 f. The Commissioner of Banking and Insurance may, in
8 consultation with the Commissioner of Health, pursuant to the
9 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et
10 seq.), promulgate and periodically update a list of additional
11 diabetes equipment and related supplies that are medically
12 necessary for the treatment of diabetes and for which benefits shall
13 be provided according to the provisions of this section.

14 (cf: P.L.1995, c.331, s.4)

15

16 11. (New section) An individual health insurance policy
17 providing hospital or medical expense benefits that is delivered,
18 issued, executed, or renewed in this State pursuant to Chapter 26 of
19 Title 17B of the New Jersey Statutes or approved for issuance or
20 renewal in this State by the Commissioner of Banking and
21 Insurance on or after the effective date of P.L. , c. (C.)
22 (pending before the Legislature as this bill) shall provide coverage
23 for at least one epinephrine auto-injector device, if recommended or
24 prescribed by a participating physician or participating nurse
25 practitioner/clinical nurse specialist. Coverage for the purchase of
26 an epinephrine auto-injector device shall not be subject to any
27 deductible, and no copayment or coinsurance for the purchase of an
28 epinephrine auto-injector device shall exceed \$25 per 30-day
29 supply. The provisions of this section shall apply to a high
30 deductible health plan to the maximum extent permitted by federal
31 law, except if the plan is used to establish a medical savings
32 account pursuant to section 220 of the federal Internal Revenue
33 Code of 1986 (26 U.S.C. s.220) or a health savings account
34 pursuant to section 223 of the federal Internal Revenue Code of
35 1986 (26 U.S.C. s.223). The provisions of this section shall apply
36 to the plan to the maximum extent that is permitted by federal law
37 and does not disqualify the account for the deduction allowed under
38 section 220 or 223, as applicable.

39 Nothing in this section shall prevent an individual health insurer
40 from reducing a covered person's cost-sharing requirement by an
41 amount greater than the amount specified in this section.

42

43 12. (New section) An individual health insurance policy
44 providing hospital or medical expense benefits that is delivered,
45 issued, executed, or renewed in this State pursuant to Chapter 26 of
46 Title 17B of the New Jersey Statutes or approved for issuance or
47 renewal in this State by the Commissioner of Banking and
48 Insurance on or after the effective date of P.L. , c. (C.)

1 (pending before the Legislature as this bill) shall provide benefits to
2 a person covered thereunder for expenses incurred for a prescription
3 asthma inhaler, if recommended or prescribed by a participating
4 physician or participating nurse practitioner/clinical nurse
5 specialist. Coverage for the purchase of a covered prescription
6 asthma inhaler shall not be subject to any deductible, and no
7 copayment or coinsurance for the purchase of a covered
8 prescription asthma inhaler shall exceed \$50 per 30-day supply.
9 The provisions of this section shall apply to a high deductible health
10 plan to the maximum extent permitted by federal law, except if the
11 plan is used to establish a medical savings account pursuant to
12 section 220 of the federal Internal Revenue Code of 1986 (26
13 U.S.C. s.220) or a health savings account pursuant to section 223 of
14 the federal Internal Revenue Code of 1986 (26 U.S.C. s.223). The
15 provisions of this section shall apply to the plan to the maximum
16 extent that is permitted by federal law and does not disqualify the
17 account for the deduction allowed under section 220 or 223, as
18 applicable.

19 Nothing in this section shall prevent an individual health insurer
20 from reducing a covered person's cost-sharing requirement by an
21 amount greater than the amount specified in this section.

22

23 13. Section 5 of P.L.1995, c.331 (C.17B:27-46.1m) is amended
24 to read as follows:

25 5. a. Every group health insurance policy providing hospital or
26 medical expense benefits that is delivered, issued, executed or
27 renewed in this State pursuant to Chapter 27 of Title 17B of the
28 New Jersey Statutes or approved for issuance or renewal in this
29 State by the Commissioner of Banking and Insurance on or after the
30 effective date of this act shall provide benefits to any person
31 covered thereunder for expenses incurred for the following
32 equipment and supplies for the treatment of diabetes, if
33 recommended or prescribed by a physician or nurse
34 practitioner/clinical nurse specialist: blood glucose monitors and
35 blood glucose monitors for the legally blind; test strips for glucose
36 monitors and visual reading and urine testing strips; insulin;
37 injection aids; cartridges for the legally blind; syringes; insulin
38 pumps and appurtenances thereto; insulin infusion devices; and oral
39 agents for controlling blood sugar. Coverage for the purchase of
40 insulin shall not be subject to any deductible, and no copayment or
41 coinsurance for the purchase of insulin shall exceed \$35 per 30-day
42 supply. The provisions of this subsection shall apply to a high
43 deductible health plan to the maximum extent permitted by federal
44 law, except if the plan is used to establish a medical savings
45 account pursuant to section 220 of the federal Internal Revenue
46 Code of 1986 (26 U.S.C. s.220) or a health savings account
47 pursuant to section 223 of the federal Internal Revenue Code of
48 1986 (26 U.S.C. s.223). The provisions of this subsection shall

1 apply to the plan to the maximum extent that is permitted by federal
2 law and does not disqualify the account for the deduction allowed
3 under section 220 or 223, as applicable.

4 b. Each group health insurance policy shall also provide
5 benefits for expenses incurred for diabetes self-management
6 education to ensure that a person with diabetes is educated as to the
7 proper self-management and treatment of their diabetic condition,
8 including information on proper diet. Benefits provided for self-
9 management education and education relating to diet shall be
10 limited to visits medically necessary upon the diagnosis of diabetes;
11 upon diagnosis by a physician or nurse practitioner/clinical nurse
12 specialist of a significant change in the covered person's symptoms
13 or conditions which necessitate changes in that person's self-
14 management; and upon determination of a physician or nurse
15 practitioner/clinical nurse specialist that reeducation or refresher
16 education is necessary. Diabetes self-management education shall
17 be provided by a dietitian registered by a nationally recognized
18 professional association of dietitians or a health care professional
19 recognized as a Certified Diabetes Educator by the American
20 Association of Diabetes Educators or a registered pharmacist in the
21 State qualified with regard to management education for diabetes by
22 any institution recognized by the board of pharmacy of the State of
23 New Jersey.

24 c. The benefits required by this section shall be provided to the
25 same extent as for any other sickness under the policy.

26 d. This section shall apply to all group health insurance
27 policies in which the insurer has reserved the right to change the
28 premium.

29 e. The provisions of this section shall not apply to a health
30 benefits plan subject to the provisions of P.L.1992, c.161
31 (C.17B:27A-2 et seq.) or P.L.1992, c.162 (C.17B:27A-17 et seq.).

32 f. The Commissioner of Banking and Insurance may, in
33 consultation with the Commissioner of Health, pursuant to the
34 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et
35 seq.), promulgate and periodically update a list of additional
36 diabetes equipment and related supplies that are medically
37 necessary for the treatment of diabetes and for which benefits shall
38 be provided according to the provisions of this section.

39 (cf: P.L.1995, c.331, s.5)

40

41 14. (New section) A group health insurance policy providing
42 hospital or medical expense benefits that is delivered, issued,
43 executed, or renewed in this State pursuant to Chapter 27 of Title
44 17B of the New Jersey Statutes or approved for issuance or renewal
45 in this State by the Commissioner of Banking and Insurance on or
46 after the effective date of P.L. , c. (C.) (pending before the
47 Legislature as this bill) shall provide coverage for at least one
48 epinephrine auto-injector device, if recommended or prescribed by

1 a participating physician or participating nurse practitioner/clinical
2 nurse specialist. Coverage for the purchase of an epinephrine auto-
3 injector device shall not be subject to any deductible, and no
4 copayment or coinsurance for the purchase of an epinephrine auto-
5 injector device shall exceed \$25 per 30-day supply. The provisions
6 of this section shall apply to a high deductible health plan to the
7 maximum extent permitted by federal law, except if the plan is used
8 to establish a medical savings account pursuant to section 220 of
9 the federal Internal Revenue Code of 1986 (26 U.S.C. s.220) or a
10 health savings account pursuant to section 223 of the federal
11 Internal Revenue Code of 1986 (26 U.S.C. s.223). The provisions
12 of this section shall apply to the plan to the maximum extent that is
13 permitted by federal law and does not disqualify the account for the
14 deduction allowed under section 220 or 223, as applicable.

15 Nothing in this section shall prevent a group health insurer from
16 reducing a covered person's cost-sharing requirement by an amount
17 greater than the amount specified in this section.

18

19 15. (New section) A group health insurance policy providing
20 hospital or medical expense benefits that is delivered, issued,
21 executed, or renewed in this State pursuant to Chapter 27 of Title
22 17B of the New Jersey Statutes or approved for issuance or renewal
23 in this State by the Commissioner of Banking and Insurance on or
24 after the effective date of P.L. , c. (C.) (pending before the
25 Legislature as this bill) shall provide benefits to a person covered
26 thereunder for expenses incurred for a prescription asthma inhaler,
27 if recommended or prescribed by a participating physician or
28 participating nurse practitioner/clinical nurse specialist. Coverage
29 for the purchase of a covered prescription asthma inhaler shall not
30 be subject to any deductible, and no copayment or coinsurance for
31 the purchase of a covered prescription asthma inhaler shall exceed
32 \$50 per 30-day supply. The provisions of this section shall apply to
33 a high deductible health plan to the maximum extent permitted by
34 federal law, except if the plan is used to establish a medical savings
35 account pursuant to section 220 of the federal Internal Revenue
36 Code of 1986 (26 U.S.C. s.220) or a health savings account
37 pursuant to section 223 of the federal Internal Revenue Code of
38 1986 (26 U.S.C. s.223). The provisions of this section shall apply
39 to the plan to the maximum extent that is permitted by federal law
40 and does not disqualify the account for the deduction allowed under
41 section 220 or 223, as applicable.

42 Nothing in this section shall prevent a group health insurer from
43 reducing a covered person's cost-sharing requirement by an amount
44 greater than the amount specified in this section.

45

46 16. Section 6 of P.L.1995, c.331 (C.26:2J-4.11) is amended to
47 read as follows:

1 6. a. Every contract for health care services that is delivered,
2 issued, executed or renewed in this State pursuant to P.L.1973,
3 c.337 (C.26:2J-1 et seq.) or approved for issuance or renewal in this
4 State on or after the effective date of this act shall provide health
5 care services to any enrollee or other person covered thereunder for
6 the following equipment and supplies for the treatment of diabetes,
7 if recommended or prescribed by a participating physician or
8 participating nurse practitioner/clinical nurse specialist: blood
9 glucose monitors and blood glucose monitors for the legally blind;
10 test strips for glucose monitors and visual reading and urine testing
11 strips; insulin; injection aids; cartridges for the legally blind;
12 syringes; insulin pumps and appurtenances thereto; insulin infusion
13 devices; and oral agents for controlling blood sugar. Coverage for
14 the purchase of insulin shall not be subject to any deductible, and
15 no copayment or coinsurance for the purchase of insulin shall
16 exceed \$35 per 30-day supply. The provisions of this subsection
17 shall apply to a high deductible health plan to the maximum extent
18 permitted by federal law, except if the plan is used to establish a
19 medical savings account pursuant to section 220 of the federal
20 Internal Revenue Code of 1986 (26 U.S.C. s.220) or a health
21 savings account pursuant to section 223 of the federal Internal
22 Revenue Code of 1986 (26 U.S.C. s.223). The provisions of this
23 subsection shall apply to the plan to the maximum extent that is
24 permitted by federal law and does not disqualify the account for the
25 deduction allowed under section 220 or 223, as applicable.

26 b. Each contract shall also provide health care services for
27 diabetes self-management education to ensure that a person with
28 diabetes is educated as to the proper self-management and treatment
29 of their diabetic condition, including information on proper diet.
30 Health care services provided for self-management education and
31 education relating to diet shall be limited to visits medically
32 necessary upon the diagnosis of diabetes; upon diagnosis by a
33 participating physician or participating nurse practitioner/clinical
34 nurse specialist of a significant change in the enrollee's or other
35 covered person's symptoms or conditions which necessitate changes
36 in that person's self-management; and upon determination of a
37 participating physician or participating nurse practitioner/clinical
38 nurse specialist that reeducation or refresher education is necessary.
39 Diabetes self-management education shall be provided by a
40 participating dietitian registered by a nationally recognized
41 professional association of dietitians or a health care professional
42 recognized as a Certified Diabetes Educator by the American
43 Association of Diabetes Educators or, pursuant to section 6 of
44 P.L.1993, c.378 (C.26:2J-4.7), a registered pharmacist in the State
45 qualified with regard to management education for diabetes by any
46 institution recognized by the board of pharmacy of the State of New
47 Jersey.

1 c. The health care services required by this section shall be
2 provided to the same extent as for any other sickness under the
3 contract.

4 d. This section shall apply to all contracts in which the health
5 maintenance organization has reserved the right to change the
6 schedule of charges.

7 e. The provisions of this section shall not apply to a health
8 benefits plan subject to the provisions of P.L.1992, c.161
9 (C.17B:27A-2 et seq.) or P.L.1992, c.162 (C.17B:27A-17 et seq.).

10 f. The Commissioner of Banking and Insurance may, in
11 consultation with the Commissioner of Health, pursuant to the
12 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et
13 seq.), promulgate and periodically update a list of additional
14 diabetes equipment and related supplies that are medically
15 necessary for the treatment of diabetes and for which benefits shall
16 be provided according to the provisions of this section.

17 (cf: P.L.1995, c.331, s.6)

18

19 17. (New section) A contract for health care services that is
20 delivered, issued, executed, or renewed in this State pursuant to
21 P.L.1973, c.337 (C.26:2J-1 et seq.) or approved for issuance or
22 renewal in this State on or after the effective date of P.L. , c.
23 (C.) (pending before the Legislature as this bill) shall provide
24 coverage for at least one epinephrine auto-injector device, if
25 recommended or prescribed by a participating physician or
26 participating nurse practitioner/clinical nurse specialist. Coverage
27 for the purchase of an epinephrine auto-injector device shall not be
28 subject to any deductible, and no copayment or coinsurance for the
29 purchase of an epinephrine auto-injector device shall exceed \$25
30 per 30-day supply. The provisions of this section shall apply to a
31 high deductible health plan to the maximum extent permitted by
32 federal law, except if the plan is used to establish a medical savings
33 account pursuant to section 220 of the federal Internal Revenue
34 Code of 1986 (26 U.S.C. s.220) or a health savings account
35 pursuant to section 223 of the federal Internal Revenue Code of
36 1986 (26 U.S.C. s.223). The provisions of this section shall apply
37 to the plan to the maximum extent that is permitted by federal law
38 and does not disqualify the account for the deduction allowed under
39 section 220 or 223, as applicable.

40 Nothing in this section shall prevent a health maintenance
41 organization from reducing an enrollee's or other covered person's
42 cost-sharing requirement by an amount greater than the amount
43 specified in this section.

44

45 18. (New section) A contract for health care services that is
46 delivered, issued, executed, or renewed in this State pursuant to
47 P.L.1973, c.337 (C.26:2J-1 et seq.) or approved for issuance or
48 renewal in this State on or after the effective date of P.L. , c.

1 (C.) (pending before the Legislature as this bill) shall provide
2 benefits to an enrollee or other person covered thereunder for
3 expenses incurred for a prescription asthma inhaler, if
4 recommended or prescribed by a participating physician or
5 participating nurse practitioner/clinical nurse specialist. Coverage
6 for the purchase of a covered prescription asthma inhaler shall not
7 be subject to any deductible, and no copayment or coinsurance for
8 the purchase of a covered prescription asthma inhaler shall exceed
9 \$50 per 30-day supply. The provisions of this section shall apply to
10 a high deductible health plan to the maximum extent permitted by
11 federal law, except if the plan is used to establish a medical savings
12 account pursuant to section 220 of the federal Internal Revenue
13 Code of 1986 (26 U.S.C. s.220) or a health savings account
14 pursuant to section 223 of the federal Internal Revenue Code of
15 1986 (26 U.S.C. s.223). The provisions of this section shall apply
16 to the plan to the maximum extent that is permitted by federal law
17 and does not disqualify the account for the deduction allowed under
18 section 220 or 223, as applicable.

19 Nothing in this section shall prevent a health maintenance
20 organization from reducing an enrollee's or other covered person's
21 cost-sharing requirement by an amount greater than the amount
22 specified in this section.

23

24 19. (New section) An individual health benefits plan that
25 provides hospital and medical expense benefits and is delivered,
26 issued, executed, or renewed in this State pursuant to P.L.1992,
27 c.161 (C.17B:27A-2 et al.), on or after the effective date of P.L. ,
28 c. (C.) (pending before the Legislature as this bill), shall
29 provide coverage to an enrollee or other person covered thereunder
30 for insulin for the treatment of diabetes, if recommended or
31 prescribed by a participating physician or participating nurse
32 practitioner/clinical nurse specialist. Coverage for the purchase of
33 insulin shall not be subject to any deductible, and no copayment or
34 coinsurance for the purchase of insulin shall exceed \$35 per 30-day
35 supply. The provisions of this section shall apply to a high
36 deductible health plan to the maximum extent permitted by federal
37 law, except if the plan is used to establish a medical savings
38 account pursuant to section 220 of the federal Internal Revenue
39 Code of 1986 (26 U.S.C. s.220) or a health savings account
40 pursuant to section 223 of the federal Internal Revenue Code of
41 1986 (26 U.S.C. s.223). The provisions of this section shall apply
42 to the plan to the maximum extent that is permitted by federal law
43 and does not disqualify the account for the deduction allowed under
44 section 220 or 223, as applicable.

45 The benefits shall be provided to the same extent as for any other
46 condition under the health benefits plan.

47 This section shall apply to those health benefits plans in which
48 the carrier has reserved the right to change the premium.

1 20. (New section) An individual health benefits plan that
2 provides hospital and medical expense benefits and is delivered,
3 issued, executed, or renewed in this State pursuant to P.L.1992,
4 c.161 (C.17B:27A-2 et al.), on or after the effective date of P.L. ,
5 c. (C.) (pending before the Legislature as this bill), shall
6 provide coverage for at least one epinephrine auto-injector device,
7 if recommended or prescribed by a participating physician or
8 participating nurse practitioner/clinical nurse specialist. Coverage
9 for the purchase of an epinephrine auto-injector device shall not be
10 subject to any deductible, and no copayment or coinsurance for the
11 purchase of an epinephrine auto-injector device shall exceed \$25
12 per 30-day supply. The provisions of this section shall apply to a
13 high deductible health plan to the maximum extent permitted by
14 federal law, except if the plan is used to establish a medical savings
15 account pursuant to section 220 of the federal Internal Revenue
16 Code of 1986 (26 U.S.C. s.220) or a health savings account
17 pursuant to section 223 of the federal Internal Revenue Code of
18 1986 (26 U.S.C. s.223). The provisions of this section shall apply
19 to the plan to the maximum extent that is permitted by federal law
20 and does not disqualify the account for the deduction allowed under
21 section 220 or 223, as applicable.

22 Nothing in this section shall prevent a carrier from reducing an
23 enrollee's or other covered person's cost-sharing requirement by an
24 amount greater than the amount specified in this section.

25
26 21. (New section) An individual health benefits plan that
27 provides hospital and medical expense benefits and is delivered,
28 issued, executed, or renewed in this State pursuant to P.L.1992,
29 c.161 (C.17B:27A-2 et al.), on or after the effective date of P.L. , c.
30 (C.) (pending before the Legislature as this bill), shall provide
31 benefits to an enrollee or other person covered thereunder for
32 expenses incurred for a prescription asthma inhaler, if
33 recommended or prescribed by a participating physician or
34 participating nurse practitioner/clinical nurse specialist. Coverage
35 for the purchase of a covered prescription asthma inhaler shall not
36 be subject to any deductible, and no copayment or coinsurance for
37 the purchase of a covered prescription asthma inhaler shall exceed
38 \$50 per 30-day supply. The provisions of this section shall apply to
39 a high deductible health plan to the maximum extent permitted by
40 federal law, except if the plan is used to establish a medical savings
41 account pursuant to section 220 of the federal Internal Revenue
42 Code of 1986 (26 U.S.C. s.220) or a health savings account
43 pursuant to section 223 of the federal Internal Revenue Code of
44 1986 (26 U.S.C. s.223). The provisions of this section shall apply
45 to the plan to the maximum extent that is permitted by federal law
46 and does not disqualify the account for the deduction allowed under
47 section 220 or 223, as applicable.

1 Nothing in this section shall prevent a carrier from reducing an
2 enrollee's or other covered person's cost-sharing requirement by an
3 amount greater than the amount specified in this section.
4

5 22. (New section) A small employer health benefits plan that
6 provides hospital and medical expense benefits and is delivered,
7 issued, executed, or renewed in this State pursuant to P.L.1992,
8 c.162 (C.17B:27A-17 et seq.), on or after the effective date of
9 P.L. , c. (C.) (pending before the Legislature as this bill),
10 shall provide coverage to an enrollee or other person covered
11 thereunder for insulin for the treatment of diabetes, if recommended
12 or prescribed by a participating physician or participating nurse
13 practitioner/clinical nurse specialist. Coverage for the purchase of
14 insulin shall not be subject to any deductible, and no copayment or
15 coinsurance for the purchase of insulin shall exceed \$35 per 30-day
16 supply. The provisions of this section shall apply to a high
17 deductible health plan to the maximum extent permitted by federal
18 law, except if the plan is used to establish a medical savings
19 account pursuant to section 220 of the federal Internal Revenue
20 Code of 1986 (26 U.S.C. s.220) or a health savings account
21 pursuant to section 223 of the federal Internal Revenue Code of
22 1986 (26 U.S.C. s.223). The provisions of this section shall apply
23 to the plan to the maximum extent that is permitted by federal law
24 and does not disqualify the account for the deduction allowed under
25 section 220 or 223, as applicable.

26 The benefits shall be provided to the same extent as for any other
27 condition under the health benefits plan.

28 This section shall apply to those health benefits plans in which
29 the carrier has reserved the right to change the premium.
30

31 23. (New section) A small employer health benefits plan that
32 provides hospital and medical expense benefits and is delivered,
33 issued, executed, or renewed in this State pursuant to P.L.1992,
34 c.162 (C.17B:27A-17 et seq.), on or after the effective date of
35 P.L. , c. (C.) (pending before the Legislature as this bill),
36 shall provide coverage for at least one epinephrine auto-injector
37 device, if recommended or prescribed by a participating physician
38 or participating nurse practitioner/clinical nurse specialist.
39 Coverage for the purchase of an epinephrine auto-injector device
40 shall not be subject to any deductible, and no copayment or
41 coinsurance for the purchase of an epinephrine auto-injector device
42 shall exceed \$25 per 30-day supply. The provisions of this section
43 shall apply to a high deductible health plan to the maximum extent
44 permitted by federal law, except if the plan is used to establish a
45 medical savings account pursuant to section 220 of the federal
46 Internal Revenue Code of 1986 (26 U.S.C. s.220) or a health
47 savings account pursuant to section 223 of the federal Internal
48 Revenue Code of 1986 (26 U.S.C. s.223). The provisions of this

1 section shall apply to the plan to the maximum extent that is
2 permitted by federal law and does not disqualify the account for the
3 deduction allowed under section 220 or 223, as applicable.

4 Nothing in this section shall prevent a carrier from reducing an
5 enrollee's or other covered person's cost-sharing requirement by an
6 amount greater than the amount specified in this section.

7 The benefits shall be provided to the same extent as for any other
8 condition under the health benefits plan.

9 This section shall apply to those health benefits plans in which
10 the carrier has reserved the right to change the premium.

11

12 24. (New section) A small employer health benefits plan that
13 provides hospital and medical expense benefits and is delivered,
14 issued, executed, or renewed in this State pursuant to P.L.1992,
15 c.162 (C.17B:27A-17 et seq.), on or after the effective date of
16 P.L. , c. (C.) (pending before the Legislature as this bill), shall
17 provide benefits to an enrollee or other person covered thereunder
18 for expenses incurred for a prescription asthma inhaler, if
19 recommended or prescribed by a participating physician or
20 participating nurse practitioner/clinical nurse specialist. Coverage
21 for the purchase of a covered prescription asthma inhaler shall not
22 be subject to any deductible, and no copayment or coinsurance for
23 the purchase of a covered prescription asthma inhaler shall exceed
24 \$50 per 30-day supply. The provisions of this section shall apply to
25 a high deductible health plan to the maximum extent permitted by
26 federal law, except if the plan is used to establish a medical savings
27 account pursuant to section 220 of the federal Internal Revenue
28 Code of 1986 (26 U.S.C. s.220) or a health savings account
29 pursuant to section 223 of the federal Internal Revenue Code of
30 1986 (26 U.S.C. s.223). The provisions of this section shall apply
31 to the plan to the maximum extent that is permitted by federal law
32 and does not disqualify the account for the deduction allowed under
33 section 220 or 223, as applicable.

34 Nothing in this section shall prevent a carrier from reducing an
35 enrollee's or other covered person's cost-sharing requirement by an
36 amount greater than the amount specified in this section.

37 The benefits shall be provided to the same extent as for any other
38 condition under the health benefits plan.

39 This section shall apply to those health benefits plans in which
40 the carrier has reserved the right to change the premium.

41

42 25. (New section) The State Health Benefits Commission shall
43 ensure that every contract purchased or renewed by the commission
44 on or after the effective date of P.L. , c. (C.) (pending
45 before the Legislature as this bill), shall provide coverage for health
46 care services to a person covered thereunder for insulin for the
47 treatment of diabetes, if recommended or prescribed by a
48 participating physician or participating nurse practitioner/clinical

1 nurse specialist. Coverage for the purchase of insulin shall not be
2 subject to any deductible, and no copayment or coinsurance for the
3 purchase of insulin shall exceed \$35 per 30-day supply, except a
4 contract provided by the State Health Benefits Commission that
5 qualifies as a high deductible health plan shall provide coverage for
6 the purchase of insulin at the lowest deductible and other cost-
7 sharing requirement permitted for a high deductible health plan
8 under section 223(c)(2)(A) of the federal Internal Revenue Code
9 (26 U.S.C. s.223 (c)(2)(A)).

10 Nothing in this section shall prevent the State Health Benefits
11 Commission from reducing an enrollee's cost-sharing requirement
12 by an amount greater than the amount specified in this section or
13 prevent the commission from utilizing formulary management,
14 including a mandatory generic policy, to promote the use of lower-
15 cost alternative generic drugs that are the therapeutic equivalent of
16 the brand-name drug, which could result in the member's copay
17 being higher than set forth in this section.

18

19 26. (New section) The State Health Benefits Commission shall
20 ensure that every contract purchased or renewed by the commission
21 on or after the effective date of P.L. , c. (C.) (pending
22 before the Legislature as this bill), shall provide coverage for at
23 least one epinephrine auto-injector device, if recommended or
24 prescribed by a participating physician or participating nurse
25 practitioner/clinical nurse specialist. Coverage for the purchase of
26 an epinephrine auto-injector device shall not be subject to any
27 deductible, and no copayment or coinsurance for the purchase of an
28 epinephrine auto-injector device shall exceed \$25 per 30-day
29 supply, except a contract provided by the State Health Benefits
30 Commission that qualifies as a high deductible health plan shall
31 provide coverage for the purchase of an epinephrine auto-injector
32 device at the lowest deductible and other cost-sharing requirement
33 permitted for a high deductible health plan under section
34 223(c)(2)(A) of the federal Internal Revenue Code (26 U.S.C. s.223
35 (c)(2)(A)).

36 Nothing in this section shall prevent the State Health Benefits
37 Commission from reducing a covered person's cost-sharing
38 requirement by an amount greater than the amount specified in this
39 section or prevent the commission from utilizing formulary
40 management, including a mandatory generic policy, to promote the
41 use of lower-cost alternative generic drugs that are the therapeutic
42 equivalent of the brand-name drug, which could result in the
43 member's copay being higher than set forth in this section. .

44

45 27. (New section) The State Health Benefits Commission shall
46 ensure that every contract purchased or renewed by the commission
47 on or after the effective date of P.L. , c. (C.) (pending
48 before the Legislature as this bill), shall provide benefits to a person

1 covered thereunder for expenses incurred for a prescription asthma
2 inhaler, if recommended or prescribed by a participating physician
3 or participating nurse practitioner/clinical nurse specialist.
4 Coverage for the purchase of a covered prescription asthma inhaler
5 shall not be subject to any deductible, and no copayment or
6 coinsurance for the purchase of a covered prescription asthma
7 inhaler shall exceed \$50 per 30-day supply, except a contract
8 provided by the State Health Benefits Commission that qualifies as
9 a high deductible health plan shall provide coverage for the
10 purchase of a covered prescription asthma inhaler at the lowest
11 deductible and other cost-sharing requirement permitted for a high
12 deductible health plan under section 223(c)(2)(A) of the Internal
13 Revenue Code (26 U.S.C. s.223). Nothing in this section shall
14 prevent the State Health Benefits Commission from reducing a
15 covered person's cost-sharing requirement by an amount greater
16 than the amount specified in this section or prevent the commission
17 from utilizing formulary management, including a mandatory
18 generic policy, to promote the use of lower-cost alternative generic
19 drugs that are the therapeutic equivalent of the brand-name drug,
20 which could result in the member's copay being higher than set
21 forth in this section.

22

23 28. (New section) The School Employees' Health Benefits
24 Commission shall ensure that every contract purchased by the
25 commission on or after the effective date of P.L. , c. (C.)
26 (pending before the Legislature as this bill) that provides hospital
27 and medical expense benefits shall provide health care services to a
28 person covered thereunder for insulin for the treatment of diabetes,
29 if recommended or prescribed by a participating physician or
30 participating nurse practitioner/clinical nurse specialist. Coverage
31 for the purchase of insulin shall not be subject to any deductible,
32 and no copayment or coinsurance for the purchase of insulin shall
33 exceed \$35 per 30-day supply, except a contract provided by the
34 School Employees' Health Benefits Commission that qualifies as a
35 high deductible health plan shall provide coverage for the purchase
36 of insulin at the lowest deductible and other cost-sharing
37 requirement permitted for a high deductible health plan under
38 section 223(c)(2)(A) of the Internal Revenue Code (26 U.S.C. s.223
39 (c)(2)(A)).

40 Nothing in this section shall prevent the School Employees'
41 Health Benefits Commission from reducing an enrollee's cost-
42 sharing requirement by an amount greater than the amount specified
43 in this section or prevent the commission from utilizing formulary
44 management, including a mandatory generic policy, to promote the
45 use of lower-cost alternative generic drugs that are the therapeutic
46 equivalent of the brand-name drug, which could result in the
47 member's copay being higher than set forth in this section.

1 29. (New section) The School Employees' Health Benefits
2 Commission shall ensure that every contract purchased or renewed
3 by the commission on or after the effective date of P.L. , c.
4 (C.) (pending before the Legislature as this bill), shall provide
5 coverage for at least one epinephrine auto-injector device, if
6 recommended or prescribed by a participating physician or
7 participating nurse practitioner/clinical nurse specialist. Coverage
8 for the purchase of an epinephrine auto-injector device shall not be
9 subject to any deductible, and no copayment or coinsurance for the
10 purchase of an epinephrine auto-injector device shall exceed \$25
11 per 30-day supply, except a contract provided by the School
12 Employees' Health Benefits Commission that qualifies as a high
13 deductible health plan shall provide coverage for the purchase of an
14 epinephrine auto-injector device at the lowest deductible and other
15 cost-sharing requirement permitted for a high deductible health plan
16 under section 223(c)(2)(A) of the Internal Revenue Code (26 U.S.C.
17 s.223 (c)(2)(A)).

18 Nothing in this section shall prevent the School Employees'
19 Health Benefits Commission from reducing an enrollee's cost-
20 sharing requirement by an amount greater than the amount specified
21 in this section or prevent the commission from utilizing formulary
22 management, including a mandatory generic policy, to promote the
23 use of lower-cost alternative generic drugs that are the therapeutic
24 equivalent of the brand-name drug, which could result in the
25 member's copay being higher than set forth in this section.

26

27 30. (New section) The School Employees' Health Benefits
28 Commission shall ensure that every contract purchased or renewed
29 by the commission on or after the effective date of P.L. , c.
30 (C.) (pending before the Legislature as this bill), shall provide
31 benefits to a person covered thereunder for expenses incurred for a
32 prescription asthma inhaler, if recommended or prescribed by a
33 participating physician or participating nurse practitioner/clinical
34 nurse specialist. Coverage for the purchase of a covered
35 prescription asthma inhaler shall not be subject to any deductible,
36 and no copayment or coinsurance for the purchase of a covered
37 prescription asthma inhaler shall exceed \$50 per 30-day supply,
38 except a contract provided by the School Employees' Health
39 Benefits Commission that qualifies as a high deductible health plan
40 shall provide coverage for the purchase of a covered prescription
41 asthma inhaler at the lowest deductible and other cost-sharing
42 requirement permitted for a high deductible health plan under
43 section 223(c)(2)(A) of the Internal Revenue Code (26 U.S.C. s.223
44 (c)(2)(A)).

45 Nothing in this section shall prevent the School Employees'
46 Health Benefits Commission from reducing a covered person's
47 cost-sharing requirement by an amount greater than the amount
48 specified in this section or prevent the commission from utilizing

1 formulary management, including a mandatory generic policy, to
2 promote the use of lower-cost alternative generic drugs that are the
3 therapeutic equivalent of the brand-name drug, which could result
4 in the member's copay being higher than set forth in this section.

5
6 31. This act shall take effect on the first day of the seventh
7 month next following the date of enactment and shall apply to plans
8 issued or renewed on or after January 1 of the next calendar year,
9 but the Commissioner of the Department of Banking and Insurance
10 may take such anticipatory administrative action in advance thereof
11 as shall be necessary for the implementation of the act.

12

13

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STATEMENT

15

16 This bill places a flat cap on the out-of-pocket contribution for
17 any covered person prescribed insulin, an epinephrine auto-injector
18 device, or a prescription asthma inhaler across insurance providers.
19 Coverage for these items may not be subject to any deductible, and
20 copayments or coinsurance are capped at \$35 per 30-day supply of
21 insulin, \$25 for epinephrine auto-injector devices per 30-day
22 supply, and \$50 for prescription asthma inhalers per 30-day supply.

23 These coverage standards apply to individual or group hospital
24 service corporations, medical service corporations, and health
25 service corporations as well as individual and group health
26 insurance policies and health maintenance organizations.
27 Additionally, the bill extends these coverage standards to individual
28 and small employer health benefits plans and require that the State
29 Health Benefits Commission and the School Employee's Health
30 Benefits Commission ensure that their contracts comply with the
31 coverage standards.