

[First Reprint]

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:

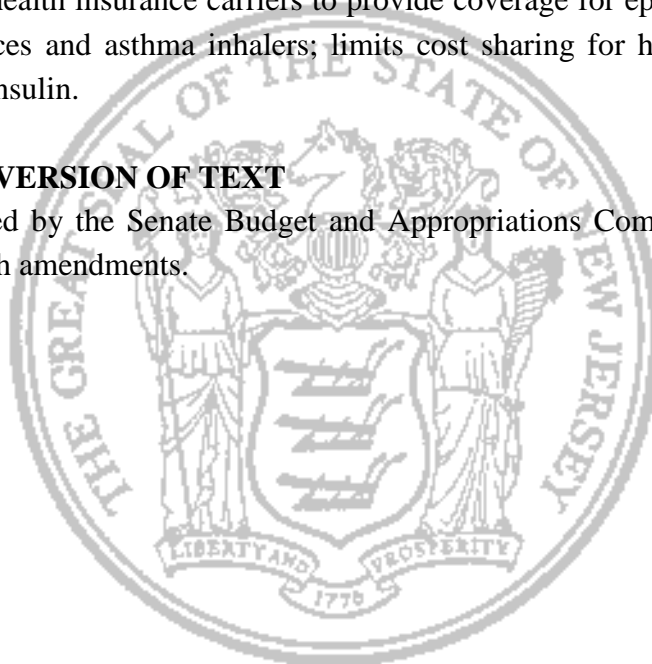
Senators Ruiz, Gill, Cunningham, Diegnan and Turner

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 reported by the Senate Budget and Appropriations Committee on June 27, 2022, with amendments.



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

41 b. Each individual or group hospital service corporation
42 contract shall also provide benefits for expenses incurred for
43 diabetes self-management education to ensure that a person with
44 diabetes is educated as to the proper self-management and treatment
45 of their diabetic condition, including information on proper diet.

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.

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

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

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

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

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

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

32

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

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

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

15

16 3. (New section) An individual or group hospital 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.1938, c.366 (C.17:48-1 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 benefits to
23 a subscriber or other person covered thereunder for expenses
24 incurred for a prescription asthma inhaler, if recommended or
25 prescribed by a participating physician or participating nurse
26 practitioner/clinical nurse specialist. Coverage for the purchase of a
27 covered prescription asthma inhaler shall not be subject to any
28 deductible, and no copayment or coinsurance for the purchase of a
29 covered prescription asthma inhaler shall exceed \$50 per 30-day
30 supply. The provisions of this section shall apply to a high
31 deductible health plan to the maximum extent permitted by federal
32 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. ¹The provisions of this
40 subsection shall apply to a plan that meets the requirements of a
41 catastrophic plan, as defined in 45 C.F.R. s.156.155, to the
42 maximum extent permitted by federal law.¹

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

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

3 2. a. Every individual or group medical service corporation
4 contract providing hospital or medical expense benefits that is
5 delivered, issued, executed or renewed in this State pursuant to
6 P.L.1940, c.74 (C.17:48A-1 et seq.) or approved for issuance or
7 renewal in this State by the Commissioner of Banking and
8 Insurance on or after the effective date of this act shall provide
9 benefits to any subscriber or other person covered thereunder for
10 expenses incurred for the following equipment and supplies for the
11 treatment of diabetes, if recommended or prescribed by a physician
12 or nurse practitioner/clinical nurse specialist: blood glucose
13 monitors and blood glucose monitors for the legally blind; test
14 strips for glucose monitors and visual reading and urine testing
15 strips; insulin; injection aids; cartridges for the legally blind;
16 syringes; insulin pumps and appurtenances thereto; insulin infusion
17 devices; and oral agents for controlling blood sugar. Coverage for
18 the purchase of ¹a rapid acting, long-acting, and pre-mixed¹ insulin
19 ¹product¹ shall not be subject to any deductible, and no copayment
20 or coinsurance for the purchase of insulin shall exceed \$35 per 30-
21 day supply. The provisions of this subsection shall apply to a high
22 deductible health plan to the maximum extent permitted by federal
23 law, except if the plan is used to establish a medical savings
24 account pursuant to section 220 of the federal Internal Revenue
25 Code of 1986 (26 U.S.C. s.220) or a health savings account
26 pursuant to section 223 of the federal Internal Revenue Code of
27 1986 (26 U.S.C. s.223). The provisions of this subsection shall
28 apply to the plan to the maximum extent that is permitted by federal
29 law and does not disqualify the account for the deduction allowed
30 under section 220 or 223, as applicable. ¹The provisions of this
31 subsection shall apply to a plan that meets the requirements of a
32 catastrophic plan, as defined in 45 C.F.R. s.156.155, to the
33 maximum extent permitted by federal law.¹

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

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

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

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

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

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

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

22

23 5. (New section) An individual or group medical service
24 corporation contract providing hospital or medical expense benefits
25 that is delivered, issued, executed, or renewed in this State pursuant
26 to P.L.1940, c.74 (C.17:48A-1 et seq.) or approved for issuance or
27 renewal in this State by the Commissioner of Banking and
28 Insurance on or after the effective date of P.L. , c. (C.)
29 (pending before the Legislature as this bill) shall provide coverage
30 for at least one epinephrine auto-injector device, if recommended or
31 prescribed by a participating physician or participating nurse
32 practitioner/clinical nurse specialist. Coverage for the purchase of
33 an epinephrine auto-injector device shall not be subject to any
34 deductible, and no copayment or coinsurance for the purchase of an
35 epinephrine auto-injector device shall exceed \$25 per 30-day
36 supply. The provisions of this section shall apply to a high
37 deductible health plan to the maximum extent permitted by federal
38 law, except if the plan is used to establish a medical savings
39 account pursuant to section 220 of the federal Internal Revenue
40 Code of 1986 (26 U.S.C. s.220) or a health savings account
41 pursuant to section 223 of the federal Internal Revenue Code of
42 1986 (26 U.S.C. s.223). The provisions of this section shall apply
43 to the plan to the maximum extent that is permitted by federal law
44 and does not disqualify the account for the deduction allowed under
45 section 220 or 223, as applicable. ¹The provisions of this
46 subsection shall apply to a plan that meets the requirements of a
47 catastrophic plan, as defined in 45 C.F.R. s.156.155, to the
48 maximum extent permitted by federal law.¹

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

5
6 6. (New section) An individual or group medical service
7 corporation contract providing hospital or medical expense benefits
8 that is delivered, issued, executed, or renewed in this State pursuant
9 to P.L.1940, c.74 (C.17:48A-1 et seq.) or approved for issuance or
10 renewal in this State by the Commissioner of Banking and
11 Insurance on or after the effective date of P.L. , c. (C.)
12 (pending before the Legislature as this bill) shall provide benefits to
13 a subscriber or other person covered thereunder for expenses
14 incurred for a prescription asthma inhaler, if recommended or
15 prescribed by a participating physician or participating nurse
16 practitioner/clinical nurse specialist. Coverage for the purchase of a
17 covered prescription asthma inhaler shall not be subject to any
18 deductible, and no copayment or coinsurance for the purchase of a
19 covered prescription asthma inhaler shall exceed \$50 per 30-day
20 supply. The provisions of this section shall apply to a high
21 deductible health plan to the maximum extent permitted by federal
22 law, except if the plan is used to establish a medical savings
23 account pursuant to section 220 of the federal Internal Revenue
24 Code of 1986 (26 U.S.C. s.220) or a health savings account
25 pursuant to section 223 of the federal Internal Revenue Code of
26 1986 (26 U.S.C. s.223). The provisions of this section shall apply to
27 the plan to the maximum extent that is permitted by federal law and
28 does not disqualify the account for the deduction allowed under
29 section 220 or 223, as applicable. ¹The provisions of this
30 subsection shall apply to a plan that meets the requirements of a
31 catastrophic plan, as defined in 45 C.F.R. s.156.155, to the
32 maximum extent permitted by federal law.¹

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

40 3. a. Every individual or group health 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.1985, c.236 (C.17:48E-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 ¹a rapid acting, long-acting, and pre-mixed¹ insulin
8 ¹product¹ shall not be subject to any deductible, and no copayment
9 or coinsurance for the purchase of insulin shall exceed \$35 per 30-
10 day supply. The provisions of this subsection shall apply to a high
11 deductible health plan to the maximum extent permitted by federal
12 law, except if the plan is used to establish a medical savings
13 account pursuant section 220 of the federal Internal Revenue Code
14 of 1986 (26 U.S.C. s.220) or a health savings account pursuant to
15 section 223 of the federal Internal Revenue Code of 1986 (26
16 U.S.C. s.223). The provisions of this subsection shall apply to the
17 plan to the maximum extent that is permitted by federal law and
18 does not disqualify the account for the deduction allowed under
19 section 220 or 223, as applicable. ¹The provisions of this subsection
20 shall apply to a plan that meets the requirements of a catastrophic
21 plan, as defined in 45 C.F.R. s.156.155, to the maximum extent
22 permitted by federal law.¹

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

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

45 d. This section shall apply to all health service corporation
46 contracts in which the health service corporation has reserved the
47 right to change the premium.

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

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

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

12
13 8. (New section) An individual or group health service
14 corporation contract providing hospital or medical expense benefits
15 that is delivered, issued, executed, or renewed in this State pursuant
16 to P.L.1985, c.236 (C.17:48E-1 et seq.) or approved for issuance or
17 renewal in this State by the Commissioner of Banking and
18 Insurance on or after the effective date of P.L. , c. (C.)
19 (pending before the Legislature as this bill) shall provide coverage
20 for at least one epinephrine auto-injector device, if recommended or
21 prescribed by a participating physician or participating nurse
22 practitioner/clinical nurse specialist. Coverage for the purchase of
23 an epinephrine auto-injector device shall not be subject to any
24 deductible, and no copayment or coinsurance for the purchase of an
25 epinephrine auto-injector device shall exceed \$25 per 30-day
26 supply. The provisions of this section shall apply to a high
27 deductible health plan to the maximum extent permitted by federal
28 law, except if the plan is used to establish a medical savings
29 account pursuant to section 220 of the federal Internal Revenue
30 Code of 1986 (26 U.S.C. s.220) or a health savings account
31 pursuant to section 223 of the federal Internal Revenue Code of
32 1986 (26 U.S.C. s.223). The provisions of this section shall apply
33 to the plan to the maximum extent that is permitted by federal law
34 and does not disqualify the account for the deduction allowed under
35 section 220 or 223, as applicable. ¹The provisions of this subsection
36 shall apply to a plan that meets the requirements of a catastrophic
37 plan, as defined in 45 C.F.R. s.156.155, to the maximum extent
38 permitted by federal law.¹

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

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

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

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

27

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

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

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

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

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

12

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

15 5. a. Every group health insurance policy providing hospital or
16 medical expense benefits that is delivered, issued, executed or
17 renewed in this State pursuant to Chapter 27 of Title 17B of the
18 New Jersey Statutes or approved for issuance or renewal in this
19 State by the Commissioner of Banking and Insurance on or after the
20 effective date of this act shall provide benefits to any person
21 covered thereunder for expenses incurred for the following
22 equipment and supplies for the treatment of diabetes, if
23 recommended or prescribed by a physician or nurse
24 practitioner/clinical nurse specialist: blood glucose monitors and
25 blood glucose monitors for the legally blind; test strips for glucose
26 monitors and visual reading and urine testing strips; insulin;
27 injection aids; cartridges for the legally blind; syringes; insulin
28 pumps and appurtenances thereto; insulin infusion devices; and oral
29 agents for controlling blood sugar. Coverage for the purchase of ¹a
30 rapid acting, long-acting, and pre-mixed¹ insulin ¹product¹ shall not
31 be subject to any deductible, and no copayment or coinsurance for
32 the purchase of insulin shall exceed \$35 per 30-day supply. The
33 provisions of this subsection shall apply to a high deductible health
34 plan to the maximum extent permitted by federal law, except if the
35 plan is used to establish a medical savings account pursuant to
36 section 220 of the federal Internal Revenue Code of 1986 (26
37 U.S.C. s.220) or a health savings account pursuant to section 223 of
38 the federal Internal Revenue Code of 1986 (26 U.S.C. s.223). The
39 provisions of this subsection shall apply to the plan to the maximum
40 extent that is permitted by federal law and does not disqualify the
41 account for the deduction allowed under section 220 or 223, as
42 applicable. ¹The provisions of this subsection shall apply to a plan
43 that meets the requirements of a catastrophic plan, as defined in 45
44 C.F.R. s.156.155, to the maximum extent permitted by federal law.¹

45 b. Each group health insurance policy shall also provide
46 benefits for expenses incurred for diabetes self-management
47 education to ensure that a person with diabetes is educated as to the

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

20 d. This section shall apply to all group health insurance
21 policies in which the insurer has reserved the right to change the
22 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.5)

34

35 14. (New section) A group health insurance policy providing
36 hospital or medical expense benefits that is delivered, issued,
37 executed, or renewed in this State pursuant to Chapter 27 of Title
38 17B of the New Jersey Statutes or approved for issuance or renewal
39 in this State by the Commissioner of Banking and Insurance on or
40 after the effective date of P.L. , c. (C.) (pending before the
41 Legislature as this bill) shall provide coverage for at least one
42 epinephrine auto-injector device, if recommended or prescribed by
43 a participating physician or participating nurse practitioner/clinical
44 nurse specialist. Coverage for the purchase of an epinephrine auto-
45 injector device shall not be subject to any deductible, and no
46 copayment or coinsurance for the purchase of an epinephrine auto-
47 injector device shall exceed \$25 per 30-day supply. The provisions
48 of this section shall apply to a high deductible health plan to the

1 maximum extent permitted by federal law, except if the plan is used
2 to establish a medical savings account pursuant to section 220 of
3 the federal Internal Revenue Code of 1986 (26 U.S.C. s.220) or a
4 health savings account pursuant to section 223 of the federal
5 Internal Revenue Code of 1986 (26 U.S.C. s.223). The provisions
6 of this 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 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 Nothing in this section shall prevent a group health insurer from
13 reducing a covered person's cost-sharing requirement by an amount
14 greater than the amount specified in this section.

15
16 15. (New section) A group health insurance policy providing
17 hospital or medical expense benefits that is delivered, issued,
18 executed, or renewed in this State pursuant to Chapter 27 of Title
19 17B of the New Jersey Statutes or approved for issuance or renewal
20 in this State by the Commissioner of Banking and Insurance on or
21 after the effective date of P.L. , c. (C.) (pending before the
22 Legislature as this bill) shall provide benefits to a person covered
23 thereunder for expenses incurred for a prescription asthma inhaler,
24 if recommended or prescribed by a participating physician or
25 participating nurse practitioner/clinical nurse specialist. Coverage
26 for the purchase of a covered prescription asthma inhaler shall not
27 be subject to any deductible, and no copayment or coinsurance for
28 the purchase of a covered prescription asthma inhaler shall exceed
29 \$50 per 30-day supply. The provisions of this section shall apply to
30 a high deductible health plan to the maximum extent permitted by
31 federal 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 subsection shall apply to a plan that meets the requirements of a
40 catastrophic plan, as defined in 45 C.F.R. s.156.155, to the
41 maximum extent permitted by federal law.¹

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 ¹a rapid acting, long-acting, and pre-mixed¹ insulin
15 ¹product¹ shall not be subject to any deductible, and no copayment
16 or coinsurance for the purchase of insulin shall exceed \$35 per 30-
17 day supply. The provisions of this subsection shall apply to a high
18 deductible health plan to the maximum extent permitted by federal
19 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 subsection shall
24 apply to the plan to the maximum extent that is permitted by federal
25 law and does not disqualify the account for the deduction allowed
26 under section 220 or 223, as applicable. ¹The provisions of this
27 subsection shall apply to a plan that meets the requirements of a
28 catastrophic plan, as defined in 45 C.F.R. s.156.155, to the
29 maximum extent permitted by federal law.¹

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

1 qualified with regard to management education for diabetes by any
2 institution recognized by the board of pharmacy of the State of New
3 Jersey.

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

7 d. This section shall apply to all contracts in which the health
8 maintenance organization has reserved the right to change the
9 schedule of charges.

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

13 f. The Commissioner of Banking and Insurance may, in
14 consultation with the Commissioner of Health, pursuant to the
15 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et
16 seq.), promulgate and periodically update a list of additional
17 diabetes equipment and related supplies that are medically
18 necessary for the treatment of diabetes and for which benefits shall
19 be provided according to the provisions of this section.
20 (cf: P.L.1995, c.331, s.6)

21
22 17. (New section) A contract for health care services that is
23 delivered, issued, executed, or renewed in this State pursuant to
24 P.L.1973, c.337 (C.26:2J-1 et seq.) or approved for issuance or
25 renewal in this State on or after the effective date of P.L. ,
26 c. (C.) (pending before the Legislature as this bill) shall
27 provide coverage for at least one epinephrine auto-injector device,
28 if recommended or prescribed by a participating physician or
29 participating nurse practitioner/clinical nurse specialist. Coverage
30 for the purchase of an epinephrine auto-injector device shall not be
31 subject to any deductible, and no copayment or coinsurance for the
32 purchase of an epinephrine auto-injector device shall exceed \$25
33 per 30-day supply. The provisions of this section shall apply to a
34 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 subsection shall apply to a plan that meets the requirements of a
44 catastrophic plan, as defined in 45 C.F.R. s.156.155, to the
45 maximum extent permitted by federal law.¹

46 Nothing in this section shall prevent a health maintenance
47 organization from reducing an enrollee's or other covered person's

1 cost-sharing requirement by an amount greater than the amount
2 specified in this section.

3
4 18. (New section) A contract for health care services that is
5 delivered, issued, executed, or renewed in this State pursuant to
6 P.L.1973, c.337 (C.26:2J-1 et seq.) or approved for issuance or
7 renewal in this State on or after the effective date of P.L. ,
8 c. (C.) (pending before the Legislature as this bill) shall
9 provide benefits to an enrollee or other person covered thereunder
10 for expenses incurred for a prescription asthma inhaler, if
11 recommended or prescribed by a participating physician or
12 participating nurse practitioner/clinical nurse specialist. Coverage
13 for the purchase of a covered prescription asthma inhaler shall not
14 be subject to any deductible, and no copayment or coinsurance for
15 the purchase of a covered prescription asthma inhaler shall exceed
16 \$50 per 30-day supply. The provisions of this section shall apply to
17 a high deductible health plan to the maximum extent permitted by
18 federal law, except if the plan is used to establish a medical savings
19 account pursuant to section 220 of the federal Internal Revenue
20 Code of 1986 (26 U.S.C. s.220) or a health savings account
21 pursuant to section 223 of the federal Internal Revenue Code of
22 1986 (26 U.S.C. s.223). The provisions of this section shall apply
23 to the plan to the maximum extent that is permitted by federal law
24 and does not disqualify the account for the deduction allowed under
25 section 220 or 223, as applicable. ¹The provisions of this
26 subsection shall apply to a plan that meets the requirements of a
27 catastrophic plan, as defined in 45 C.F.R. s.156.155, to the
28 maximum extent permitted by federal law.¹

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

33
34 19. (New section) An individual 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.161 (C.17B:27A-2 et al.), on or after the effective date of P.L. ,
38 c. (C.) (pending before the Legislature as this bill), shall
39 provide coverage to an enrollee or other person covered thereunder
40 for insulin for the treatment of diabetes, if recommended or
41 prescribed by a participating physician or participating nurse
42 practitioner/clinical nurse specialist. Coverage for the purchase of
43 ¹a rapid acting, long-acting, and pre-mixed¹ insulin ¹product¹ shall
44 not be subject to any deductible, and no copayment or coinsurance
45 for the purchase of insulin shall exceed \$35 per 30-day supply. The
46 provisions of this section shall apply to a high deductible health
47 plan to the maximum extent permitted by federal law, except if the
48 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 subsection shall apply to a plan
8 that meets the requirements of a catastrophic plan, as defined in 45
9 C.F.R. s.156.155, to the maximum extent permitted by federal law.¹

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

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

14

15 20. (New section) An individual health benefits plan that
16 provides hospital and medical expense benefits and is delivered,
17 issued, executed, or renewed in this State pursuant to P.L.1992,
18 c.161 (C.17B:27A-2 et al.), on or after the effective date of P.L. ,
19 c. (C.) (pending before the Legislature as this bill), shall
20 provide coverage for at least one epinephrine auto-injector device,
21 if recommended or prescribed by a participating physician or
22 participating nurse practitioner/clinical nurse specialist. Coverage
23 for the purchase of an epinephrine auto-injector device shall not be
24 subject to any deductible, and no copayment or coinsurance for the
25 purchase of an epinephrine auto-injector device shall exceed \$25
26 per 30-day supply. The provisions of this section shall apply to a
27 high deductible health plan to the maximum extent permitted by
28 federal law, except if the plan is used to establish a medical savings
29 account pursuant to section 220 of the federal Internal Revenue
30 Code of 1986 (26 U.S.C. s.220) or a health savings account
31 pursuant to section 223 of the federal Internal Revenue Code of
32 1986 (26 U.S.C. s.223). The provisions of this section shall apply
33 to the plan to the maximum extent that is permitted by federal law
34 and does not disqualify the account for the deduction allowed under
35 section 220 or 223, as applicable. ¹The provisions of this
36 subsection shall apply to a plan that meets the requirements of a
37 catastrophic plan, as defined in 45 C.F.R. s.156.155, to the
38 maximum extent permitted by federal law.¹

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

42

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

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

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

23

24 22. (New section) A small employer health benefits plan that
25 provides hospital and medical expense benefits and is delivered,
26 issued, executed, or renewed in this State pursuant to P.L.1992,
27 c.162 (C.17B:27A-17 et seq.), on or after the effective date of
28 P.L. , c. (C.) (pending before the Legislature as this bill),
29 shall provide coverage to an enrollee or other person covered
30 thereunder for insulin for the treatment of diabetes, if recommended
31 or prescribed by a participating physician or participating nurse
32 practitioner/clinical nurse specialist. Coverage for the purchase of
33 ¹a rapid acting, long-acting, and pre-mixed¹ insulin ¹product¹ shall
34 not be subject to any deductible, and no copayment or coinsurance
35 for the purchase of insulin shall exceed \$35 per 30-day supply. The
36 provisions of this section shall apply to a high deductible health
37 plan to the maximum extent permitted by federal law, except if the
38 plan is used to establish a medical savings account pursuant to
39 section 220 of the federal Internal Revenue Code of 1986 (26
40 U.S.C. s.220) or a health savings account pursuant to section 223 of
41 the federal Internal Revenue Code of 1986 (26 U.S.C. s.223). The
42 provisions of this section shall apply to the plan to the maximum
43 extent that is permitted by federal law and does not disqualify the
44 account for the deduction allowed under section 220 or 223, as
45 applicable. ¹The provisions of this subsection shall apply to a plan
46 that 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 The benefits shall be provided to the same extent as for any other
2 condition under the health benefits plan.

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

5
6 23. (New section) A small employer health benefits plan that
7 provides hospital and medical expense benefits and is delivered,
8 issued, executed, or renewed in this State pursuant to P.L.1992,
9 c.162 (C.17B:27A-17 et seq.), on or after the effective date of
10 P.L. , c. (C.) (pending before the Legislature as this bill),
11 shall provide coverage for at least one epinephrine auto-injector
12 device, if recommended or prescribed by a participating physician
13 or participating nurse practitioner/clinical nurse specialist.
14 Coverage for the purchase of an epinephrine auto-injector device
15 shall not be subject to any deductible, and no copayment or
16 coinsurance for the purchase of an epinephrine auto-injector device
17 shall exceed \$25 per 30-day supply. The provisions of this section
18 shall apply to a high deductible health plan to the maximum extent
19 permitted by federal law, except if the plan is used to establish a
20 medical savings account pursuant to section 220 of the federal
21 Internal Revenue Code of 1986 (26 U.S.C. s.220) or a health
22 savings account pursuant to section 223 of the federal Internal
23 Revenue Code of 1986 (26 U.S.C. s.223). The provisions of this
24 section shall apply to the plan to the maximum extent that is
25 permitted by federal law and does not disqualify the account for the
26 deduction allowed under section 220 or 223, as applicable. ¹The
27 provisions of this subsection 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 The benefits shall be provided to the same extent as for any other
34 condition under the health benefits plan.

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

37
38 24. (New section) A small employer health benefits plan that
39 provides hospital and medical expense benefits and is delivered,
40 issued, executed, or renewed in this State pursuant to P.L.1992,
41 c.162 (C.17B:27A-17 et seq.), on or after the effective date of
42 P.L. , c. (C.) (pending before the Legislature as this bill), shall
43 provide benefits to an enrollee or other person covered thereunder
44 for expenses incurred for a prescription asthma inhaler, if
45 recommended or prescribed by a participating physician or
46 participating nurse practitioner/clinical nurse specialist. Coverage
47 for the purchase of a covered prescription asthma inhaler shall not
48 be subject to any deductible, and no copayment or coinsurance for

1 the purchase of a covered prescription asthma inhaler shall exceed
2 \$50 per 30-day supply. The provisions of this section shall apply to
3 a high deductible health plan to the maximum extent permitted by
4 federal 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
9 to the plan to the maximum extent that is permitted by federal law
10 and does not disqualify the account for the deduction allowed under
11 section 220 or 223, as applicable. ¹The provisions of this
12 subsection shall apply to a plan that meets the requirements of a
13 catastrophic plan, as defined in 45 C.F.R. s.156.155, to the
14 maximum extent permitted by federal law.¹

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

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

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

22
23 25. (New section) The State Health Benefits Commission shall
24 ensure that every contract purchased or renewed by the commission
25 on or after the effective date of P.L. , c. (C.) (pending
26 before the Legislature as this bill), shall provide coverage for health
27 care services to a person covered thereunder for insulin for the
28 treatment of diabetes, if recommended or prescribed by a
29 participating physician or participating nurse practitioner/clinical
30 nurse specialist. Coverage for the purchase of ¹a rapid acting, long-
31 acting, and pre-mixed¹ insulin ¹product¹ shall not be subject to any
32 deductible, and no copayment or coinsurance for the purchase of
33 insulin shall exceed \$35 per 30-day supply, except a contract
34 provided by the State Health Benefits Commission that qualifies as
35 a high deductible health plan shall provide coverage for the
36 purchase 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 federal Internal Revenue Code (26
39 U.S.C. s.223 (c)(2)(A)). ¹The provisions of this subsection shall
40 apply to a plan that meets the requirements of a catastrophic plan,
41 as defined in 45 C.F.R. s.156.155, to the maximum extent permitted
42 by federal law.¹

43 Nothing in this section shall prevent the State Health Benefits
44 Commission from reducing an enrollee's cost-sharing requirement
45 by an amount greater than the amount specified in this section or
46 prevent the commission from utilizing formulary management,
47 including a mandatory generic policy, to promote the use of lower-

1 cost alternative generic drugs that are the therapeutic equivalent of
2 the brand-name drug, which could result in the member's copay
3 being higher than set forth in this section.
4

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

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

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

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

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

13

14 28. (New section) The School Employees' Health Benefits
15 Commission shall ensure that every contract purchased by the
16 commission on or after the effective date of P.L. , c. (C.)
17 (pending before the Legislature as this bill) that provides hospital
18 and medical expense benefits shall provide health care services to a
19 person covered thereunder for insulin for the treatment of diabetes,
20 if recommended or prescribed by a participating physician or
21 participating nurse practitioner/clinical nurse specialist. Coverage
22 for the purchase of ¹a rapid acting, long-acting, and pre-mixed¹
23 insulin ¹product¹ shall not be subject to any deductible, and no
24 copayment or coinsurance for the purchase of insulin shall exceed
25 \$35 per 30-day supply, except a contract provided by the School
26 Employees' Health Benefits Commission that qualifies as a high
27 deductible health plan shall provide coverage for the purchase of
28 insulin at the lowest deductible and other cost-sharing requirement
29 permitted for a high deductible health plan under section
30 223(c)(2)(A) of the Internal Revenue Code (26 U.S.C. s.223
31 (c)(2)(A)). ¹The provisions of this subsection shall apply to a plan
32 that meets the requirements of a catastrophic plan, as defined in 45
33 C.F.R. s.156.155, to the maximum extent permitted by federal law.¹

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

42

43 29. (New section) The School Employees' Health Benefits
44 Commission shall ensure that every contract purchased or renewed
45 by the commission on or after the effective date of P.L. ,
46 c. (C.) (pending before the Legislature as this bill), shall
47 provide coverage for at least one epinephrine auto-injector device,

1 if recommended or prescribed by a participating physician or
2 participating nurse practitioner/clinical nurse specialist. Coverage
3 for the purchase of an epinephrine auto-injector device shall not be
4 subject to any deductible, and no copayment or coinsurance for the
5 purchase of an epinephrine auto-injector device shall exceed \$25
6 per 30-day supply, except a contract provided by the School
7 Employees' Health Benefits Commission that qualifies as a high
8 deductible health plan shall provide coverage for the purchase of an
9 epinephrine auto-injector device at the lowest deductible and other
10 cost-sharing requirement permitted for a high deductible health plan
11 under section 223(c)(2)(A) of the Internal Revenue Code (26 U.S.C.
12 s.223 (c)(2)(A)). ¹The provisions of this subsection shall apply to a
13 plan that meets the requirements of a catastrophic plan, as defined
14 in 45 C.F.R. s.156.155, to the maximum extent permitted by federal
15 law.¹

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

24
25 30. (New section) The School Employees' Health Benefits
26 Commission shall ensure that every contract purchased or renewed
27 by the commission on or after the effective date of P.L. ,
28 c. (C.) (pending before the Legislature as this bill), shall
29 provide benefits to a person covered thereunder for expenses
30 incurred for a prescription asthma inhaler, if recommended or
31 prescribed by a participating physician or participating nurse
32 practitioner/clinical nurse specialist. Coverage for the purchase of a
33 covered prescription asthma inhaler shall not be subject to any
34 deductible, and no copayment or coinsurance for the purchase of a
35 covered prescription asthma inhaler shall exceed \$50 per 30-day
36 supply, except a contract provided by the School Employees' Health
37 Benefits Commission that qualifies as a high deductible health plan
38 shall provide coverage for the purchase of a covered prescription
39 asthma inhaler at the lowest deductible and other cost-sharing
40 requirement permitted for a high deductible health plan under
41 section 223(c)(2)(A) of the Internal Revenue Code (26 U.S.C. s.223
42 (c)(2)(A)). ¹The provisions of this subsection shall apply to a plan
43 that meets the requirements of a catastrophic plan, as defined in 45
44 C.F.R. s.156.155, to the maximum extent permitted by federal law.¹

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.