

# SENATE, No. 1614

## STATE OF NEW JERSEY 220th LEGISLATURE

INTRODUCED FEBRUARY 14, 2022

**Sponsored by:**

**Senator JOSEPH F. VITALE**

**District 19 (Middlesex)**

**Senator NELLIE POU**

**District 35 (Bergen and Passaic)**

**Senator TROY SINGLETON**

**District 7 (Burlington)**

**Senator LINDA R. GREENSTEIN**

**District 14 (Mercer and Middlesex)**

**Co-Sponsored by:**

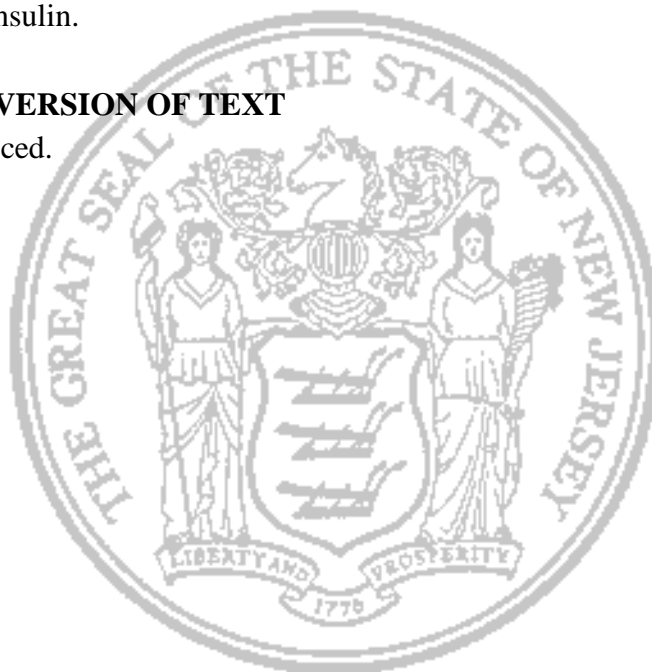
**Senators Ruiz, Gill, Cunningham, Diegnan and Turner**

**SYNOPSIS**

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

**CURRENT VERSION OF TEXT**

As introduced.



**(Sponsorship Updated As Of: 5/12/2022)**

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

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

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

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

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

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

Matter underlined thus is new matter.

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

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

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

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

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

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

28

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

7

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

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

35

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

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

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

16

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

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

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

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

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

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

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

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

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

34

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



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

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

14

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

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

43

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

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

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

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

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

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

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

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

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

15

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

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

42

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

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

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

22

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

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

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

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

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

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

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

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

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

40

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

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

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

18

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

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

45

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

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

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

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

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

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

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

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

18

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

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

44

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



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

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

23

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

11

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

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

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

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

41

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

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

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

18

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

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

44

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

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

22

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

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

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

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

26

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

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

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

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

12  
13  
14 STATEMENT

15  
16 This bill places a flat cap on the out-of-pocket contribution for  
17 any covered person prescribed insulin, an epinephrine auto-injector  
18 device, or a prescription asthma inhaler across insurance providers.  
19 Coverage for these items may not be subject to any deductible, and  
20 copayments or coinsurance are capped at \$35 per 30-day supply of  
21 insulin, \$25 for epinephrine auto-injector devices per 30-day  
22 supply, and \$50 for prescription asthma inhalers per 30-day supply.

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