

[Second 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, Assemblymen Rooney, Verrelli, Mukherji, Assemblywomen Swain, Pintor Marin and Lopez**

**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 Budget Committee on June 27, 2023, with amendments.

(Sponsorship Updated As Of: 6/30/2023)

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 <sup>1</sup>a <sup>2</sup>short-acting, intermediate acting, <sup>2</sup> rapid acting,  
26 long-acting, and pre-mixed<sup>1</sup> insulin <sup>1</sup>product<sup>1</sup> shall not be subject to  
27 any deductible, and no copayment or coinsurance for the purchase  
28 of insulin shall exceed \$35 per 30-day supply. The provisions of  
29 this subsection shall apply to a high deductible health plan to the  
30 maximum extent permitted by federal law, except if the plan is used  
31 to establish a medical savings account pursuant to section 220 of  
32 the federal Internal Revenue Code of 1986 (26 U.S.C. s.220) or a  
33 health savings account pursuant to section 223 of the federal  
34 Internal Revenue Code of 1986 (26 U.S.C. s.223). The provisions  
35 of this subsection shall apply to the plan to the maximum extent that  
36 is permitted by federal law and does not disqualify the account for  
37 the deduction allowed under section 220 or 223, as applicable.  
38 <sup>1</sup>The provisions of this subsection shall apply to a plan that meets  
39 the requirements of a catastrophic plan, as defined in 45 C.F.R.  
40 s.156.155, to the maximum extent permitted by federal law.<sup>1</sup>

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:

<sup>1</sup>Assembly AHE committee amendments adopted May 26, 2022.

<sup>2</sup>Assembly ABU committee amendments adopted June 27, 2023.

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. <sup>1</sup>The provisions of this  
9 <sup>2</sup>[subsection] section<sup>2</sup> shall apply to a plan that meets the  
10 requirements of a catastrophic plan, as defined in 45 C.F.R.  
11 s.156.155, to the maximum extent permitted by federal law.<sup>1</sup>

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. <sup>1</sup>The provisions of this  
41 <sup>2</sup>[subsection] section<sup>2</sup> shall apply to a plan that meets the  
42 requirements of a catastrophic plan, as defined in 45 C.F.R.  
43 s.156.155, to the maximum extent permitted by federal law.<sup>1</sup>

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 <sup>1</sup>a <sup>2</sup>short-acting, intermediate acting,<sup>2</sup> rapid acting,  
19 long-acting, and pre-mixed<sup>1</sup> insulin <sup>1</sup>product<sup>1</sup> shall not be subject to  
20 any deductible, and no copayment or coinsurance for the purchase  
21 of insulin shall exceed \$35 per 30-day supply. The provisions of  
22 this subsection shall apply to a high deductible health plan to the  
23 maximum extent permitted by federal law, except if the plan is used  
24 to establish a medical savings account pursuant to section 220 of  
25 the federal Internal Revenue Code of 1986 (26 U.S.C. s.220) or a  
26 health savings account pursuant to section 223 of the federal  
27 Internal Revenue Code of 1986 (26 U.S.C. s.223). The provisions  
28 of this subsection shall apply to the plan to the maximum extent that  
29 is permitted by federal law and does not disqualify the account for  
30 the deduction allowed under section 220 or 223, as applicable.  
31 <sup>1</sup>The provisions of this subsection shall apply to a plan that meets  
32 the requirements of a catastrophic plan, as defined in 45 C.F.R.  
33 s.156.155, to the maximum extent permitted by federal law.<sup>1</sup>

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. <sup>1</sup>The provisions of this  
47 <sup>2</sup>subsection section<sup>2</sup> 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.<sup>1</sup>

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. <sup>1</sup>The provisions of this  
32 <sup>2</sup>[subsection] section<sup>2</sup> shall apply to a plan that meets the  
33 requirements of a catastrophic plan, as defined in 45 C.F.R.  
34 s.156.155, to the maximum extent permitted by federal law.<sup>1</sup>

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 <sup>1</sup>a <sup>2</sup>short-acting, intermediate acting, <sup>2</sup> rapid acting,  
11 long-acting, and pre-mixed<sup>1</sup> insulin <sup>1</sup>product<sup>1</sup> shall not be subject to  
12 any deductible, and no copayment or coinsurance for the purchase  
13 of insulin shall exceed \$35 per 30-day supply. The provisions of  
14 this subsection shall apply to a high deductible health plan to the  
15 maximum extent permitted by federal law, except if the plan is used  
16 to establish a medical savings account pursuant section 220 of the  
17 federal Internal Revenue Code of 1986 (26 U.S.C. s.220) or a health  
18 savings account pursuant to section 223 of the federal Internal  
19 Revenue Code of 1986 (26 U.S.C. s.223). The provisions of this  
20 subsection shall apply to the plan to the maximum extent that is  
21 permitted by federal law and does not disqualify the account for the  
22 deduction allowed under section 220 or 223, as applicable. <sup>1</sup>The  
23 provisions of this subsection shall apply to a plan that meets the  
24 requirements of a catastrophic plan, as defined in 45 C.F.R.  
25 s.156.155, to the maximum extent permitted by federal law.<sup>1</sup>

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. <sup>1</sup>The provisions of this  
39 <sup>2</sup>subsection section<sup>2</sup> 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.<sup>1</sup>

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. <sup>1</sup>The provisions of this  
25 <sup>2</sup>[subsection] section<sup>2</sup> shall apply to a plan that meets the  
26 requirements of a catastrophic plan, as defined in 45 C.F.R.  
27 s.156.155, to the maximum extent permitted by federal law.<sup>1</sup>

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

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

41 d. This section shall apply to all individual health insurance  
42 policies in which the insurer has reserved the right to change the  
43 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.).

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

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

9  
10 11. (New section) An individual health insurance policy  
11 providing hospital or medical expense benefits that is delivered,  
12 issued, executed, or renewed in this State pursuant to Chapter 26 of  
13 Title 17B of the New Jersey Statutes 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 P.L. , c. (C. )  
16 (pending before the Legislature as this bill) shall provide coverage  
17 for at least one epinephrine auto-injector device, if recommended or  
18 prescribed by a participating physician or participating nurse  
19 practitioner/clinical nurse specialist. Coverage for the purchase of  
20 an epinephrine auto-injector device shall not be subject to any  
21 deductible, and no copayment or coinsurance for the purchase of an  
22 epinephrine auto-injector device shall exceed \$25 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. <sup>1</sup>The provisions of this  
33 <sup>2</sup>[subsection] section<sup>2</sup> shall apply to a plan that meets the  
34 requirements of a catastrophic plan, as defined in 45 C.F.R.  
35 s.156.155, to the maximum extent permitted by federal law.<sup>1</sup>

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

39  
40 12. (New section) An individual health insurance policy  
41 providing hospital or medical expense benefits that is delivered,  
42 issued, executed, or renewed in this State pursuant to Chapter 26 of  
43 Title 17B of the New Jersey Statutes 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 P.L. , c. (C. )  
46 (pending before the Legislature as this bill) shall provide benefits to  
47 a person covered thereunder for expenses incurred for a prescription

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

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

23

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

26 5. a. Every group health insurance policy providing hospital or  
27 medical expense benefits that is delivered, issued, executed or  
28 renewed in this State pursuant to Chapter 27 of Title 17B of the  
29 New Jersey Statutes or approved for issuance or renewal in this  
30 State by the Commissioner of Banking and Insurance on or after the  
31 effective date of this act shall provide benefits to any person  
32 covered thereunder for expenses incurred for the following  
33 equipment and supplies for the treatment of diabetes, if  
34 recommended or prescribed by a physician or nurse  
35 practitioner/clinical nurse specialist: blood glucose monitors and  
36 blood glucose monitors for the legally blind; test strips for glucose  
37 monitors and visual reading and urine testing strips; insulin;  
38 injection aids; cartridges for the legally blind; syringes; insulin  
39 pumps and appurtenances thereto; insulin infusion devices; and oral  
40 agents for controlling blood sugar. Coverage for the purchase of <sup>1</sup>a  
41 <sup>2</sup>short-acting, intermediate acting,<sup>2</sup> rapid acting, long-acting, and  
42 pre-mixed<sup>1</sup> insulin <sup>1</sup>product<sup>1</sup> shall not be subject to any deductible,  
43 and no copayment or coinsurance for the purchase of insulin shall  
44 exceed \$35 per 30-day supply. The provisions of this subsection  
45 shall apply to a high deductible health plan to the maximum extent  
46 permitted by federal law, except if the plan is used to establish a  
47 medical savings account pursuant to section 220 of the federal

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

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

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

32 d. This section shall apply to all group health insurance  
33 policies in which the insurer has reserved the right to change the  
34 premium.

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

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

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

1 14. (New section) A group health insurance policy providing  
2 hospital or medical expense benefits that is delivered, issued,  
3 executed, or renewed in this State pursuant to Chapter 27 of Title  
4 17B of the New Jersey Statutes or approved for issuance or renewal  
5 in this State by the Commissioner of Banking and Insurance on or  
6 after the effective date of P.L. , c. (C. ) (pending before the  
7 Legislature as this bill) shall provide coverage for at least one  
8 epinephrine auto-injector device, if recommended or prescribed by  
9 a participating physician or participating nurse practitioner/clinical  
10 nurse specialist. Coverage for the purchase of an epinephrine auto-  
11 injector device shall not be subject to any deductible, and no  
12 copayment or coinsurance for the purchase of an epinephrine auto-  
13 injector device shall exceed \$25 per 30-day supply. The provisions  
14 of this section shall apply to a high deductible health plan to the  
15 maximum extent permitted by federal law, except if the plan is used  
16 to establish a medical savings account pursuant to section 220 of  
17 the federal Internal Revenue Code of 1986 (26 U.S.C. s.220) or a  
18 health savings account pursuant to section 223 of the federal  
19 Internal Revenue Code of 1986 (26 U.S.C. s.223). The provisions  
20 of this section shall apply to the plan to the maximum extent that is  
21 permitted by federal law and does not disqualify the account for the  
22 deduction allowed under section 220 or 223, as applicable. <sup>1</sup>The  
23 provisions of this <sup>2</sup>[subsection] section<sup>2</sup> shall apply to a plan that  
24 meets the requirements of a catastrophic plan, as defined in 45  
25 C.F.R. s.156.155, to the maximum extent permitted by federal law.<sup>1</sup>

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

29  
30 15. (New section) A group health insurance policy providing  
31 hospital or medical expense benefits that is delivered, issued,  
32 executed, or renewed in this State pursuant to Chapter 27 of Title  
33 17B of the New Jersey Statutes or approved for issuance or renewal  
34 in this State by the Commissioner of Banking and Insurance on or  
35 after the effective date of P.L. , c. (C. ) (pending before the  
36 Legislature as this bill) shall provide benefits to a person covered  
37 thereunder for expenses incurred for a prescription asthma inhaler,  
38 if recommended or prescribed by a participating physician or  
39 participating nurse practitioner/clinical nurse specialist. Coverage  
40 for the purchase of a covered prescription asthma inhaler shall not  
41 be subject to any deductible, and no copayment or coinsurance for  
42 the purchase of a covered prescription asthma inhaler shall exceed  
43 \$50 per 30-day supply. The provisions of this section shall apply to  
44 a high deductible health plan to the maximum extent permitted by  
45 federal law, except if the plan is used to establish a medical savings  
46 account pursuant to section 220 of the federal Internal Revenue  
47 Code of 1986 (26 U.S.C. s.220) or a health savings account

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

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

12  
13 16. Section 6 of P.L.1995, c.331 (C.26:2J-4.11) is amended to  
14 read as follows:

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

44 b. Each contract shall also provide health care services for  
45 diabetes self-management education to ensure that a person with  
46 diabetes is educated as to the proper self-management and treatment  
47 of their diabetic condition, including information on proper diet.



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

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

22 d. This section shall apply to all contracts in which the health  
23 maintenance organization has reserved the right to change the  
24 schedule of charges.

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

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

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

36

37 17. (New section) A contract for health care services that is  
38 delivered, issued, executed, or renewed in this State pursuant to  
39 P.L.1973, c.337 (C.26:2J-1 et seq.) or approved for issuance or  
40 renewal in this State on or after the effective date of  
41 P.L. , c. (C. ) (pending before the Legislature as this bill)  
42 shall provide coverage for at least one epinephrine auto-injector  
43 device, if recommended or prescribed by a participating physician  
44 or participating nurse practitioner/clinical nurse specialist.  
45 Coverage for the purchase of an epinephrine auto-injector device  
46 shall not be subject to any deductible, and no copayment or  
47 coinsurance for the purchase of an epinephrine auto-injector device  
48 shall exceed \$25 per 30-day supply. The provisions of this section

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

13 Nothing in this section shall prevent a health maintenance  
14 organization from reducing an enrollee's or other covered person's  
15 cost-sharing requirement by an amount greater than the amount  
16 specified in this section.

17

18 18. (New section) A contract for health care services that is  
19 delivered, issued, executed, or renewed in this State pursuant to  
20 P.L.1973, c.337 (C.26:2J-1 et seq.) or approved for issuance or  
21 renewal in this State on or after the effective date of  
22 P.L. , c. (C. ) (pending before the Legislature as this bill)  
23 shall provide benefits to an enrollee or other person covered  
24 thereunder for expenses incurred for a prescription asthma inhaler,  
25 if recommended or prescribed by a participating physician or  
26 participating nurse practitioner/clinical nurse specialist. Coverage  
27 for the purchase of a covered prescription asthma inhaler shall not  
28 be subject to any deductible, and no copayment or coinsurance for  
29 the purchase of a covered prescription asthma inhaler shall exceed  
30 \$50 per 30-day supply. The provisions of this section shall apply to  
31 a 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. <sup>1</sup>The provisions of this  
40 <sup>2</sup>[subsection] section<sup>2</sup> shall apply to a plan that meets the  
41 requirements of a catastrophic plan, as defined in 45 C.F.R.  
42 s.156.155, to the maximum extent permitted by federal law.<sup>1</sup>

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

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

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 20. (New section) An individual 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.161 (C.17B:27A-2 et al.), 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

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. <sup>1</sup>The  
5 provisions of this <sup>2</sup>[subsection] section<sup>2</sup> shall apply to a plan that  
6 meets the requirements of a catastrophic plan, as defined in 45  
7 C.F.R. s.156.155, to the maximum extent permitted by federal law.<sup>1</sup>

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

11

12 21. (New section) An individual 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.161 (C.17B:27A-2 et al.), 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. <sup>1</sup>The provisions of this  
34 <sup>2</sup>[subsection] section<sup>2</sup> shall apply to a plan that meets the  
35 requirements of a catastrophic plan, as defined in 45 C.F.R.  
36 s.156.155, to the maximum extent permitted by federal law.<sup>1</sup>

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

40

41 22. (New section) A small employer health benefits plan that  
42 provides hospital and medical expense benefits and is delivered,  
43 issued, executed, or renewed in this State pursuant to P.L.1992,  
44 c.162 (C.17B:27A-17 et seq.), on or after the effective date of  
45 P.L. , c. (C. ) (pending before the Legislature as this bill),  
46 shall provide coverage to an enrollee or other person covered  
47 thereunder for insulin for the treatment of diabetes, if recommended

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

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

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

23

24 23. (New section) A small employer 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.162 (C.17B:27A-17 et seq.), on or after the effective date of  
28 P.L. , c. (C. ) (pending before the Legislature as this bill),  
29 shall provide coverage for at least one epinephrine auto-injector  
30 device, if recommended or prescribed by a participating physician  
31 or participating nurse practitioner/clinical nurse specialist.  
32 Coverage for the purchase of an epinephrine auto-injector device  
33 shall not be subject to any deductible, and no copayment or  
34 coinsurance for the purchase of an epinephrine auto-injector device  
35 shall exceed \$25 per 30-day supply. The provisions of this section  
36 shall apply to a high deductible health plan to the maximum extent  
37 permitted by federal law, except if the plan is used to establish a  
38 medical savings account pursuant to section 220 of the federal  
39 Internal Revenue Code of 1986 (26 U.S.C. s.220) or a health  
40 savings account pursuant to section 223 of the federal Internal  
41 Revenue Code of 1986 (26 U.S.C. s.223). The provisions of this  
42 section shall apply to the plan to the maximum extent that is  
43 permitted by federal law and does not disqualify the account for the  
44 deduction allowed under section 220 or 223, as applicable. <sup>1</sup>The  
45 provisions of this <sup>2</sup>[subsection] section<sup>2</sup> shall apply to a plan that  
46 meets the requirements of a catastrophic plan, as defined in 45  
47 C.F.R. s.156.155, to the maximum extent permitted by federal law.<sup>1</sup>

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

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

8  
9 24. (New section) A small employer health benefits plan that  
10 provides hospital and medical expense benefits and is delivered,  
11 issued, executed, or renewed in this State pursuant to P.L.1992,  
12 c.162 (C.17B:27A-17 et seq.), on or after the effective date of  
13 P.L. , c. (C. ) (pending before the Legislature as this bill), shall  
14 provide benefits to an enrollee or other person covered thereunder  
15 for expenses incurred for a prescription asthma inhaler, if  
16 recommended or prescribed by a participating physician or  
17 participating nurse practitioner/clinical nurse specialist. Coverage  
18 for the purchase of a covered prescription asthma inhaler shall not  
19 be subject to any deductible, and no copayment or coinsurance for  
20 the purchase of a covered prescription asthma inhaler shall exceed  
21 \$50 per 30-day supply. The provisions of this section shall apply to  
22 a high deductible health plan to the maximum extent permitted by  
23 federal 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. <sup>1</sup>The provisions of this  
31 <sup>2</sup>[subsection] section<sup>2</sup> shall apply to a plan that meets the  
32 requirements of a catastrophic plan, as defined in 45 C.F.R.  
33 s.156.155, to the maximum extent permitted by federal law.<sup>1</sup>

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

1 participating physician or participating nurse practitioner/clinical  
2 nurse specialist. Coverage for the purchase of <sup>1</sup>a <sup>2</sup>short-acting,  
3 intermediate acting,<sup>2</sup> rapid acting, long-acting, and pre-mixed<sup>1</sup>  
4 insulin <sup>1</sup>product<sup>1</sup> shall not be subject to any deductible, and no  
5 copayment or coinsurance for the purchase of insulin shall exceed  
6 \$35 per 30-day supply, except a contract provided by the State  
7 Health Benefits Commission that qualifies as a high deductible  
8 health plan shall provide coverage for the purchase of insulin at the  
9 lowest deductible and other cost-sharing requirement permitted for  
10 a high deductible health plan under section 223(c)(2)(A) of the  
11 federal Internal Revenue Code (26 U.S.C. s.223 (c)(2)(A)). <sup>1</sup>The  
12 provisions of this <sup>2</sup>[subsection] section<sup>2</sup> shall apply to a plan that  
13 meets the requirements of a catastrophic plan, as defined in 45  
14 C.F.R. s.156.155, to the maximum extent permitted by federal law.<sup>1</sup>

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

23

24 26. (New section) The State Health Benefits Commission shall  
25 ensure that every contract purchased or renewed by the commission  
26 on or after the effective date of P.L. , c. (C. ) (pending  
27 before the Legislature as this bill), shall provide coverage for at  
28 least one epinephrine auto-injector device, if recommended or  
29 prescribed by a participating physician or participating nurse  
30 practitioner/clinical nurse specialist. Coverage for the purchase of  
31 an epinephrine auto-injector device shall not be subject to any  
32 deductible, and no copayment or coinsurance for the purchase of an  
33 epinephrine auto-injector device shall exceed \$25 per 30-day  
34 supply, except a contract provided by the State Health Benefits  
35 Commission that qualifies as a high deductible health plan shall  
36 provide coverage for the purchase of an epinephrine auto-injector  
37 device at the lowest deductible and other cost-sharing requirement  
38 permitted for a high deductible health plan under section  
39 223(c)(2)(A) of the federal Internal Revenue Code  
40 (26 U.S.C. s.223 (c)(2)(A)). <sup>1</sup>The provisions of this <sup>2</sup>[subsection]  
41 section<sup>2</sup> 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.<sup>1</sup>

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

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

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

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

34  
35 28. (New section) The School Employees' Health Benefits  
36 Commission shall ensure that every contract purchased by the  
37 commission on or after the effective date of P.L. , c. (C. )  
38 (pending before the Legislature as this bill) that provides hospital  
39 and medical expense benefits shall provide health care services to a  
40 person covered thereunder for insulin for the treatment of diabetes,  
41 if recommended or prescribed by a participating physician or  
42 participating nurse practitioner/clinical nurse specialist. Coverage  
43 for the purchase of <sup>1</sup>a <sup>2</sup>short-acting, intermediate acting,<sup>2</sup> rapid  
44 acting, long-acting, and pre-mixed<sup>1</sup> insulin <sup>1</sup>product<sup>1</sup> shall not be  
45 subject to any deductible, and no copayment or coinsurance for the  
46 purchase of insulin shall exceed \$35 per 30-day supply, except a  
47 contract provided by the School Employees' Health Benefits



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

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

17

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

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

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

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

30

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