

[First Reprint]

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, Jimenez and Assemblyman Rooney

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 reported by the Assembly Health Committee on May 26, 2022, with amendments.

(Sponsorship Updated As Of: 6/22/2023)

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 ¹a rapid acting, long-acting, and pre-mixed¹ insulin
26 ¹product¹ shall not be subject to any deductible, and no copayment
27 or coinsurance for the purchase of insulin shall exceed \$35 per 30-
28 day supply. The provisions of this subsection shall apply to a high
29 deductible health plan to the maximum extent permitted by federal
30 law, except if the plan is used to establish a medical savings
31 account pursuant to section 220 of the federal Internal Revenue
32 Code of 1986 (26 U.S.C. s.220) or a health savings account
33 pursuant to section 223 of the federal Internal Revenue Code of
34 1986 (26 U.S.C. s.223). The provisions of this subsection shall
35 apply to the plan to the maximum extent that is permitted by federal
36 law and does not disqualify the account for the deduction allowed
37 under section 220 or 223, as applicable. ¹The provisions of this
38 subsection shall apply to a plan that meets the requirements of a
39 catastrophic plan, as defined in 45 C.F.R. s.156.155, to the
40 maximum extent permitted by federal law.¹

41 b. Each individual or group hospital service corporation
42 contract shall also provide benefits for expenses incurred for
43 diabetes self-management education to ensure that a person with
44 diabetes is educated as to the proper self-management and treatment

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.

Matter enclosed in superscript numerals has been adopted as follows:

¹Assembly AHE committee amendments adopted May 26, 2022.

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

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

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

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

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

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

33

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

1 law, except if the plan is used to establish a medical savings
2 account pursuant to section 220 of the federal Internal Revenue
3 Code of 1986 (26 U.S.C. s.220) or a health savings account
4 pursuant to section 223 of the federal Internal Revenue Code of
5 1986 (26 U.S.C. s.223). The provisions of this section shall apply
6 to the plan to the maximum extent that is permitted by federal law
7 and does not disqualify the account for the deduction allowed under
8 section 220 or 223, as applicable. ¹The provisions of this
9 subsection shall apply to a plan that meets the requirements of a
10 catastrophic plan, as defined in 45 C.F.R. s.156.155, to the
11 maximum extent permitted by federal law.¹

12 Nothing in this section shall prevent a hospital 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 3. (New section) An individual or group hospital service
18 corporation contract providing hospital or medical expense benefits
19 that is delivered, issued, executed, or renewed in this State pursuant
20 to P.L.1938, c.366 (C.17:48-1 et seq.) or approved for issuance or
21 renewal in this State by the Commissioner of Banking and
22 Insurance on or after the effective date of P.L. , c. (C.)
23 (pending before the Legislature as this bill) shall provide benefits to
24 a subscriber or other person covered thereunder for expenses
25 incurred for a prescription asthma inhaler, if recommended or
26 prescribed by a participating physician or participating nurse
27 practitioner/clinical nurse specialist. Coverage for the purchase of a
28 covered prescription asthma inhaler shall not be subject to any
29 deductible, and no copayment or coinsurance for the purchase of a
30 covered prescription asthma inhaler shall exceed \$50 per 30-day
31 supply. The provisions of this section shall apply to a high
32 deductible health plan to the maximum extent permitted by federal
33 law, except if the plan is used to establish a medical savings
34 account pursuant to section 220 of the federal Internal Revenue
35 Code of 1986 (26 U.S.C. s.220) or a health savings account
36 pursuant to section 223 of the federal Internal Revenue Code of
37 1986 (26 U.S.C. s.223). The provisions of this section shall apply
38 to the plan to the maximum extent that is permitted by federal law
39 and does not disqualify the account for the deduction allowed under
40 section 220 or 223, as applicable. ¹The provisions of this
41 subsection shall apply to a plan that meets the requirements of a
42 catastrophic plan, as defined in 45 C.F.R. s.156.155, to the
43 maximum extent permitted by federal law.¹

44 Nothing in this section shall prevent a hospital service
45 corporation from reducing a subscriber's or other covered person's
46 cost-sharing requirement by an amount greater than the amount
47 specified in this section.

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

3 2. a. Every individual or group medical service corporation
4 contract providing hospital or medical expense benefits that is
5 delivered, issued, executed or renewed in this State pursuant to
6 P.L.1940, c.74 (C.17:48A-1 et seq.) or approved for issuance or
7 renewal in this State by the Commissioner of Banking and
8 Insurance on or after the effective date of this act shall provide
9 benefits to any subscriber or other person covered thereunder for
10 expenses incurred for the following equipment and supplies for the
11 treatment of diabetes, if recommended or prescribed by a physician
12 or nurse practitioner/clinical nurse specialist: blood glucose
13 monitors and blood glucose monitors for the legally blind; test
14 strips for glucose monitors and visual reading and urine testing
15 strips; insulin; injection aids; cartridges for the legally blind;
16 syringes; insulin pumps and appurtenances thereto; insulin infusion
17 devices; and oral agents for controlling blood sugar. Coverage for
18 the purchase of ¹a rapid acting, long-acting, and pre-mixed¹ insulin
19 ¹product¹ shall not be subject to any deductible, and no copayment
20 or coinsurance for the purchase of insulin shall exceed \$35 per 30-
21 day supply. The provisions of this subsection 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 subsection shall
28 apply to the plan to the maximum extent that is permitted by federal
29 law and does not disqualify the account for the deduction allowed
30 under section 220 or 223, as applicable. ¹The provisions of this
31 subsection shall apply to a plan that meets the requirements of a
32 catastrophic plan, as defined in 45 C.F.R. s.156.155, to the
33 maximum extent permitted by federal law.¹

34 b. Each individual or group medical service corporation
35 contract shall also provide benefits for expenses incurred for
36 diabetes self-management education to ensure that a person with
37 diabetes is educated as to the proper self-management and treatment
38 of their diabetic condition, including information on proper diet.
39 Benefits provided for self-management education and education
40 relating to diet shall be limited to visits medically necessary upon
41 the diagnosis of diabetes; upon diagnosis by a physician or nurse
42 practitioner/clinical nurse specialist of a significant change in the
43 subscriber's or other covered person's symptoms or conditions
44 which necessitate changes in that person's self-management; and
45 upon determination of a physician or nurse practitioner/clinical
46 nurse specialist that reeducation or refresher education is necessary.
47 Diabetes self-management education shall be provided by a dietitian

1 registered by a nationally recognized professional association of
2 dietitians or a health care professional recognized as a Certified
3 Diabetes Educator by the American Association of Diabetes
4 Educators or a registered pharmacist in the State qualified with
5 regard to management education for diabetes by any institution
6 recognized by the board of pharmacy of the State of New Jersey.

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

9 d. This section shall apply to all medical service corporation
10 contracts in which the medical service corporation has reserved the
11 right to change the premium.

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

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

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

23

24 5. (New section) An individual or group medical service
25 corporation contract providing hospital or medical expense benefits
26 that is delivered, issued, executed, or renewed in this State pursuant
27 to P.L.1940, c.74 (C.17:48A-1 et seq.) or approved for issuance or
28 renewal in this State by the Commissioner of Banking and
29 Insurance on or after the effective date of P.L. , c. (C.)
30 (pending before the Legislature as this bill) shall provide coverage
31 for at least one epinephrine auto-injector device, if recommended or
32 prescribed by a participating physician or participating nurse
33 practitioner/clinical nurse specialist. Coverage for the purchase of
34 an epinephrine auto-injector device shall not be subject to any
35 deductible, and no copayment or coinsurance for the purchase of an
36 epinephrine auto-injector device shall exceed \$25 per 30-day
37 supply. The provisions of this section shall apply to a high
38 deductible health plan to the maximum extent permitted by federal
39 law, except if the plan is used to establish a medical savings
40 account pursuant to section 220 of the federal Internal Revenue
41 Code of 1986 (26 U.S.C. s.220) or a health savings account
42 pursuant to section 223 of the federal Internal Revenue Code of
43 1986 (26 U.S.C. s.223). The provisions of this section shall apply
44 to the plan to the maximum extent that is permitted by federal law
45 and does not disqualify the account for the deduction allowed under
46 section 220 or 223, as applicable. ¹The provisions of this subsection
47 shall apply to a plan that meets the requirements of a catastrophic

1 plan, as defined in 45 C.F.R. s.156.155, to the maximum extent
2 permitted by federal law.¹

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

7
8 6. (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 benefits to
15 a subscriber or other person covered thereunder for expenses
16 incurred for a prescription asthma inhaler, if recommended or
17 prescribed by a participating physician or participating nurse
18 practitioner/clinical nurse specialist. Coverage for the purchase of a
19 covered prescription asthma inhaler shall not be subject to any
20 deductible, and no copayment or coinsurance for the purchase of a
21 covered prescription asthma inhaler shall exceed \$50 per 30-day
22 supply. The provisions of this section shall apply to a high
23 deductible health plan to the maximum extent permitted by federal
24 law, except if the plan is used to establish a medical savings
25 account pursuant to section 220 of the federal Internal Revenue
26 Code of 1986 (26 U.S.C. s.220) or a health savings account
27 pursuant to section 223 of the federal Internal Revenue Code of
28 1986 (26 U.S.C. s.223). The provisions of this section shall apply to
29 the plan to the maximum extent that is permitted by federal law and
30 does not disqualify the account for the deduction allowed under
31 section 220 or 223, as applicable. ¹The provisions of this
32 subsection shall apply to a plan that meets the requirements of a
33 catastrophic plan, as defined in 45 C.F.R. s.156.155, to the
34 maximum extent permitted by federal law.¹

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

39
40 7. Section 3 of P.L.1995, c.331 (C.17:48E-35.11) is amended
41 to read as follows:

42 3. a. Every individual or group health service corporation
43 contract providing hospital or medical expense benefits that is
44 delivered, issued, executed or renewed in this State pursuant to
45 P.L.1985, c.236 (C.17:48E-1 et seq.) or approved for issuance or
46 renewal in this State by the Commissioner of Banking and
47 Insurance on or after the effective date of this act shall provide

1 benefits to any subscriber or other person covered thereunder for
2 expenses incurred for the following equipment and supplies for the
3 treatment of diabetes, if recommended or prescribed by a physician
4 or nurse practitioner/clinical nurse specialist: blood glucose
5 monitors and blood glucose monitors for the legally blind; test
6 strips for glucose monitors and visual reading and urine testing
7 strips; insulin; injection aids; cartridges for the legally blind;
8 syringes; insulin pumps and appurtenances thereto; insulin infusion
9 devices; and oral agents for controlling blood sugar. Coverage for
10 the purchase of ¹a rapid acting, long-acting, and pre-mixed¹ insulin
11 ¹product¹ shall not be subject to any deductible, and no copayment
12 or coinsurance for the purchase of insulin shall exceed \$35 per 30-
13 day supply. The provisions of this subsection shall apply to a high
14 deductible health plan to the maximum extent permitted by federal
15 law, except if the plan is used to establish a medical savings
16 account pursuant section 220 of the federal Internal Revenue Code
17 of 1986 (26 U.S.C. s.220) or a health savings account pursuant to
18 section 223 of the federal Internal Revenue Code of 1986 (26
19 U.S.C. s.223). The provisions of this subsection shall apply to the
20 plan to the maximum extent that is permitted by federal law and
21 does not disqualify the account for the deduction allowed under
22 section 220 or 223, as applicable. ¹The provisions of this subsection
23 shall apply to a plan that meets the requirements of a catastrophic
24 plan, as defined in 45 C.F.R. s.156.155, to the maximum extent
25 permitted by federal law.¹

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

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

1 d. This section shall apply to all health service corporation
2 contracts in which the health service corporation has reserved the
3 right to change the 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-
10 1 et 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.3)

15

16 8. (New section) An individual or group health service
17 corporation contract providing hospital or medical expense benefits
18 that is delivered, issued, executed, or renewed in this State pursuant
19 to P.L.1985, c.236 (C.17:48E-1 et seq.) 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. ¹The provisions of this subsection
39 shall apply to a plan that meets the requirements of a catastrophic
40 plan, as defined in 45 C.F.R. s.156.155, to the maximum extent
41 permitted by federal law.¹

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

1 9. (New section) An individual or group health service
2 corporation contract providing hospital or medical expense benefits
3 that is delivered, issued, executed, or renewed in this State pursuant
4 to P.L.1985, c.236 (C.17:48E-1 et seq.) or approved for issuance or
5 renewal in this State by the Commissioner of Banking and
6 Insurance on or after the effective date of P.L. , c. (C.)
7 (pending before the Legislature as this bill) shall provide benefits to
8 a subscriber or other person covered thereunder for expenses
9 incurred for a prescription asthma inhaler, if recommended or
10 prescribed by a participating physician or participating nurse
11 practitioner/clinical nurse specialist. Coverage for the purchase of a
12 covered prescription asthma inhaler shall not be subject to any
13 deductible, and no copayment or coinsurance for the purchase of a
14 covered prescription asthma inhaler shall exceed \$50 per 30-day
15 supply. The provisions of this section 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 section shall apply
22 to the plan to the maximum extent that is permitted by federal law
23 and does not disqualify the account for the deduction allowed under
24 section 220 or 223, as applicable. ¹The provisions of this
25 subsection shall apply to a plan that meets the requirements of a
26 catastrophic plan, as defined in 45 C.F.R. s.156.155, to the
27 maximum extent permitted by federal law.¹

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

32

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

35 4. a. Every individual health insurance policy providing
36 hospital or medical expense benefits that is delivered, issued,
37 executed or renewed in this State pursuant to Chapter 26 of Title
38 17B of the New Jersey Statutes or approved for issuance or renewal
39 in this State by the Commissioner of Banking and Insurance on or
40 after the effective date of this act shall provide benefits to any
41 person covered thereunder for expenses incurred for the following
42 equipment and supplies for the treatment of diabetes, if
43 recommended or prescribed by a physician or nurse
44 practitioner/clinical nurse specialist: blood glucose monitors and
45 blood glucose monitors for the legally blind; test strips for glucose
46 monitors and visual reading and urine testing strips; insulin;
47 injection aids; cartridges for the legally blind; syringes; insulin

1 pumps and appurtenances thereto; insulin infusion devices; and oral
2 agents for controlling blood sugar Coverage for the purchase of 'a
3 rapid acting, long-acting, and pre-mixed' insulin 'product' shall not
4 be subject to any deductible, and no copayment or coinsurance for
5 the purchase of insulin shall exceed \$35 per 30-day supply. The
6 provisions of this subsection shall apply to a high deductible health
7 plan to the maximum extent permitted by federal law, except if the
8 plan is used to establish a medical savings account pursuant to
9 section 220 of the federal Internal Revenue Code of 1986 (26
10 U.S.C. s.220) or a health savings account pursuant to section 223 of
11 the federal Internal Revenue Code of 1986 (26 U.S.C. s.223). The
12 provisions of this subsection shall apply to the plan to the maximum
13 extent that is permitted by federal law and does not disqualify the
14 account for the deduction allowed under section 220 or 223, as
15 applicable. 'The provisions of this subsection shall apply to a plan
16 that meets the requirements of a catastrophic plan, as defined in 45
17 C.F.R. s.156.155, to the maximum extent permitted by federal law.'

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

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

40 d. This section shall apply to all individual health insurance
41 policies in which the insurer has reserved the right to change the
42 premium.

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

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

1 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-
2 1 et 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.4)

7
8 11. (New section) An individual health insurance policy
9 providing hospital or medical expense benefits that is delivered,
10 issued, executed, or renewed in this State pursuant to Chapter 26 of
11 Title 17B of the New Jersey Statutes 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. ¹The provisions of this
31 subsection shall apply to a plan that meets the requirements of a
32 catastrophic plan, as defined in 45 C.F.R. s.156.155, to the
33 maximum extent permitted by federal law.¹

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

37
38 12. (New section) An individual health insurance policy
39 providing hospital or medical expense benefits that is delivered,
40 issued, executed, or renewed in this State pursuant to Chapter 26 of
41 Title 17B of the New Jersey Statutes or approved for issuance or
42 renewal in this State by the Commissioner of Banking and
43 Insurance on or after the effective date of P.L. , c. (C.)
44 (pending before the Legislature as this bill) shall provide benefits to
45 a person covered thereunder for expenses incurred for a prescription
46 asthma inhaler, if recommended or prescribed by a participating
47 physician or participating nurse practitioner/clinical nurse

1 specialist. Coverage for the purchase of a covered prescription
2 asthma inhaler shall not be subject to any deductible, and no
3 copayment or coinsurance for the purchase of a covered
4 prescription asthma inhaler shall exceed \$50 per 30-day supply.
5 The provisions of this section shall apply to a high deductible health
6 plan to the maximum extent permitted by federal law, except if the
7 plan is used to establish a medical savings account pursuant to
8 section 220 of the federal Internal Revenue Code of 1986 (26
9 U.S.C. s.220) or a health savings account pursuant to section 223 of
10 the federal Internal Revenue Code of 1986 (26 U.S.C. s.223). The
11 provisions of this section shall apply to the plan to the maximum
12 extent that is permitted by federal law and does not disqualify the
13 account for the deduction allowed under section 220 or 223, as
14 applicable. ¹The provisions of this subsection shall apply to a plan
15 that meets the requirements of a catastrophic plan, as defined in 45
16 C.F.R. s.156.155, to the maximum extent permitted by federal law.¹

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

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

23 5. a. Every group health insurance policy providing hospital or
24 medical expense benefits that is delivered, issued, executed or
25 renewed in this State pursuant to Chapter 27 of Title 17B of the
26 New Jersey Statutes or approved for issuance or renewal in this
27 State by the Commissioner of Banking and Insurance on or after the
28 effective date of this act shall provide benefits to any person
29 covered thereunder for expenses incurred for the following
30 equipment and supplies for the treatment of diabetes, if
31 recommended or prescribed by a physician or nurse
32 practitioner/clinical nurse specialist: blood glucose monitors and
33 blood glucose monitors for the legally blind; test strips for glucose
34 monitors and visual reading and urine testing strips; insulin;
35 injection aids; cartridges for the legally blind; syringes; insulin
36 pumps and appurtenances thereto; insulin infusion devices; and oral
37 agents for controlling blood sugar. Coverage for the purchase of ¹a
38 rapid acting, long-acting, and pre-mixed¹ insulin ¹product¹ shall not
39 be subject to any deductible, and no copayment or coinsurance for
40 the purchase of insulin shall exceed \$35 per 30-day supply. The
41 provisions of this subsection shall apply to a high deductible health
42 plan to the maximum extent permitted by federal law, except if the
43 plan is used to establish a medical savings account pursuant to
44 section 220 of the federal Internal Revenue Code of 1986 (26
45 U.S.C. s.220) or a health savings account pursuant to section 223 of
46 the federal Internal Revenue Code of 1986 (26 U.S.C. s.223). The
47 provisions of this subsection shall apply to the plan to the maximum

1 extent that is permitted by federal law and does not disqualify the
2 account for the deduction allowed under section 220 or 223, as
3 applicable. ¹The provisions of this subsection shall apply to a plan
4 that meets the requirements of a catastrophic plan, as defined in 45
5 C.F.R. s.156.155, to the maximum extent permitted by federal law.¹

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

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

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

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

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

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

42

43 14. (New section) A group health insurance policy providing
44 hospital or medical expense benefits that is delivered, issued,
45 executed, or renewed in this State pursuant to Chapter 27 of Title
46 17B of the New Jersey Statutes or approved for issuance or renewal
47 in this State by the Commissioner of Banking and Insurance on or

1 after the effective date of P.L. , c. (C.) (pending before the
2 Legislature as this bill) shall provide coverage for at least one
3 epinephrine auto-injector device, if recommended or prescribed by
4 a participating physician or participating nurse practitioner/clinical
5 nurse specialist. Coverage for the purchase of an epinephrine auto-
6 injector device shall not be subject to any deductible, and no
7 copayment or coinsurance for the purchase of an epinephrine auto-
8 injector device shall exceed \$25 per 30-day supply. The provisions
9 of this section shall apply to a high deductible health plan to the
10 maximum extent permitted by federal law, except if the plan is used
11 to establish a medical savings account pursuant to section 220 of
12 the federal Internal Revenue Code of 1986 (26 U.S.C. s.220) or a
13 health savings account pursuant to section 223 of the federal
14 Internal Revenue Code of 1986 (26 U.S.C. s.223). The provisions
15 of this section shall apply to the plan to the maximum extent that is
16 permitted by federal law and does not disqualify the account for the
17 deduction allowed under section 220 or 223, as applicable. ¹The
18 provisions of this subsection shall apply to a plan that meets the
19 requirements of a catastrophic plan, as defined in 45 C.F.R.
20 s.156.155, to the maximum extent permitted by federal law.¹

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

24
25 15. (New section) A group health insurance policy providing
26 hospital or medical expense benefits that is delivered, issued,
27 executed, or renewed in this State pursuant to Chapter 27 of Title
28 17B of the New Jersey Statutes or approved for issuance or renewal
29 in this State by the Commissioner of Banking and Insurance on or
30 after the effective date of P.L. , c. (C.) (pending before the
31 Legislature as this bill) shall provide benefits to a person covered
32 thereunder for expenses incurred for a prescription asthma inhaler,
33 if 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. ¹The provisions of this

1 subsection shall apply to a plan that meets the requirements of a
2 catastrophic plan, as defined in 45 C.F.R. s.156.155, to the
3 maximum extent permitted by federal law.¹

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

7

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

10 6. a. Every contract for health care services that is delivered,
11 issued, executed or renewed in this State pursuant to P.L.1973,
12 c.337 (C.26:2J-1 et seq.) or approved for issuance or renewal in this
13 State on or after the effective date of this act shall provide health
14 care services to any enrollee or other person covered thereunder for
15 the following equipment and supplies for the treatment of diabetes,
16 if recommended or prescribed by a participating physician or
17 participating nurse practitioner/clinical nurse specialist: blood
18 glucose monitors and blood glucose monitors for the legally blind;
19 test strips for glucose monitors and visual reading and urine testing
20 strips; insulin; injection aids; cartridges for the legally blind;
21 syringes; insulin pumps and appurtenances thereto; insulin infusion
22 devices; and oral agents for controlling blood sugar. Coverage for
23 the purchase of ¹a rapid acting, long-acting, and pre-mixed¹ insulin
24 ¹product¹ shall not be subject to any deductible, and no copayment
25 or coinsurance for the purchase of insulin shall exceed \$35 per 30-
26 day supply. The provisions of this subsection shall apply to a high
27 deductible health plan to the maximum extent permitted by federal
28 law, except if the plan is used to establish a medical savings
29 account pursuant to section 220 of the federal Internal Revenue
30 Code of 1986 (26 U.S.C. s.220) or a health savings account
31 pursuant to section 223 of the federal Internal Revenue Code of
32 1986 (26 U.S.C. s.223). The provisions of this subsection shall
33 apply to the plan to the maximum extent that is permitted by federal
34 law and does not disqualify the account for the deduction allowed
35 under section 220 or 223, as applicable. ¹The provisions of this
36 subsection shall apply to a plan that meets the requirements of a
37 catastrophic plan, as defined in 45 C.F.R. s.156.155, to the
38 maximum extent permitted by federal law.¹

39 b. Each contract shall also provide health care services for
40 diabetes self-management education to ensure that a person with
41 diabetes is educated as to the proper self-management and treatment
42 of their diabetic condition, including information on proper diet.
43 Health care services provided for self-management education and
44 education relating to diet shall be limited to visits medically
45 necessary upon the diagnosis of diabetes; upon diagnosis by a
46 participating physician or participating nurse practitioner/clinical
47 nurse specialist of a significant change in the enrollee's or other

1 covered person's symptoms or conditions which necessitate changes
2 in that person's self-management; and upon determination of a
3 participating physician or participating nurse practitioner/clinical
4 nurse specialist that reeducation or refresher education is necessary.
5 Diabetes self-management education shall be provided by a
6 participating dietitian registered by a nationally recognized
7 professional association of dietitians or a health care professional
8 recognized as a Certified Diabetes Educator by the American
9 Association of Diabetes Educators or, pursuant to section 6 of
10 P.L.1993, c.378 (C.26:2J-4.7), a registered pharmacist in the State
11 qualified with regard to management education for diabetes by any
12 institution recognized by the board of pharmacy of the State of New
13 Jersey.

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

17 d. This section shall apply to all contracts in which the health
18 maintenance organization has reserved the right to change the
19 schedule of charges.

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

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

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

31

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

1 Revenue Code of 1986 (26 U.S.C. s.223). The provisions of this
2 section shall apply to the plan to the maximum extent that is
3 permitted by federal law and does not disqualify the account for the
4 deduction allowed under section 220 or 223, as applicable. ¹The
5 provisions of this subsection shall apply to a plan that meets the
6 requirements of a catastrophic plan, as defined in 45 C.F.R.
7 s.156.155, to the maximum extent permitted by federal law.¹

8 Nothing in this section shall prevent a health maintenance
9 organization from reducing an enrollee's or other covered person's
10 cost-sharing requirement by an amount greater than the amount
11 specified in this section.

12
13 18. (New section) A contract for health care services that is
14 delivered, issued, executed, or renewed in this State pursuant to
15 P.L.1973, c.337 (C.26:2J-1 et seq.) or approved for issuance or
16 renewal in this State on or after the effective date of
17 P.L. , c. (C.) (pending before the Legislature as this bill)
18 shall provide benefits to an enrollee or other person covered
19 thereunder for expenses incurred for a prescription asthma inhaler,
20 if recommended or prescribed by a participating physician or
21 participating nurse practitioner/clinical nurse specialist. Coverage
22 for the purchase of a covered prescription asthma inhaler shall not
23 be subject to any deductible, and no copayment or coinsurance for
24 the purchase of a covered prescription asthma inhaler shall exceed
25 \$50 per 30-day supply. The provisions of this section shall apply to
26 a high deductible health plan to the maximum extent permitted by
27 federal law, except if the plan is used to establish a medical savings
28 account pursuant to section 220 of the federal Internal Revenue
29 Code of 1986 (26 U.S.C. s.220) or a health savings account
30 pursuant to section 223 of the federal Internal Revenue Code of
31 1986 (26 U.S.C. s.223). The provisions of this section shall apply
32 to the plan to the maximum extent that is permitted by federal law
33 and does not disqualify the account for the deduction allowed under
34 section 220 or 223, as applicable. ¹The provisions of this
35 subsection shall apply to a plan that meets the requirements of a
36 catastrophic plan, as defined in 45 C.F.R. s.156.155, to the
37 maximum extent permitted by federal law.¹

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

42
43 19. (New section) An individual health benefits plan that
44 provides hospital and medical expense benefits and is delivered,
45 issued, executed, or renewed in this State pursuant to P.L.1992,
46 c.161 (C.17B:27A-2 et al.), on or after the effective date of
47 P.L. , c. (C.) (pending before the Legislature as this bill),

1 shall provide coverage to an enrollee or other person covered
2 thereunder for insulin for the treatment of diabetes, if recommended
3 or prescribed by a participating physician or participating nurse
4 practitioner/clinical nurse specialist. Coverage for the purchase of
5 'a rapid acting, long-acting, and pre-mixed' insulin 'product' shall
6 not be subject to any deductible, and no copayment or coinsurance
7 for the purchase of insulin shall exceed \$35 per 30-day supply. The
8 provisions of this section shall apply to a high deductible health
9 plan to the maximum extent permitted by federal law, except if the
10 plan is used to establish a medical savings account pursuant to
11 section 220 of the federal Internal Revenue Code of 1986 (26
12 U.S.C. s.220) or a health savings account pursuant to section 223 of
13 the federal Internal Revenue Code of 1986 (26 U.S.C. s.223). The
14 provisions of this section shall apply to the plan to the maximum
15 extent that is permitted by federal law and does not disqualify the
16 account for the deduction allowed under section 220 or 223, as
17 applicable. 'The provisions of this subsection shall apply to a plan
18 that meets the requirements of a catastrophic plan, as defined in 45
19 C.F.R. s.156.155, to the maximum extent permitted by federal law.'¹

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

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

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

1 requirements of a catastrophic plan, as defined in 45 C.F.R.
2 s.156.155, to the maximum extent permitted by federal law.¹

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

6
7 21. (New section) An individual health benefits plan that
8 provides hospital and medical expense benefits and is delivered,
9 issued, executed, or renewed in this State pursuant to P.L.1992,
10 c.161 (C.17B:27A-2 et al.), on or after the effective date of
11 P.L. , c. (C.) (pending before the Legislature as this bill), shall
12 provide benefits to an enrollee or other person covered thereunder
13 for expenses incurred for a prescription asthma inhaler, if
14 recommended or prescribed by a participating physician or
15 participating nurse practitioner/clinical nurse specialist. Coverage
16 for the purchase of a covered prescription asthma inhaler shall not
17 be subject to any deductible, and no copayment or coinsurance for
18 the purchase of a covered prescription asthma inhaler shall exceed
19 \$50 per 30-day supply. The provisions of this section shall apply to
20 a high deductible health plan to the maximum extent permitted by
21 federal law, except if the plan is used to establish a medical savings
22 account pursuant to section 220 of the federal Internal Revenue
23 Code of 1986 (26 U.S.C. s.220) or a health savings account
24 pursuant to section 223 of the federal Internal Revenue Code of
25 1986 (26 U.S.C. s.223). The provisions of this section shall apply
26 to the plan to the maximum extent that is permitted by federal law
27 and does not disqualify the account for the deduction allowed under
28 section 220 or 223, as applicable. ¹The provisions of this
29 subsection shall apply to a plan that meets the requirements of a
30 catastrophic plan, as defined in 45 C.F.R. s.156.155, to the
31 maximum extent permitted by federal law.¹

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

35
36 22. (New section) A small employer health benefits plan that
37 provides hospital and medical expense benefits and is delivered,
38 issued, executed, or renewed in this State pursuant to P.L.1992,
39 c.162 (C.17B:27A-17 et seq.), on or after the effective date of
40 P.L. , c. (C.) (pending before the Legislature as this bill),
41 shall provide coverage to an enrollee or other person covered
42 thereunder for insulin for the treatment of diabetes, if recommended
43 or prescribed by a participating physician or participating nurse
44 practitioner/clinical nurse specialist. Coverage for the purchase of
45 ¹a rapid acting, long-acting, and pre-mixed¹ insulin ¹product¹ shall
46 not be subject to any deductible, and no copayment or coinsurance
47 for the purchase of insulin shall exceed \$35 per 30-day supply. The

1 provisions of this section shall apply to a high deductible health
2 plan to the maximum extent permitted by federal law, except if the
3 plan is used to establish a medical savings account pursuant to
4 section 220 of the federal Internal Revenue Code of 1986 (26
5 U.S.C. s.220) or a health savings account pursuant to section 223 of
6 the federal Internal Revenue Code of 1986 (26 U.S.C. s.223). The
7 provisions of this section shall apply to the plan to the maximum
8 extent that is permitted by federal law and does not disqualify the
9 account for the deduction allowed under section 220 or 223, as
10 applicable. ¹The provisions of this subsection shall apply to a plan
11 that meets the requirements of a catastrophic plan, as defined in 45
12 C.F.R. s.156.155, to the maximum extent permitted by federal law.¹

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

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

17

18 23. (New section) A small employer health benefits plan that
19 provides hospital and medical expense benefits and is delivered,
20 issued, executed, or renewed in this State pursuant to P.L.1992,
21 c.162 (C.17B:27A-17 et seq.), on or after the effective date of
22 P.L. , c. (C.) (pending before the Legislature as this bill),
23 shall provide coverage for at least one epinephrine auto-injector
24 device, if recommended or prescribed by a participating physician
25 or participating nurse practitioner/clinical nurse specialist.
26 Coverage for the purchase of an epinephrine auto-injector device
27 shall not be subject to any deductible, and no copayment or
28 coinsurance for the purchase of an epinephrine auto-injector device
29 shall exceed \$25 per 30-day supply. The provisions of this section
30 shall apply to a high deductible health plan to the maximum extent
31 permitted by federal law, except if the plan is used to establish a
32 medical savings account pursuant to section 220 of the federal
33 Internal Revenue Code of 1986 (26 U.S.C. s.220) or a health
34 savings account pursuant to section 223 of the federal Internal
35 Revenue Code of 1986 (26 U.S.C. s.223). The provisions of this
36 section shall apply to the plan to the maximum extent that is
37 permitted by federal law and does not disqualify the account for the
38 deduction allowed under section 220 or 223, as applicable. ¹The
39 provisions of this subsection shall apply to a plan that meets the
40 requirements of a catastrophic plan, as defined in 45 C.F.R.
41 s.156.155, to the maximum extent permitted by federal law.¹

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

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

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

3
4 24. (New section) A small employer health benefits plan that
5 provides hospital and medical expense benefits and is delivered,
6 issued, executed, or renewed in this State pursuant to P.L.1992,
7 c.162 (C.17B:27A-17 et seq.), on or after the effective date of
8 P.L. , c. (C.) (pending before the Legislature as this bill), shall
9 provide benefits to an enrollee or other person covered thereunder
10 for expenses incurred for a prescription asthma inhaler, if
11 recommended or prescribed by a participating physician or
12 participating nurse practitioner/clinical nurse specialist. Coverage
13 for the purchase of a covered prescription asthma inhaler shall not
14 be subject to any deductible, and no copayment or coinsurance for
15 the purchase of a covered prescription asthma inhaler shall exceed
16 \$50 per 30-day supply. The provisions of this section shall apply to
17 a high deductible health plan to the maximum extent permitted by
18 federal 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. ¹The provisions of this
26 subsection shall apply to a plan that meets the requirements of a
27 catastrophic plan, as defined in 45 C.F.R. s.156.155, to the
28 maximum extent permitted by federal law.¹

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

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

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

36
37 25. (New section) The State Health Benefits Commission shall
38 ensure that every contract purchased or renewed by the commission
39 on or after the effective date of P.L. , c. (C.) (pending
40 before the Legislature as this bill), shall provide coverage for health
41 care services to a person covered thereunder for insulin for the
42 treatment of diabetes, if recommended or prescribed by a
43 participating physician or participating nurse practitioner/clinical
44 nurse specialist. Coverage for the purchase of ¹a rapid acting, long-
45 acting, and pre-mixed¹ insulin ¹product¹ shall not be subject to any
46 deductible, and no copayment or coinsurance for the purchase of
47 insulin shall exceed \$35 per 30-day supply, except a contract

1 provided by the State Health Benefits Commission that qualifies as
2 a high deductible health plan shall provide coverage for the
3 purchase of insulin at the lowest deductible and other cost-sharing
4 requirement permitted for a high deductible health plan under
5 section 223(c)(2)(A) of the federal Internal Revenue Code (26
6 U.S.C. s.223 (c)(2)(A)). ¹The provisions of this subsection shall
7 apply to a plan that meets the requirements of a catastrophic plan,
8 as defined in 45 C.F.R. s.156.155, to the maximum extent permitted
9 by federal law.¹

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
35 (26 U.S.C. s.223 (c)(2)(A)). ¹The provisions of this subsection shall
36 apply to a plan that meets the requirements of a catastrophic plan,
37 as defined in 45 C.F.R. s.156.155, to the maximum extent permitted
38 by federal law.¹

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

1 27. (New section) The State Health Benefits Commission shall
2 ensure that every contract purchased or renewed by the commission
3 on or after the effective date of P.L. , c. (C.) (pending
4 before the Legislature as this bill), shall provide benefits to a person
5 covered thereunder for expenses incurred for a prescription asthma
6 inhaler, if recommended or prescribed by a participating physician
7 or participating nurse practitioner/clinical nurse specialist.
8 Coverage for the purchase of a covered prescription asthma inhaler
9 shall not be subject to any deductible, and no copayment or
10 coinsurance for the purchase of a covered prescription asthma
11 inhaler shall exceed \$50 per 30-day supply, except a contract
12 provided by the State Health Benefits Commission that qualifies as
13 a high deductible health plan shall provide coverage for the
14 purchase of a covered prescription asthma inhaler at the lowest
15 deductible and other cost-sharing requirement permitted for a high
16 deductible health plan under section 223(c)(2)(A) of the Internal
17 Revenue Code (26 U.S.C. s.223). ¹The provisions of this subsection
18 shall apply to a plan that meets the requirements of a catastrophic
19 plan, as defined in 45 C.F.R. s.156.155, to the maximum extent
20 permitted by federal law.¹

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

29
30 28. (New section) The School Employees' Health Benefits
31 Commission shall ensure that every contract purchased by the
32 commission on or after the effective date of P.L. , c. (C.)
33 (pending before the Legislature as this bill) that provides hospital
34 and medical expense benefits shall provide health care services to a
35 person covered thereunder for insulin for the treatment of diabetes,
36 if recommended or prescribed by a participating physician or
37 participating nurse practitioner/clinical nurse specialist. Coverage
38 for the purchase of ¹a rapid acting, long-acting, and pre-mixed¹
39 insulin ¹product¹ shall not be subject to any deductible, and no
40 copayment or coinsurance for the purchase of insulin shall exceed
41 \$35 per 30-day supply, except a contract provided by the School
42 Employees' Health Benefits Commission that qualifies as a high
43 deductible health plan shall provide coverage for the purchase of
44 insulin at the lowest deductible and other cost-sharing requirement
45 permitted for a high deductible health plan under section
46 223(c)(2)(A) of the Internal Revenue Code
47 (26 U.S.C. s.223 (c)(2)(A)). ¹The provisions of this subsection

1 shall apply to a plan that meets the requirements of a catastrophic
2 plan, as defined in 45 C.F.R. s.156.155, to the maximum extent
3 permitted by federal law.¹

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

12

13 29. (New section) The School Employees' Health Benefits
14 Commission shall ensure that every contract purchased or renewed
15 by the commission on or after the effective date of
16 P.L. , c. (C.) (pending before the Legislature as this bill),
17 shall provide coverage for at least one epinephrine auto-injector
18 device, if recommended or prescribed by a participating physician
19 or participating nurse practitioner/clinical nurse specialist.
20 Coverage for the purchase of an epinephrine auto-injector device
21 shall not be subject to any deductible, and no copayment or
22 coinsurance for the purchase of an epinephrine auto-injector device
23 shall exceed \$25 per 30-day supply, except a contract provided by
24 the School Employees' Health Benefits Commission that qualifies
25 as a high deductible health plan shall provide coverage for the
26 purchase of an epinephrine auto-injector device at the lowest
27 deductible and other cost-sharing requirement permitted for a high
28 deductible health plan under section 223(c)(2)(A) of the Internal
29 Revenue Code (26 U.S.C. s.223 (c)(2)(A)). ¹The provisions of this
30 subsection shall apply to a plan that meets the requirements of a
31 catastrophic plan, as defined in 45 C.F.R. s.156.155, to the
32 maximum extent permitted by federal law.¹

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

41

42 30. (New section) The School Employees' Health Benefits
43 Commission shall ensure that every contract purchased or renewed
44 by the commission on or after the effective date of
45 P.L. , c. (C.) (pending before the Legislature as this bill),
46 shall provide benefits to a person covered thereunder for expenses
47 incurred for a prescription asthma inhaler, if recommended or

1 prescribed by a participating physician or participating nurse
2 practitioner/clinical nurse specialist. Coverage for the purchase of a
3 covered prescription asthma inhaler shall not be subject to any
4 deductible, and no copayment or coinsurance for the purchase of a
5 covered prescription asthma inhaler shall exceed \$50 per 30-day
6 supply, except a contract provided by the School Employees' Health
7 Benefits Commission that qualifies as a high deductible health plan
8 shall provide coverage for the purchase of a covered prescription
9 asthma inhaler at the lowest deductible and other cost-sharing
10 requirement permitted for a high deductible health plan under
11 section 223(c)(2)(A) of the Internal Revenue Code
12 (26 U.S.C. s.223 (c)(2)(A)). ¹The provisions of this subsection shall
13 apply to a plan that meets the requirements of a catastrophic plan,
14 as defined in 45 C.F.R. s.156.155, to the maximum extent permitted
15 by federal law.¹

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

24
25 31. This act shall take effect on the first day of the seventh
26 month next following the date of enactment and shall apply to plans
27 issued or renewed on or after January 1 of the next calendar year,
28 but the Commissioner of the Department of Banking and Insurance
29 may take such anticipatory administrative action in advance thereof
30 as shall be necessary for the implementation of the act.