

[Second Reprint]  
**SENATE, No. 1614**

**STATE OF NEW JERSEY**  
**220th LEGISLATURE**

INTRODUCED FEBRUARY 14, 2022

**Sponsored by:**

**Senator JOSEPH F. VITALE**

**District 19 (Middlesex)**

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**Assemblywoman ANNETTE QUIJANO**

**District 20 (Union)**

**Assemblyman PAUL D. MORIARTY**

**District 4 (Camden and Gloucester)**

**Co-Sponsored by:**

**Senators Ruiz, Gill, Cunningham, Diegnan, Turner, Assemblyman Benson, Assemblywomen Mosquera, Reynolds-Jackson, McKnight, Assemblyman Danielsen, Assemblywomen Park, Murphy, Assemblyman Schaer, Assemblywomen Carter, Jimenez, Assemblymen Rooney, Verrelli, Mukherji, Assemblywomen Swain, Pintor Marin and Lopez**

**SYNOPSIS**

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

**CURRENT VERSION OF TEXT**

As reported by the Assembly Budget Committee on June 27, 2023, with amendments.

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

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

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

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

10 1. a. Every individual or group hospital service corporation  
11 contract providing hospital or medical expense benefits that is  
12 delivered, issued, executed or renewed in this State pursuant to  
13 P.L.1938, c.366 (C.17:48-1 et seq.) or approved for issuance or  
14 renewal in this State by the Commissioner of Banking and  
15 Insurance on or after the effective date of this act shall provide  
16 benefits to any subscriber or other person covered thereunder for  
17 expenses incurred for the following equipment and supplies for the  
18 treatment of diabetes, if recommended or prescribed by a physician  
19 or nurse practitioner/clinical nurse specialist: blood glucose  
20 monitors and blood glucose monitors for the legally blind; test  
21 strips for glucose monitors and visual reading and urine testing  
22 strips; insulin; injection aids; cartridges for the legally blind;  
23 syringes; insulin pumps and appurtenances thereto; insulin infusion  
24 devices; and oral agents for controlling blood sugar. Coverage for  
25 the purchase of <sup>1</sup>a <sup>2</sup>short-acting, intermediate acting, <sup>2</sup> rapid acting,  
26 long-acting, and pre-mixed<sup>1</sup> insulin <sup>1</sup>product<sup>1</sup> shall not be subject to  
27 any deductible, and no copayment or coinsurance for the purchase  
28 of insulin shall exceed \$35 per 30-day supply. The provisions of  
29 this subsection shall apply to a high deductible health plan to the  
30 maximum extent permitted by federal law, except if the plan is used  
31 to establish a medical savings account pursuant to section 220 of  
32 the federal Internal Revenue Code of 1986 (26 U.S.C. s.220) or a  
33 health savings account pursuant to section 223 of the federal  
34 Internal Revenue Code of 1986 (26 U.S.C. s.223). The provisions  
35 of this subsection shall apply to the plan to the maximum extent that  
36 is permitted by federal law and does not disqualify the account for  
37 the deduction allowed under section 220 or 223, as applicable.  
38 <sup>1</sup>The provisions of this subsection shall apply to a plan that meets  
39 the requirements of a catastrophic plan, as defined in 45 C.F.R.  
40 s.156.155, to the maximum extent permitted by federal law.<sup>1</sup>

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

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

Matter underlined thus is new matter

Matter enclosed in superscript numerals has been adopted as follows:

<sup>1</sup>Senate SBA committee amendments adopted June 27, 2022.

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

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

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

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

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

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

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

33

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

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

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

16

17 3. (New section) An individual or group hospital service  
18 corporation contract providing hospital or medical expense benefits  
19 that is delivered, issued, executed, or renewed in this State pursuant  
20 to P.L.1938, c.366 (C.17:48-1 et seq.) or approved for issuance or  
21 renewal in this State by the Commissioner of Banking and  
22 Insurance on or after the effective date of P.L. , c. (C. )  
23 (pending before the Legislature as this bill) shall provide benefits to  
24 a subscriber or other person covered thereunder for expenses  
25 incurred for a prescription asthma inhaler, if recommended or  
26 prescribed by a participating physician or participating nurse  
27 practitioner/clinical nurse specialist. Coverage for the purchase of a  
28 covered prescription asthma inhaler shall not be subject to any  
29 deductible, and no copayment or coinsurance for the purchase of a  
30 covered prescription asthma inhaler shall exceed \$50 per 30-day  
31 supply. The provisions of this section shall apply to a high  
32 deductible health plan to the maximum extent permitted by federal  
33 law, except if the plan is used to establish a medical savings  
34 account pursuant to section 220 of the federal Internal Revenue  
35 Code of 1986 (26 U.S.C. s.220) or a health savings account  
36 pursuant to section 223 of the federal Internal Revenue Code of  
37 1986 (26 U.S.C. s.223). The provisions of this section shall apply  
38 to the plan to the maximum extent that is permitted by federal law  
39 and does not disqualify the account for the deduction allowed under  
40 section 220 or 223, as applicable. <sup>1</sup>The provisions of this  
41 <sup>2</sup>[subsection] section<sup>2</sup> shall apply to a plan that meets the  
42 requirements of a catastrophic plan, as defined in 45 C.F.R.  
43 s.156.155, to the maximum extent permitted by federal law.<sup>1</sup>

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

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

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

34       b. Each individual or group medical service corporation  
35 contract shall also provide benefits for expenses incurred for  
36 diabetes self-management education to ensure that a person with  
37 diabetes is educated as to the proper self-management and treatment  
38 of their diabetic condition, including information on proper diet.  
39 Benefits provided for self-management education and education  
40 relating to diet shall be limited to visits medically necessary upon  
41 the diagnosis of diabetes; upon diagnosis by a physician or nurse  
42 practitioner/clinical nurse specialist of a significant change in the  
43 subscriber's or other covered person's symptoms or conditions  
44 which necessitate changes in that person's self-management; and  
45 upon determination of a physician or nurse practitioner/clinical  
46 nurse specialist that reeducation or refresher education is necessary.  
47 Diabetes self-management education shall be provided by a dietitian  
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. <sup>1</sup>The provisions of this  
46 <sup>2</sup>[subsection] section<sup>2</sup> shall apply to a plan that meets the  
47 requirements of a catastrophic plan, as defined in 45 C.F.R.  
48 s.156.155, to the maximum extent permitted by federal law.<sup>1</sup>

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

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

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

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

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 <sup>1</sup>a  
 45 <sup>2</sup>short-acting, intermediate acting, <sup>2</sup> rapid acting, long-acting, and  
 46 pre-mixed<sup>1</sup> insulin <sup>1</sup>product<sup>1</sup> shall not be subject to any deductible,  
 47 and no copayment or coinsurance for the purchase of insulin shall

1 exceed \$35 per 30-day supply. The provisions of this subsection  
2 shall apply to a high deductible health plan to the maximum extent  
3 permitted by federal law, except if the plan is used to establish a  
4 medical savings account pursuant to section 220 of the federal  
5 Internal Revenue Code of 1986 (26 U.S.C. s.220) or a health  
6 savings account pursuant to section 223 of the federal Internal  
7 Revenue Code of 1986 (26 U.S.C. s.223). The provisions of this  
8 subsection shall apply to the plan to the maximum extent that is  
9 permitted by federal law and does not disqualify the account for the  
10 deduction allowed under section 220 or 223, as applicable. <sup>1</sup>The  
11 provisions of this subsection shall apply to a plan that meets the  
12 requirements of a catastrophic plan, as defined in 45 C.F.R.  
13 s.156.155, to the maximum extent permitted by federal law.<sup>1</sup>

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

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

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

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

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

1 be provided according to the provisions of this section.  
2 (cf: P.L.1995, c.331, s.4)

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

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

33  
34 12. (New section) An individual health insurance policy  
35 providing hospital or medical expense benefits that is delivered,  
36 issued, executed, or renewed in this State pursuant to Chapter 26 of  
37 Title 17B of the New Jersey Statutes or approved for issuance or  
38 renewal in this State by the Commissioner of Banking and  
39 Insurance on or after the effective date of P.L. , c. (C. )  
40 (pending before the Legislature as this bill) shall provide benefits to  
41 a person covered thereunder for expenses incurred for a prescription  
42 asthma inhaler, if recommended or prescribed by a participating  
43 physician or participating nurse practitioner/clinical nurse  
44 specialist. Coverage for the purchase of a covered prescription  
45 asthma inhaler shall not be subject to any deductible, and no  
46 copayment or coinsurance for the purchase of a covered  
47 prescription asthma inhaler shall exceed \$50 per 30-day supply.  
48 The provisions of this section 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 section 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. <sup>1</sup>The provisions of this <sup>2</sup>[subsection] section<sup>2</sup> shall  
10 apply to a plan that meets the requirements of a catastrophic plan,  
11 as defined in 45 C.F.R. s.156.155, to the maximum extent permitted  
12 by federal law.<sup>1</sup>

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

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

19 5. a. Every group health insurance policy providing hospital or  
20 medical expense benefits that is delivered, issued, executed or  
21 renewed in this State pursuant to Chapter 27 of Title 17B of the  
22 New Jersey Statutes or approved for issuance or renewal in this  
23 State by the Commissioner of Banking and Insurance on or after the  
24 effective date of this act shall provide benefits to any person  
25 covered thereunder for expenses incurred for the following  
26 equipment and supplies for the treatment of diabetes, if  
27 recommended or prescribed by a physician or nurse  
28 practitioner/clinical nurse specialist: blood glucose monitors and  
29 blood glucose monitors for the legally blind; test strips for glucose  
30 monitors and visual reading and urine testing strips; insulin;  
31 injection aids; cartridges for the legally blind; syringes; insulin  
32 pumps and appurtenances thereto; insulin infusion devices; and oral  
33 agents for controlling blood sugar. Coverage for the purchase of <sup>1</sup>a  
34 <sup>2</sup>short-acting, intermediate acting,<sup>2</sup> rapid acting, long-acting, and  
35 pre-mixed<sup>1</sup> insulin <sup>1</sup>product<sup>1</sup> shall not be subject to any deductible,  
36 and no copayment or coinsurance for the purchase of insulin shall  
37 exceed \$35 per 30-day supply. The provisions of this subsection  
38 shall apply to a high deductible health plan to the maximum extent  
39 permitted by federal law, except if the plan is used to establish a  
40 medical savings account pursuant to section 220 of the federal  
41 Internal Revenue Code of 1986 (26 U.S.C. s.220) or a health  
42 savings account pursuant to section 223 of the federal Internal  
43 Revenue Code of 1986 (26 U.S.C. s.223). The provisions of this  
44 subsection shall apply to the plan to the maximum extent that is  
45 permitted by federal law and does not disqualify the account for the  
46 deduction allowed under section 220 or 223, as applicable. <sup>1</sup>The  
47 provisions of this subsection shall apply to a plan that meets the

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

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

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

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

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

31 f. The Commissioner of Banking and Insurance may, in  
32 consultation with the Commissioner of Health, pursuant to the  
33 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et  
34 seq.), promulgate and periodically update a list of additional  
35 diabetes equipment and related supplies that are medically  
36 necessary for the treatment of diabetes and for which benefits shall  
37 be provided according to the provisions of this section.  
38 (cf: P.L.1995, c.331, s.5)

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

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

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

20

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

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

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

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

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



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

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

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

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

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

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

27

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

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

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

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

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

38  
39 19. (New section) An individual health benefits plan that  
40 provides hospital and medical expense benefits and is delivered,  
41 issued, executed, or renewed in this State pursuant to P.L.1992,  
42 c.161 (C.17B:27A-2 et al.), on or after the effective date of  
43 P.L. , c. (C. ) (pending before the Legislature as this bill),  
44 shall provide coverage to an enrollee or other person covered  
45 thereunder for insulin for the treatment of diabetes, if recommended  
46 or prescribed by a participating physician or participating nurse  
47 practitioner/clinical nurse specialist. Coverage for the purchase of

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

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

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

21

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

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

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

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

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

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

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

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

16

17 23. (New section) A small employer health benefits plan that  
18 provides hospital and medical expense benefits and is delivered,  
19 issued, executed, or renewed in this State pursuant to P.L.1992,  
20 c.162 (C.17B:27A-17 et seq.), on or after the effective date of  
21 P.L. , c. (C. ) (pending before the Legislature as this bill),  
22 shall provide coverage for at least one epinephrine auto-injector  
23 device, if recommended or prescribed by a participating physician  
24 or participating nurse practitioner/clinical nurse specialist.  
25 Coverage for the purchase of an epinephrine auto-injector device  
26 shall not be subject to any deductible, and no copayment or  
27 coinsurance for the purchase of an epinephrine auto-injector device  
28 shall exceed \$25 per 30-day supply. The provisions of this section  
29 shall apply to a high deductible health plan to the maximum extent  
30 permitted by federal law, except if the plan is used to establish a  
31 medical savings account pursuant to section 220 of the federal  
32 Internal Revenue Code of 1986 (26 U.S.C. s.220) or a health  
33 savings account pursuant to section 223 of the federal Internal  
34 Revenue Code of 1986 (26 U.S.C. s.223). The provisions of this  
35 section shall apply to the plan to the maximum extent that is  
36 permitted by federal law and does not disqualify the account for the  
37 deduction allowed under section 220 or 223, as applicable. <sup>1</sup>The  
38 provisions of this <sup>2</sup>[subsection] section<sup>2</sup> shall apply to a plan that  
39 meets the requirements of a catastrophic plan, as defined in 45  
40 C.F.R. s.156.155, to the maximum extent permitted by federal law.<sup>1</sup>

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

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

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

1       24. (New section) A small employer 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.162 (C.17B:27A-17 et seq.), on or after the effective date of  
5 P.L. , c. (C. ) (pending before the Legislature as this bill), shall  
6 provide benefits to an enrollee or other person covered thereunder  
7 for expenses incurred for a prescription asthma inhaler, if  
8 recommended or prescribed by a participating physician or  
9 participating nurse practitioner/clinical nurse specialist. Coverage  
10 for the purchase of a covered prescription asthma inhaler shall not  
11 be subject to any deductible, and no copayment or coinsurance for  
12 the purchase of a covered prescription asthma inhaler shall exceed  
13 \$50 per 30-day supply. The provisions of this section shall apply to  
14 a high deductible health plan to the maximum extent permitted by  
15 federal law, except if the plan is used to establish a medical savings  
16 account pursuant to section 220 of the federal Internal Revenue  
17 Code of 1986 (26 U.S.C. s.220) or a health savings account  
18 pursuant to section 223 of the federal Internal Revenue Code of  
19 1986 (26 U.S.C. s.223). The provisions of this section shall apply  
20 to the plan to the maximum extent that is permitted by federal law  
21 and does not disqualify the account for the deduction allowed under  
22 section 220 or 223, as applicable. <sup>1</sup>The provisions of this  
23 <sup>2</sup>subsection section shall apply to a plan that meets the  
24 requirements of a catastrophic plan, as defined in 45 C.F.R.  
25 s.156.155, to the maximum extent permitted by federal law.<sup>1</sup>

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

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

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

33

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

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

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

15  
16 26. (New section) The State Health Benefits Commission shall  
17 ensure that every contract purchased or renewed by the commission  
18 on or after the effective date of P.L. , c. (C. ) (pending  
19 before the Legislature as this bill), shall provide coverage for at  
20 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, except a contract provided by the State Health Benefits  
27 Commission that qualifies as a high deductible health plan shall  
28 provide coverage for the purchase of an epinephrine auto-injector  
29 device at the lowest deductible and other cost-sharing requirement  
30 permitted for a high deductible health plan under section  
31 223(c)(2)(A) of the federal Internal Revenue Code  
32 (26 U.S.C. s.223 (c)(2)(A)). <sup>1</sup>The provisions of this <sup>2</sup>[subsection]  
33 section<sup>2</sup> shall apply to a plan that meets the requirements of a  
34 catastrophic plan, as defined in 45 C.F.R. s.156.155, to the  
35 maximum extent permitted by federal law.<sup>1</sup>

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

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

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

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



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

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

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

38  
39 30. (New section) The School Employees' Health Benefits  
40 Commission shall ensure that every contract purchased or renewed  
41 by the commission on or after the effective date of  
42 P.L. , c. (C. ) (pending before the Legislature as this bill),  
43 shall provide benefits to a person covered thereunder for expenses  
44 incurred for a prescription asthma inhaler, if recommended or  
45 prescribed by a participating physician or participating nurse  
46 practitioner/clinical nurse specialist. Coverage for the purchase of a  
47 covered prescription asthma inhaler shall not be subject to any  
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, except a contract provided by the School Employees' Health  
3 Benefits Commission that qualifies as a high deductible health plan  
4 shall provide coverage for the purchase of a covered prescription  
5 asthma inhaler at the lowest deductible and other cost-sharing  
6 requirement permitted for a high deductible health plan under  
7 section 223(c)(2)(A) of the Internal Revenue Code  
8 (26 U.S.C. s.223 (c)(2)(A)). <sup>1</sup>The provisions of this <sup>2</sup>**[subsection]**  
9 section<sup>2</sup> shall apply to a plan that meets the requirements of a  
10 catastrophic plan, as defined in 45 C.F.R. s.156.155, to the  
11 maximum extent permitted by federal law.<sup>1</sup>

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

20

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