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P.L. 2023, CHAPTER 105, *approved July 10, 2023*
Senate, 1614 (*Second Reprint*)

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:*

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:
¹Senate SBA committee amendments adopted June 27, 2022.
²Assembly ABU committee amendments adopted June 27, 2023.

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

3 1. a. Every individual or group hospital 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.1938, c.366 (C.17:48-1 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 ²short-acting, intermediate acting,² rapid acting,
19 long-acting, and pre-mixed¹ insulin ¹product¹ 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 ¹The 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.¹

34 b. Each individual or group hospital 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 hospital service corporation
10 contracts in which the hospital 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.1)

23
24 2. (New section) An individual or group hospital 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.1938, c.366 (C.17:48-1 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

47 ²section ²shall 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 hospital 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 3. (New section) An individual or group hospital 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.1938, c.366 (C.17:48-1 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
29 to the plan to the maximum extent that is permitted by federal law
30 and does not disqualify the account for the deduction allowed under
31 section 220 or 223, as applicable. ¹The provisions of this
32 ²subsection section² 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.¹

35 Nothing in this section shall prevent a hospital 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 4. Section 2 of P.L.1995, c.331 (C.17:48A-71) is amended to
41 read as follows:

42 2. a. Every individual or group medical 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.1940, c.74 (C.17:48A-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 ²short-acting, intermediate acting, ² rapid acting,
11 long-acting, and pre-mixed¹ insulin ¹product¹ 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 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 subsection shall apply to the plan to the maximum extent that
21 is permitted by federal law and does not disqualify the account for
22 the deduction allowed under section 220 or 223, as applicable.
23 ¹The provisions of this subsection shall apply to a plan that meets
24 the requirements of a catastrophic plan, as defined in 45 C.F.R.
25 s.156.155, to the maximum extent permitted by federal law.¹

26 b. Each individual or group medical service corporation
27 contract shall also provide benefits for expenses incurred for
28 diabetes self-management education to ensure that a person with
29 diabetes is educated as to the proper self-management and treatment
30 of their diabetic condition, including information on proper diet.
31 Benefits provided for self-management education and education
32 relating to diet shall be limited to visits medically necessary upon
33 the diagnosis of diabetes; upon 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 medical service corporation
2 contracts in which the medical 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-1 et
10 seq.), promulgate and periodically update a list of additional
11 diabetes equipment and related supplies that are medically
12 necessary for the treatment of diabetes and for which benefits shall
13 be provided according to the provisions of this section.

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

15
16 5. (New section) An individual or group medical 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.1940, c.74 (C.17:48A-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
39 ²section 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 medical service
43 corporation from reducing a subscriber's or other covered person's
44 cost-sharing requirement by an amount greater than the amount
45 specified in this section.

1 6. (New section) An individual or group medical 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.1940, c.74 (C.17:48A-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 to
22 the plan to the maximum extent that is permitted by federal law and
23 does not disqualify the account for the deduction allowed under
24 section 220 or 223, as applicable. ¹The provisions of this
25 ²[subsection] section² 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.¹

28 Nothing in this section shall prevent a medical service
29 corporation 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 7. Section 3 of P.L.1995, c.331 (C.17:48E-35.11) is amended
34 to read as follows:

35 3. a. Every individual or group health service corporation
36 contract providing hospital or medical expense benefits that is
37 delivered, issued, executed or renewed in this State pursuant to
38 P.L.1985, c.236 (C.17:48E-1 et seq.) or approved for issuance or
39 renewal in this State by the Commissioner of Banking and
40 Insurance on or after the effective date of this act shall provide
41 benefits to any subscriber or other person covered thereunder for
42 expenses incurred for the following equipment and supplies for the
43 treatment of diabetes, if recommended or prescribed by a physician
44 or nurse practitioner/clinical nurse specialist: blood glucose
45 monitors and blood glucose monitors for the legally blind; test
46 strips for glucose monitors and visual reading and urine testing
47 strips; insulin; injection aids; cartridges for the legally blind;

1 syringes; insulin pumps and appurtenances thereto; insulin infusion
2 devices; and oral agents for controlling blood sugar. Coverage for
3 the purchase of ¹a ²short-acting, intermediate acting, ² rapid acting,
4 long-acting, and pre-mixed¹ insulin ¹product¹ shall not be subject to
5 any deductible, and no copayment or coinsurance for the purchase
6 of insulin shall exceed \$35 per 30-day supply. The provisions of
7 this subsection shall apply to a high deductible health plan to the
8 maximum extent permitted by federal law, except if the plan is used
9 to establish a medical savings account pursuant section 220 of the
10 federal 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. ¹The
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.¹

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

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

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

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

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.3)

9
10 8. (New section) An individual or group health service
11 corporation contract providing hospital or medical expense benefits
12 that is delivered, issued, executed, or renewed in this State pursuant
13 to P.L.1985, c.236 (C.17:48E-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 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. ¹The provisions of this
33 ²[subsection] section² 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.¹

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

40
41 9. (New section) An individual or group health service
42 corporation contract providing hospital or medical expense benefits
43 that is delivered, issued, executed, or renewed in this State pursuant
44 to P.L.1985, c.236 (C.17:48E-1 et seq.) or approved for issuance or
45 renewal in this State by the Commissioner of Banking and
46 Insurance on or after the effective date of P.L. , c. (C.)
47 (pending before the Legislature as this bill) shall provide benefits to

1 a subscriber or other person covered thereunder for expenses
 2 incurred for a prescription asthma inhaler, if recommended or
 3 prescribed by a participating physician or participating nurse
 4 practitioner/clinical nurse specialist. Coverage for the purchase of a
 5 covered prescription asthma inhaler shall not be subject to any
 6 deductible, and no copayment or coinsurance for the purchase of a
 7 covered prescription asthma inhaler shall exceed \$50 per 30-day
 8 supply. The provisions of this section shall apply to a high
 9 deductible health plan to the maximum extent permitted by federal
 10 law, except if the plan is used to establish a medical savings
 11 account pursuant to section 220 of the federal Internal Revenue
 12 Code of 1986 (26 U.S.C. s.220) or a health savings account
 13 pursuant to section 223 of the federal Internal Revenue Code of
 14 1986 (26 U.S.C. s.223). The provisions of this section shall apply
 15 to the plan to the maximum extent that is permitted by federal law
 16 and does not disqualify the account for the deduction allowed under
 17 section 220 or 223, as applicable. ¹The provisions of this
 18 ²subsection section² 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 health service corporation
 22 contract from reducing a subscriber's or other covered person's
 23 cost-sharing requirement by an amount greater than the amount
 24 specified in this section.

25
 26 10. Section 4 of P.L.1995, c.331 (C.17B:26-2.11) is amended to
 27 read as follows:

28 4. a. Every individual health insurance policy providing
 29 hospital or medical expense benefits that is delivered, issued,
 30 executed or renewed in this State pursuant to Chapter 26 of Title
 31 17B of the New Jersey Statutes or approved for issuance or renewal
 32 in this State by the Commissioner of Banking and Insurance on or
 33 after the effective date of this act shall provide benefits to any
 34 person covered thereunder for expenses incurred for the following
 35 equipment and supplies for the treatment of diabetes, if
 36 recommended or prescribed by a physician or nurse
 37 practitioner/clinical nurse specialist: blood glucose monitors and
 38 blood glucose monitors for the legally blind; test strips for glucose
 39 monitors and visual reading and urine testing strips; insulin;
 40 injection aids; cartridges for the legally blind; syringes; insulin
 41 pumps and appurtenances thereto; insulin infusion devices; and oral
 42 agents for controlling blood sugar Coverage for the purchase of ¹a
 43 ²short-acting, intermediate acting,² rapid acting, long-acting, and
 44 pre-mixed¹ insulin ¹product¹ shall not be subject to any deductible,
 45 and no copayment or coinsurance for the purchase of insulin shall
 46 exceed \$35 per 30-day supply. The provisions of this subsection
 47 shall apply to a high deductible health plan to the maximum extent

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

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

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

34 d. This section shall apply to all individual health insurance
35 policies in which the insurer has reserved the right to change the
36 premium.

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

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

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

1 11. (New section) An individual health insurance policy
2 providing hospital or medical expense benefits that is delivered,
3 issued, executed, or renewed in this State pursuant to Chapter 26 of
4 Title 17B of the New Jersey Statutes 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 coverage
8 for at least one epinephrine auto-injector device, if recommended or
9 prescribed by a participating physician or participating nurse
10 practitioner/clinical nurse specialist. Coverage for the purchase of
11 an epinephrine auto-injector device shall not be subject to any
12 deductible, and no copayment or coinsurance for the purchase of an
13 epinephrine auto-injector device shall exceed \$25 per 30-day
14 supply. The provisions of this section shall apply to a high
15 deductible health plan to the maximum extent permitted by federal
16 law, except if the plan is used to establish a medical savings
17 account pursuant to section 220 of the federal Internal Revenue
18 Code of 1986 (26 U.S.C. s.220) or a health savings account
19 pursuant to section 223 of the federal Internal Revenue Code of
20 1986 (26 U.S.C. s.223). The provisions of this section shall apply
21 to the plan to the maximum extent that is permitted by federal law
22 and does not disqualify the account for the deduction allowed under
23 section 220 or 223, as applicable. ¹The provisions of this
24 ²[subsection] section² shall apply to a plan that meets the
25 requirements of a catastrophic plan, as defined in 45 C.F.R.
26 s.156.155, to the maximum extent permitted by federal law.¹

27 Nothing in this section shall prevent an individual health insurer
28 from reducing a covered person's cost-sharing requirement by an
29 amount greater than the amount specified in this section.
30

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

1 section 220 of the federal Internal Revenue Code of 1986 (26
2 U.S.C. s.220) or a health savings account pursuant to section 223 of
3 the federal Internal Revenue Code of 1986 (26 U.S.C. s.223). The
4 provisions of this section shall apply to the plan to the maximum
5 extent that is permitted by federal law and does not disqualify the
6 account for the deduction allowed under section 220 or 223, as
7 applicable. ¹The provisions of this ²~~subsection~~ section² shall
8 apply to a plan that meets the requirements of a catastrophic plan,
9 as defined in 45 C.F.R. s.156.155, to the maximum extent permitted
10 by federal law.¹

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

14
15 13. Section 5 of P.L.1995, c.331 (C.17B:27-46.1m) is amended
16 to read as follows:

17 5. a. Every group health insurance policy providing hospital or
18 medical expense benefits that is delivered, issued, executed or
19 renewed in this State pursuant to Chapter 27 of Title 17B of the
20 New Jersey Statutes or approved for issuance or renewal in this
21 State by the Commissioner of Banking and Insurance on or after the
22 effective date of this act shall provide benefits to any person
23 covered thereunder for expenses incurred for the following
24 equipment and supplies for the treatment of diabetes, if
25 recommended or prescribed by a physician or nurse
26 practitioner/clinical nurse specialist: blood glucose monitors and
27 blood glucose monitors for the legally blind; test strips for glucose
28 monitors and visual reading and urine testing strips; insulin;
29 injection aids; cartridges for the legally blind; syringes; insulin
30 pumps and appurtenances thereto; insulin infusion devices; and oral
31 agents for controlling blood sugar. Coverage for the purchase of ¹a
32 ²short-acting, intermediate acting, ²rapid acting, long-acting, and
33 pre-mixed¹ insulin ¹product¹ shall not be subject to any deductible,
34 and no copayment or coinsurance for the purchase of insulin shall
35 exceed \$35 per 30-day supply. The provisions of this subsection
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 subsection 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. ¹The
45 provisions of this subsection shall apply to a plan that meets the
46 requirements of a catastrophic plan, as defined in 45 C.F.R.
47 s.156.155, to the maximum extent permitted by federal law.¹

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

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

23 d. This section shall apply to all group health insurance
24 policies in which the insurer has reserved the right to change the
25 premium.

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

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

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

37
38 14. (New section) A group health insurance policy providing
39 hospital or medical expense benefits that is delivered, issued,
40 executed, or renewed in this State pursuant to Chapter 27 of Title
41 17B of the New Jersey Statutes or approved for issuance or renewal
42 in this State by the Commissioner of Banking and Insurance on or
43 after the effective date of P.L. , c. (C.) (pending before the
44 Legislature as this bill) shall provide coverage for at least one
45 epinephrine auto-injector device, if recommended or prescribed by
46 a participating physician or participating nurse practitioner/clinical
47 nurse specialist. Coverage for the purchase of an epinephrine auto-

1 injector device shall not be subject to any deductible, and no
2 copayment or coinsurance for the purchase of an epinephrine auto-
3 injector device shall exceed \$25 per 30-day supply. The provisions
4 of this section shall apply to a high deductible health plan to the
5 maximum extent permitted by federal law, except if the plan is used
6 to establish a medical savings account pursuant to section 220 of
7 the federal Internal Revenue Code of 1986 (26 U.S.C. s.220) or a
8 health savings account pursuant to section 223 of the federal
9 Internal Revenue Code of 1986 (26 U.S.C. s.223). The provisions
10 of this section shall apply to the plan to the maximum extent that is
11 permitted by federal law and does not disqualify the account for the
12 deduction allowed under section 220 or 223, as applicable. ¹The
13 provisions of this ²[subsection] section² shall apply to a plan that
14 meets the requirements of a catastrophic plan, as defined in 45
15 C.F.R. s.156.155, to the maximum extent permitted by federal law.¹

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

20 15. (New section) A group health insurance policy providing
21 hospital or medical expense benefits that is delivered, issued,
22 executed, or renewed in this State pursuant to Chapter 27 of Title
23 17B of the New Jersey Statutes or approved for issuance or renewal
24 in this State by the Commissioner of Banking and Insurance on or
25 after the effective date of P.L. , c. (C.) (pending before the
26 Legislature as this bill) shall provide benefits to a person covered
27 thereunder for expenses incurred for a prescription asthma inhaler,
28 if recommended or prescribed by a participating physician or
29 participating nurse practitioner/clinical nurse specialist. Coverage
30 for the purchase of a covered prescription asthma inhaler shall not
31 be subject to any deductible, and no copayment or coinsurance for
32 the purchase of a covered prescription asthma inhaler shall exceed
33 \$50 per 30-day supply. The provisions of this section shall apply to
34 a high deductible health plan to the maximum extent permitted by
35 federal law, except if the plan is used to establish a medical savings
36 account pursuant to section 220 of the federal Internal Revenue
37 Code of 1986 (26 U.S.C. s.220) or a health savings account
38 pursuant to section 223 of the federal Internal Revenue Code of
39 1986 (26 U.S.C. s.223). The provisions of this section shall apply
40 to the plan to the maximum extent that is permitted by federal law
41 and does not disqualify the account for the deduction allowed under
42 section 220 or 223, as applicable. ¹The provisions of this
43 ²[subsection] section² shall apply to a plan that meets the
44 requirements of a catastrophic plan, as defined in 45 C.F.R.
45 s.156.155, to the maximum extent permitted by federal law.¹

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

4
5 16. Section 6 of P.L.1995, c.331 (C.26:2J-4.11) is amended to
6 read as follows:

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

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

1 nurse specialist that reeducation or refresher education is necessary.
2 Diabetes self-management education shall be provided by a
3 participating dietitian registered by a nationally recognized
4 professional association of dietitians or a health care professional
5 recognized as a Certified Diabetes Educator by the American
6 Association of Diabetes Educators or, pursuant to section 6 of
7 P.L.1993, c.378 (C.26:2J-4.7), a registered pharmacist in the State
8 qualified with regard to management education for diabetes by any
9 institution recognized by the board of pharmacy of the State of New
10 Jersey.

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

14 d. This section shall apply to all contracts in which the health
15 maintenance organization has reserved the right to change the
16 schedule of charges.

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

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

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

28

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

1 permitted by federal law and does not disqualify the account for the
2 deduction allowed under section 220 or 223, as applicable. ¹The
3 provisions of this ²[subsection] section² shall apply to a plan that
4 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 Nothing in this section shall prevent a health maintenance
7 organization from reducing an enrollee's or other covered person's
8 cost-sharing requirement by an amount greater than the amount
9 specified in this section.

10
11 18. (New section) A contract for health care services that is
12 delivered, issued, executed, or renewed in this State pursuant to
13 P.L.1973, c.337 (C.26:2J-1 et seq.) or approved for issuance or
14 renewal in this State on or after the effective date of
15 P.L. , c. (C.) (pending before the Legislature as this bill)
16 shall provide benefits to an enrollee or other person covered
17 thereunder for expenses incurred for a prescription asthma inhaler,
18 if recommended or prescribed by a participating physician or
19 participating nurse practitioner/clinical nurse specialist. Coverage
20 for the purchase of a covered prescription asthma inhaler shall not
21 be subject to any deductible, and no copayment or coinsurance for
22 the purchase of a covered prescription asthma inhaler shall exceed
23 \$50 per 30-day supply. The provisions of this section shall apply to
24 a high deductible health plan to the maximum extent permitted by
25 federal 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. ¹The provisions of this
33 ²[subsection] section² 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.¹

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

40
41 19. (New section) An individual 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.161 (C.17B:27A-2 et al.), 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 ¹a ²short-acting, intermediate acting, ² rapid acting, long-acting, and
 4 pre-mixed¹ insulin ¹product¹ 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. ¹The
 16 provisions of this ²[subsection] section² 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.¹

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 20. (New section) An individual health benefits plan that
 25 provides hospital and medical expense benefits and is delivered,
 26 issued, executed, or renewed in this State pursuant to P.L.1992,
 27 c.161 (C.17B:27A-2 et al.), on or after the effective date of
 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. ¹The
 45 provisions of this ²[subsection] section² 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.¹

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

5 21. (New section) An individual health benefits plan that
6 provides hospital and medical expense benefits and is delivered,
7 issued, executed, or renewed in this State pursuant to P.L.1992,
8 c.161 (C.17B:27A-2 et al.), on or after the effective date of
9 P.L. , c. (C.) (pending before the Legislature as this bill), shall
10 provide benefits to an enrollee or other person covered thereunder
11 for expenses incurred for a prescription asthma inhaler, if
12 recommended or prescribed by a participating physician or
13 participating nurse practitioner/clinical nurse specialist. Coverage
14 for the purchase of a covered prescription asthma inhaler shall not
15 be subject to any deductible, and no copayment or coinsurance for
16 the purchase of a covered prescription asthma inhaler shall exceed
17 \$50 per 30-day supply. The provisions of this section shall apply to
18 a high deductible health plan to the maximum extent permitted by
19 federal law, except if the plan is used to establish a medical savings
20 account pursuant to section 220 of the federal Internal Revenue
21 Code of 1986 (26 U.S.C. s.220) or a health savings account
22 pursuant to section 223 of the federal Internal Revenue Code of
23 1986 (26 U.S.C. s.223). The provisions of this section shall apply
24 to the plan to the maximum extent that is permitted by federal law
25 and does not disqualify the account for the deduction allowed under
26 section 220 or 223, as applicable. ¹The provisions of this
27 ²subsection section² shall apply to a plan that meets the
28 requirements of a catastrophic plan, as defined in 45 C.F.R.
29 s.156.155, to the maximum extent permitted by federal law.¹

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

34 22. (New section) A small employer health benefits plan that
35 provides hospital and medical expense benefits and is delivered,
36 issued, executed, or renewed in this State pursuant to P.L.1992,
37 c.162 (C.17B:27A-17 et seq.), on or after the effective date of
38 P.L. , c. (C.) (pending before the Legislature as this bill),
39 shall provide coverage to an enrollee or other person covered
40 thereunder for insulin for the treatment of diabetes, if recommended
41 or prescribed by a participating physician or participating nurse
42 practitioner/clinical nurse specialist. Coverage for the purchase of
43 ¹a ²short-acting, intermediate acting,² rapid acting, long-acting, and
44 pre-mixed¹ insulin ¹product¹ shall not be subject to any deductible,
45 and no copayment or coinsurance for the purchase of insulin shall
46 exceed \$35 per 30-day supply. The provisions of this section shall
47 apply to a high deductible health plan to the maximum extent

1 permitted by federal law, except if the plan is used to establish a
2 medical savings account pursuant to section 220 of the federal
3 Internal Revenue Code of 1986 (26 U.S.C. s.220) or a health
4 savings account pursuant to section 223 of the federal Internal
5 Revenue Code of 1986 (26 U.S.C. s.223). The provisions of this
6 section shall apply to the plan to the maximum extent that is
7 permitted by federal law and does not disqualify the account for the
8 deduction allowed under section 220 or 223, as applicable. ¹The
9 provisions of this ²[subsection] section² shall apply to a plan that
10 meets the requirements of a catastrophic plan, as defined in 45
11 C.F.R. s.156.155, to the maximum extent permitted by federal law.¹

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

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

16

17 23. (New section) A small employer health benefits plan that
18 provides hospital and medical expense benefits and is delivered,
19 issued, executed, or renewed in this State pursuant to P.L.1992,
20 c.162 (C.17B:27A-17 et seq.), 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. The provisions of this section
29 shall apply to a high deductible health plan to the maximum extent
30 permitted by federal law, except if the plan is used to establish a
31 medical savings account pursuant to section 220 of the federal
32 Internal Revenue Code of 1986 (26 U.S.C. s.220) or a health
33 savings account pursuant to section 223 of the federal Internal
34 Revenue Code of 1986 (26 U.S.C. s.223). The provisions of this
35 section shall apply to the plan to the maximum extent that is
36 permitted by federal law and does not disqualify the account for the
37 deduction allowed under section 220 or 223, as applicable. ¹The
38 provisions of this ²[subsection] section² shall apply to a plan that
39 meets the requirements of a catastrophic plan, as defined in 45
40 C.F.R. s.156.155, to the maximum extent permitted by federal law.¹

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

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

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

24. (New section) A small employer health benefits plan that provides hospital and medical expense benefits and is delivered, issued, executed, or renewed in this State pursuant to P.L.1992, c.162 (C.17B:27A-17 et seq.), on or after the effective date of P.L. , c. (C.) (pending before the Legislature as this bill), shall provide benefits to an enrollee or other person covered thereunder for expenses incurred for a prescription asthma inhaler, if recommended or prescribed by a participating physician or participating nurse practitioner/clinical nurse specialist. Coverage for the purchase of a covered prescription asthma inhaler shall not be subject to any deductible, and no copayment or coinsurance for the purchase of a covered prescription asthma inhaler shall exceed \$50 per 30-day supply. The provisions of this section shall apply to a high deductible health plan to the maximum extent permitted by federal law, except if the plan is used to establish a medical savings account pursuant to section 220 of the federal Internal Revenue Code of 1986 (26 U.S.C. s.220) or a health savings account pursuant to section 223 of the federal Internal Revenue Code of 1986 (26 U.S.C. s.223). The provisions of this section shall apply to the plan to the maximum extent that is permitted by federal law and does not disqualify the account for the deduction allowed under section 220 or 223, as applicable. ¹The provisions of this
²subsection section² shall apply to a plan that meets the requirements of a catastrophic plan, as defined in 45 C.F.R. s.156.155, to the maximum extent permitted by federal law.¹

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

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

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

25. (New section) The State Health Benefits Commission shall ensure that every contract purchased or renewed by the commission on or after the effective date of P.L. , c. (C.) (pending before the Legislature as this bill), shall provide coverage for health care services to a person covered thereunder for insulin for the treatment of diabetes, if recommended or prescribed by a participating physician or participating nurse practitioner/clinical nurse specialist. Coverage for the purchase of ¹a ²short-acting, intermediate acting, ² rapid acting, long-acting, and pre-mixed¹ insulin ¹product¹ shall not be subject to any deductible, and no copayment or coinsurance for the purchase of insulin shall exceed \$35 per 30-day supply, except a contract provided by the State Health Benefits Commission that qualifies as a high deductible health plan shall provide coverage for the purchase of insulin at the

lowest deductible and other cost-sharing requirement permitted for a high deductible health plan under section 223(c)(2)(A) of the federal Internal Revenue Code (26 U.S.C. s.223 (c)(2)(A)). ¹The provisions of this ²[subsection] section² shall apply to a plan that meets the requirements of a catastrophic plan, as defined in 45 C.F.R. s.156.155, to the maximum extent permitted by federal law.¹

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

26. (New section) The State Health Benefits Commission shall ensure that every contract purchased or renewed by the commission on or after the effective date of P.L. , c. (C.) (pending before the Legislature as this bill), shall provide coverage for at least one epinephrine auto-injector device, if recommended or prescribed by a participating physician or participating nurse practitioner/clinical nurse specialist. Coverage for the purchase of an epinephrine auto-injector device shall not be subject to any deductible, and no copayment or coinsurance for the purchase of an epinephrine auto-injector device shall exceed \$25 per 30-day supply, except a contract provided by the State Health Benefits Commission that qualifies as a high deductible health plan shall provide coverage for the purchase of an epinephrine auto-injector device at the lowest deductible and other cost-sharing requirement permitted for a high deductible health plan under section 223(c)(2)(A) of the federal Internal Revenue Code (26 U.S.C. s.223 (c)(2)(A)). ¹The provisions of this ²[subsection] section² shall apply to a plan that meets the requirements of a catastrophic plan, as defined in 45 C.F.R. s.156.155, to the maximum extent permitted by federal law.¹

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

27. (New section) The State Health Benefits Commission shall ensure that every contract purchased or renewed by the commission on or after the effective date of P.L. , c. (C.) (pending

1 before the Legislature as this bill), shall provide benefits to a person
 2 covered thereunder for expenses incurred for a prescription asthma
 3 inhaler, if recommended or prescribed by a participating physician
 4 or participating nurse practitioner/clinical nurse specialist.
 5 Coverage for the purchase of a covered prescription asthma inhaler
 6 shall not be subject to any deductible, and no copayment or
 7 coinsurance for the purchase of a covered prescription asthma
 8 inhaler shall exceed \$50 per 30-day supply, except a contract
 9 provided by the State Health Benefits Commission that qualifies as
 10 a high deductible health plan shall provide coverage for the
 11 purchase of a covered prescription asthma inhaler at the lowest
 12 deductible and other cost-sharing requirement permitted for a high
 13 deductible health plan under section 223(c)(2)(A) of the Internal
 14 Revenue Code (26 U.S.C. s.223). ¹The provisions of this
 15 ²subsection section² shall apply to a plan that meets the
 16 requirements of a catastrophic plan, as defined in 45 C.F.R.
 17 s.156.155, to the maximum extent permitted by federal law.¹

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

26
 27 28. (New section) The School Employees' Health Benefits
 28 Commission shall ensure that every contract purchased by the
 29 commission on or after the effective date of P.L. , c. (C.)
 30 (pending before the Legislature as this bill) that provides hospital
 31 and medical expense benefits shall provide health care services to a
 32 person covered thereunder for insulin for the treatment of diabetes,
 33 if recommended or prescribed by a participating physician or
 34 participating nurse practitioner/clinical nurse specialist. Coverage
 35 for the purchase of ¹a ²short-acting, intermediate acting,² rapid
 36 acting, long-acting, and pre-mixed¹ insulin ¹product¹ shall not be
 37 subject to any deductible, and no copayment or coinsurance for the
 38 purchase of insulin shall exceed \$35 per 30-day supply, except a
 39 contract provided by the School Employees' Health Benefits
 40 Commission that qualifies as a high deductible health plan shall
 41 provide coverage for the purchase of insulin at the lowest
 42 deductible and other cost-sharing requirement permitted for a high
 43 deductible health plan under section 223(c)(2)(A) of the Internal
 44 Revenue Code (26 U.S.C. s.223 (c)(2)(A)). ¹The provisions of this
 45 ²subsection section² shall apply to a plan that meets the
 46 requirements of a catastrophic plan, as defined in 45 C.F.R.
 47 s.156.155, to the maximum extent permitted by federal law.¹

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

9
10 29. (New section) The School Employees' Health Benefits
11 Commission shall ensure that every contract purchased or renewed
12 by the commission on or after the effective date of
13 P.L. , c. (C.) (pending before the Legislature as this bill),
14 shall provide coverage for at least one epinephrine auto-injector
15 device, if recommended or prescribed by a participating physician
16 or participating nurse practitioner/clinical nurse specialist.
17 Coverage for the purchase of an epinephrine auto-injector device
18 shall not be subject to any deductible, and no copayment or
19 coinsurance for the purchase of an epinephrine auto-injector device
20 shall exceed \$25 per 30-day supply, except a contract provided by
21 the School Employees' Health Benefits Commission that qualifies
22 as a high deductible health plan shall provide coverage for the
23 purchase of an epinephrine auto-injector device at the lowest
24 deductible and other cost-sharing requirement permitted for a high
25 deductible health plan under section 223(c)(2)(A) of the Internal
26 Revenue Code (26 U.S.C. s.223 (c)(2)(A)). ¹The provisions of this
27 ²subsection section² shall apply to a plan that meets the
28 requirements of a catastrophic plan, as defined in 45 C.F.R.
29 s.156.155, to the maximum extent permitted by federal law.¹

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

38
39 30. (New section) The School Employees' Health Benefits
40 Commission shall ensure that every contract purchased or renewed
41 by the commission on or after the effective date of
42 P.L. , c. (C.) (pending before the Legislature as this bill),
43 shall provide benefits to a person covered thereunder for expenses
44 incurred for a prescription asthma inhaler, if recommended or
45 prescribed by a participating physician or participating nurse
46 practitioner/clinical nurse specialist. Coverage for the purchase of a
47 covered prescription asthma inhaler shall not be subject to any

1 deductible, and no copayment or coinsurance for the purchase of a
2 covered prescription asthma inhaler shall exceed \$50 per 30-day
3 supply, except a contract provided by the School Employees' Health
4 Benefits Commission that qualifies as a high deductible health plan
5 shall provide coverage for the purchase of a covered prescription
6 asthma inhaler at the lowest deductible and other cost-sharing
7 requirement permitted for a high deductible health plan under
8 section 223(c)(2)(A) of the Internal Revenue Code
9 (26 U.S.C. s.223 (c)(2)(A)). ¹The provisions of this ²**[subsection]**
10 section² shall apply to a plan that meets the requirements of a
11 catastrophic plan, as defined in 45 C.F.R. s.156.155, to the
12 maximum extent permitted by federal law.¹

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

21
22 31. This act shall take effect on the first day of the seventh
23 month next following the date of enactment and shall apply to plans
24 issued or renewed on or after January 1 of the next calendar year,
25 but the Commissioner of the Department of Banking and Insurance
26 may take such anticipatory administrative action in advance thereof
27 as shall be necessary for the implementation of the act.

28

29

30

31

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