

[First Reprint]

**SENATE, No. 3452**

**STATE OF NEW JERSEY**  
**221st LEGISLATURE**

INTRODUCED JUNE 17, 2024

**Sponsored by:**

**Senator M. TERESA RUIZ**

**District 29 (Essex and Hudson)**

**Senator NICHOLAS P. SCUTARI**

**District 22 (Somerset and Union)**

**Co-Sponsored by:**

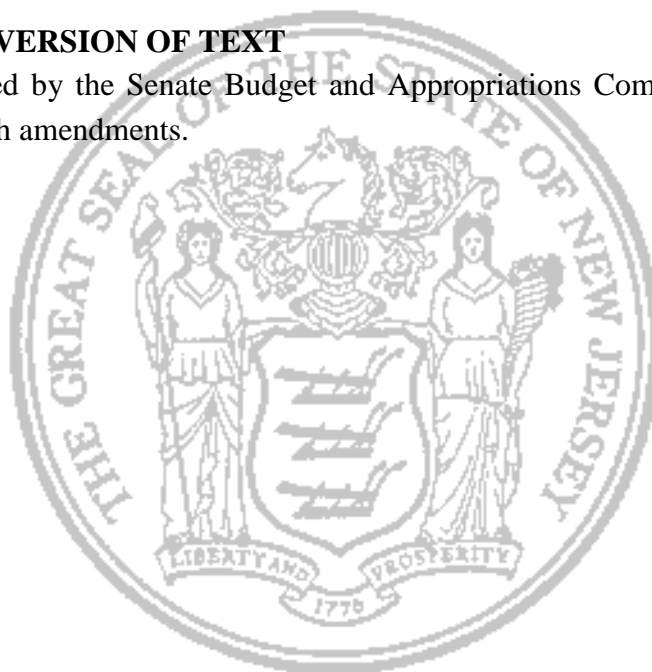
**Senators Zwicker, Burgess, Gopal and Timberlake**

**SYNOPSIS**

Requires health insurance and Medicaid coverage for family planning and reproductive health care services; prohibits adverse actions by medical malpractice insurers in relation to performance of legally protected health care services.

**CURRENT VERSION OF TEXT**

As reported by the Senate Budget and Appropriations Committee on June 24, 2024, with amendments.



**(Sponsorship Updated As Of: 6/28/2024)**

1 AN ACT concerning insurance coverage for <sup>1</sup>family planning and<sup>1</sup>  
2 reproductive health care and revising and supplementing various  
3 parts of the statutory law.

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

7  
8 1. (New section) The Legislature finds and declares that:

9 a. Given the historic and continued attacks on abortion access  
10 and reproductive health care at the federal level and in other states,  
11 it is critical that New Jersey take legislative action to ensure that all  
12 individuals in the State are able to exercise their fundamental rights  
13 to choose to use or refuse contraception or sterilization, to carry a  
14 pregnancy, to give birth, or to have an abortion, regardless of where  
15 <sup>1</sup>**the**<sup>1</sup> they are domiciled.

16 b. New Jersey has historically provided stronger protections for  
17 reproductive rights and <sup>1</sup>bodily<sup>1</sup> autonomy than are provided by  
18 other states and the federal government. The New Jersey Supreme  
19 Court has made clear through several holdings, including *Right to*  
20 *Choose v. Byrne*, 91 N.J. 287 (1982), and *Planned Parenthood of*  
21 *Cent. N.J. v. Farmer*, 165 N.J. 609 (2000), that Article I, paragraph  
22 1 of the New Jersey Constitution protects the right to abortion and  
23 reproductive autonomy to an extent that exceeds the protections  
24 established under the United States Constitution. In 2022, New  
25 Jersey codified the fundamental constitutional right to reproductive  
26 autonomy, including the right to abortion, and has restored and  
27 allocated State funding to support reproductive health care  
28 services.

29 c. The Legislature is committed to ensuring that all individuals  
30 in the State can fully exercise their right to reproductive autonomy  
31 and can access affordable and timely reproductive health care  
32 services. It is imperative to ensure that every person present in the  
33 State has the freedom to choose whether, when, and how to bear  
34 children on their own terms.

35 d. Access to reproductive health care is critical for the health  
36 and economic security of all people in New Jersey, providing all  
37 individuals in the State with the opportunity to lead healthier and  
38 more productive lives. To effectively vindicate the right to abortion  
39 and reproductive autonomy enshrined in State law, New Jersey  
40 must address barriers to access.

41 e. Financial barriers and costs associated with reproductive  
42 health care services can prevent people from accessing appropriate  
43 and necessary care. These costs can threaten individuals' financial  
44 security and negatively impact their long-term economic prospects.  
45 Cost barriers associated with reproductive health care often have a

**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 24, 2024.

1 disparate impact on people who already experience barriers to  
2 health care access, including young people, people of color, people  
3 with disabilities, people with a low income, people living in rural  
4 areas, immigrants, and transgender or non-binary individuals.

5 f. A person's income level or their type of insurance should  
6 never prevent them from having access to a full range of  
7 reproductive health care. The absence of funding should never be a  
8 reason that someone present in New Jersey does not exercise their  
9 fundamental right to reproductive autonomy, including abortion.

10 g. Health care practitioners should not be constrained from  
11 providing necessary or appropriate reproductive health care.  
12 Medically unnecessary regulations discourage practitioners from  
13 offering reproductive health care, including abortions, which  
14 effectively reduces the number of licensed providers, diminishes the  
15 availability of legal abortion providers, and creates harmful barriers  
16 and delays to care without providing any benefit to patients.  
17 Extensive scientific study has shown that abortion care is a safe  
18 medical intervention, safer than childbirth as well as many common  
19 medical procedures.

20 h. 'Individuals' ability to choose their family size and the  
21 timing of children has led to notable health and socio-economic  
22 benefits. Smaller families and better child spacing contribute to  
23 lower rates of infant and child mortality, improved economic  
24 conditions for women and their families, and enhanced maternal  
25 health.

26 i.<sup>1</sup> Given New Jersey's high priority to the preservation of  
27 health, the State has a significant interest in ensuring that every  
28 person in New Jersey can access reproductive health care, including  
29 abortion services. The Legislature is committed to addressing  
30 barriers to receiving and providing reproductive health care in the  
31 State. It shall therefore be the policy of this State to enable all  
32 qualified health care practitioners to provide abortion services in the  
33 State, and to advance insurance coverage and other methods  
34 through which to ensure that reproductive health care is accessible  
35 and affordable to all people present in New Jersey.

36

37 2. (New section) As used in this act:

38 "Abortion" means any medical treatment intended to induce the  
39 termination of a pregnancy and services rendered to facilitate the  
40 termination which may include follow-up care, except for the  
41 purpose of producing a live birth. "Abortion" includes, but is not  
42 limited to, "aspiration abortion" and "medication abortion," as  
43 defined in this section.

44 "Aspiration abortion" means a procedure that terminates a  
45 pregnancy utilizing manual or electric suction to empty the uterus.

46 "Carrier" means an insurance company, health service  
47 corporation, hospital service corporation, medical service

1 corporation, or health maintenance organization authorized to issue  
2 health benefits plans in this State.

3 “Covered person” means a person, or dependents of a person, on  
4 whose behalf a carrier offering the plan is obligated to pay benefits  
5 or provide services pursuant to the health benefits plan.

6 <sup>1</sup>“Family planning and reproductive health care services” means  
7 essential health benefits for maternity and newborn care pursuant to  
8 P.L.2019, c.354 (C.17B:27A-7.26 et al.) and shall include the  
9 following services:

10 (1) abortion;

11 (2) emergency services, which shall mean medical screening,  
12 examination, and evaluation for mothers and newborns by a  
13 physician and surgeon, or, to the extent permitted by applicable  
14 law, by other appropriate licensed persons to determine if an  
15 emergency medical condition or active labor exists and, if it does,  
16 the care, treatment, and surgery, if within the scope of that person’s  
17 license, necessary to relieve or eliminate the emergency medical  
18 condition, within the capability of the facility;

19 (3) family planning counseling, which shall mean comprehensive  
20 reproductive health care services, including contraception,  
21 pregnancy detection, and options counseling;

22 (4) family planning lab tests, including genetic testing and  
23 coverage for patients to see a licensed genetic counselor;

24 (5) inpatient hospital care, laboratory, and ultrasound services for  
25 pregnancy-related services during pregnancy and during the  
26 postpartum period and for newborns; and

27 (6) well-baby medical care.

28 “Family planning and reproductive health care services” shall not  
29 include child birth for the purposes of this section.<sup>1</sup>

30 “Medication abortion” means the use, prescription, order,  
31 dispensing, administration, or any combination thereof as  
32 applicable, of a medication or a combination of medications to  
33 induce termination of pregnancy.

34 “Pregnancy” means the period of the human reproductive  
35 process beginning with the implantation of a fertilized egg.

36 “Religious employer” means an organization that is referred to in  
37 section 6033(a)(3)(A)(i) or (iii) of the federal Internal Revenue  
38 Code of 1986 (26 U.S.C. s.6033), as amended, and organized and  
39 operates as a nonprofit entity.

40

41 3. (New section) a. A contract that provides hospital or  
42 medical expense benefits and is delivered, issued, executed, or  
43 renewed in this State by a carrier or is approved for issuance or  
44 renewal in this State by the Commissioner of Banking and  
45 Insurance, on or after the effective date of P.L. , c. (C. )  
46 (pending before the Legislature as this bill), shall provide coverage  
47 for <sup>1</sup>**[abortion]** family planning and reproductive health care

1 services, as defined by section 2 of P.L. , c. (C. ) (pending  
2 before the Legislature as this bill)<sup>1</sup>.

3 b. (1) A contract subject to this section shall not impose a  
4 deductible, coinsurance, copayment, or any other cost-sharing  
5 requirement on the coverage required under this section. <sup>1</sup>For  
6 services as described in paragraphs (4) and (5) of the definition of  
7 “family planning and reproductive services,” as defined in section 2  
8 of P.L. , c. (C. ) (pending before the Legislature as this  
9 bill), a carrier may impose a cost-sharing requirement if those  
10 services are provided by an out-of-network provider.<sup>1</sup>

11 (2) A contract that meets the requirements of a catastrophic  
12 plan, as defined in 45 C.F.R. s.156.155, shall be exempt from  
13 paragraph (1) of this subsection.

14 (3) For benefits offered in conjunction with a high-deductible  
15 health plan, the contract shall not provide benefits until the  
16 expenditures applicable to the deductible under the plan have met  
17 the amount of the minimum annual deductibles in effect for self-  
18 only and family coverage under section 223(c)(2)(A)(i) of the  
19 federal Internal Revenue Code (26 U.S.C. s.223(c)(2)(A)(i)) for  
20 self-only and family coverage, respectively. Once the foregoing  
21 expenditure amount has been met under the plan, coverage for  
22 benefits shall begin and the provisions in paragraph (1) of this  
23 subsection shall be in effect.

24 c. A contract shall not impose any restrictions or delays on, and  
25 shall not require prior authorization for, the coverage required under  
26 this section.

27 d. Notwithstanding the provisions of subsections a. through c.  
28 of this section to the contrary, if the Commissioner of Banking and  
29 Insurance concludes that enforcement of this section may adversely  
30 affect the allocation of federal funds to this State, the commissioner  
31 may grant an exemption to the requirements of this section, but only  
32 to the minimum extent necessary to ensure the continued receipt of  
33 federal funds.

34 e. <sup>1</sup>**¶**A religious employer may request, and a carrier shall  
35 grant, an exclusion under the contract for the coverage required by  
36 this section if the required coverage conflicts with the religious  
37 employer’s bona fide religious beliefs and practices. A religious  
38 employer that obtains an exclusion shall provide written notice  
39 thereof to covered persons and prospective covered persons, and a  
40 carrier shall provide notice to the Commissioner of Banking and  
41 Insurance, in the form and manner determined by the  
42 commissioner. The provisions of this subsection shall not authorize  
43 a carrier to exclude coverage for care that is necessary to preserve  
44 the life or health of a covered person **¶** This section shall not apply  
45 to any coverage subject to an exclusion granted to a religious  
46 employer pursuant to section 3 of P.L.2021, c.375 (C.26:2S-39)<sup>1</sup>.

1       4. (New section) a. The State Health Benefits Commission  
2 shall <sup>1</sup>~~ensure that every contract providing hospital or medical~~  
3 expense benefits, which is purchased by the commission on or after  
4 the effective date of P.L. , c. (C. ) (pending before the  
5 Legislature as this bill), provides coverage] provide benefits<sup>1</sup> for  
6 <sup>1</sup>~~abortions] family planning and reproductive health care~~  
7 services<sup>1</sup>, as defined by section <sup>1</sup>~~[1] 2<sup>1</sup>~~ of P.L. , c. (C. )  
8 (pending before the Legislature as this bill).

9       b. <sup>1</sup>~~[A contract subject to this section shall not impose a] The~~  
10 benefits required pursuant to this section shall be provided without  
11 any<sup>1</sup> deductible, coinsurance, copayment, or any other cost-sharing  
12 requirement on the coverage required under this section. <sup>1</sup>For  
13 services as described in paragraphs (4) and (5) of the definition of  
14 “family planning and reproductive services,” as defined in section 2  
15 of P.L. , c. (C. ) (pending before the Legislature as this  
16 bill), a carrier may impose a cost-sharing requirement if those  
17 services are provided by an out-of-network provider.<sup>1</sup> For a  
18 qualifying high-deductible health plan for a health savings account,  
19 the commission shall establish the plan’s cost-sharing for the  
20 coverage provided pursuant to this section at the minimum level  
21 necessary to preserve the covered person’s ability to claim tax-  
22 exempt contributions and withdrawals from the covered person’s  
23 health savings account under 26 U.S.C. s.223.

24       c. <sup>1</sup>~~[A contract] The State Health Benefits Commission<sup>1</sup>~~ shall  
25 not impose any restrictions or delays on, and shall not require prior  
26 authorization for, the coverage required under this section.  
27

28       5. (New section) a. The School Employees’ Health Benefits  
29 Commission shall <sup>1</sup>~~ensure that every contract providing hospital or~~  
30 medical expense benefits, which is purchased by the commission on  
31 or after the effective date of P.L. , c. (C. ) (pending before  
32 the Legislature as this bill), provides coverage] provide benefits<sup>1</sup>  
33 <sup>1</sup>~~abortions] family planning and reproductive health care~~  
34 services<sup>1</sup>, as defined by section <sup>1</sup>~~[1] 2<sup>1</sup>~~ of P.L. , c. (C. )  
35 (pending before the Legislature as this bill).

36       b. <sup>1</sup>~~[A contract subject to this section shall not impose a] The~~  
37 benefits required pursuant to this section shall be provided without  
38 any<sup>1</sup> deductible, coinsurance, copayment, or any other cost-sharing  
39 requirement on the coverage required under this section. <sup>1</sup>For  
40 services as described in paragraphs (4) and (5) of the definition of  
41 “family planning and reproductive services,” as defined in section 2  
42 of P.L. , c. (C. ) (pending before the Legislature as this  
43 bill), a carrier may impose a cost-sharing requirement if those  
44 services are provided by an out-of-network provider.<sup>1</sup> For a  
45 qualifying high-deductible health plan for a health savings account,  
46 the commission shall establish the plan’s cost-sharing for the

1 coverage provided pursuant to this section at the minimum level  
2 necessary to preserve the covered person's ability to claim tax-  
3 exempt contributions and withdrawals from the covered person's  
4 health savings account under 26 U.S.C. s.223.

5 c. <sup>1</sup>~~["A contract"]~~ The School Employees' Health Benefits  
6 Commission<sup>1</sup> shall not impose any restrictions or delays on, and  
7 shall not require prior authorization for, the coverage required under  
8 this section.

9  
10 6. (New section) Notwithstanding any State law or regulation  
11 to the contrary, the Department of Human Services shall ensure that  
12 expenses incurred for <sup>1</sup>~~["abortion services"]~~ family planning and  
13 reproductive health care services, as defined pursuant to section 2  
14 of P.L. , c. (C. ) (pending before the Legislature as this  
15 bill),<sup>1</sup> shall be provided with no cost-sharing to persons served  
16 under the Medicaid program, established pursuant to P.L.1968,  
17 c.413 (C.30:4D-1 et seq.).

18 b. Any copayment, coinsurance, or deductible that may be  
19 required pursuant to the contract for services covered pursuant to  
20 subsection a. of this section shall not apply. <sup>1</sup>For services as  
21 described in paragraphs (4) and (5) of the definition of "family  
22 planning and reproductive services," as defined in section 2 of  
23 P.L. , c. (C. ) (pending before the Legislature as this bill), a  
24 carrier may impose a cost-sharing requirement if those services are  
25 provided by an out-of-network provider.<sup>1</sup>

26 c. The department may take any administrative action  
27 necessary to effectuate the provisions of this section, including  
28 modifying or amending any applicable contract or promulgating,  
29 amending, or repealing any guidance, guidelines, or rules, which  
30 rules or amendments thereto shall be effective immediately upon  
31 filing with the Office of Administrative Law for a period not to  
32 exceed 12 months, and may, thereafter, be amended, adopted or  
33 readopted in accordance with the provisions of the "Administrative  
34 Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.).

35  
36 7. Section 2 of P.L.2021, c.375 (C.10:7-2) is amended to read  
37 as follows:

38 2. a. Every individual present in the State, including, but not  
39 limited to, an individual who is under State control or supervision,  
40 shall have the fundamental right to: choose or refuse contraception  
41 or sterilization; and choose whether to carry a pregnancy, to give  
42 birth, or to terminate a pregnancy. The New Jersey Constitution  
43 recognizes the fundamental nature of the right to reproductive  
44 choice, including the right to access contraception, to terminate a  
45 pregnancy, and to carry a pregnancy to term, shall not be abridged  
46 by any law, rule, regulation, ordinance, or order issued by any State,  
47 county, or local governmental authority. Any law, rule, regulation,  
48 ordinance, or order, in effect on or adopted after the effective date

1 of this act, or any part thereof, that is determined to have the effect  
2 of limiting the constitutional right to freedom of reproductive  
3 choice and that does not conform with the provisions and the  
4 express or implied purposes of this act, shall be deemed invalid and  
5 shall have no force or effect.

6 b. If the State provides, directly or by contract, hospital or  
7 medical benefits for pregnancy-related care through any program  
8 administered or funded in whole or in part by the State, the State  
9 shall also provide a pregnant individual otherwise eligible for the  
10 program with substantially equivalent benefits to permit the  
11 individual to voluntarily terminate the individual's pregnancy.

12 c. A physician or other health care professional, acting within  
13 the professional's lawful scope of practice and in compliance with  
14 all generally applicable regulations, shall be authorized to provide  
15 and assist in the provision of reproductive health care services in  
16 this State.

17 d. Nothing in P.L.2021, c.375 (C.10:7-1 et seq.) shall effect or  
18 limit in anyway an advanced practice clinician who is licensed,  
19 certified, or otherwise authorized by law to practice in this State  
20 from performing aspiration abortion, providing medication abortion,  
21 or managing the spontaneous termination of a pregnancy.

22 e. A public entity shall not, in regulating or providing benefits,  
23 facilities, services, or information, deny or interfere with an  
24 individual's fundamental reproductive rights pursuant to subsection  
25 a. of this section or discriminate against an individual on the basis  
26 of the individual's exercise of fundamental reproductive rights  
27 pursuant to subsection a. of this section.

28 f. (1) All rules and regulations promulgated by the  
29 Department of Human Services as of the effective date of  
30 P.L. , c. (C. ) (pending before the Legislature as this bill),  
31 or parts thereof, which limit coverage for abortion services based on  
32 the type of facility or health care professional that provides the  
33 services, or which are otherwise inconsistent or in conflict with the  
34 provisions or express or implied purposes of P.L.2021, c.375  
35 (C.10:7-1 et seq.) including, but not limited to, relevant parts or  
36 subparts of N.J.A.C.10:54-5.43 and N.J.A.C.10:66-2.16 shall be  
37 void and have no force or effect following the effective date of  
38 P.L. , c. (C. ) (pending before the Legislature as this bill),  
39 provided that nothing in this subsection shall be construed to limit a  
40 professional licensing board or regulatory agency from establishing  
41 through regulation the qualifications or standards of care for its  
42 licensees with respect to the performance of reproductive health care  
43 services.

44 (2) The rules and regulations adopted by the Commissioner of  
45 Human Services, pursuant to this section, shall include, but need  
46 not be limited to, rules and regulations permitting electronic billing  
47 for abortion services, which rules and regulations shall be  
48 promulgated by January 1, 2025.



1 g. The provisions of this section shall be enforceable under the  
2 "New Jersey Civil Rights Act," P.L.2004, c.143 (C.10:6-1 et seq.)  
3 or in any other manner provided by law.

4 h. As used in this section:

5 "Abortion" means any medical treatment intended to induce the  
6 termination of a pregnancy and services rendered to facilitate the  
7 termination which may include follow-up care, except for the  
8 purpose of producing a live birth. "Abortion" includes, but is not  
9 limited to, "aspiration abortion" and "medication abortion," as  
10 defined in this section.

11 "Advanced practice clinician" means an advanced practice nurse  
12 licensed pursuant to P.L.1991, c.377 (C.45:11-45 et seq.); a  
13 physician assistant licensed pursuant to P.L.1991, c.378 (C.45:9-  
14 27.10 et seq.); a certified nurse midwife; and a certified midwife  
15 licensed pursuant to R.S.45:10-1 et seq.

16 "Aspiration abortion" means a procedure that terminates a  
17 pregnancy utilizing manual or electric suction to empty the uterus.

18 "Health care professional" means a physician and other health  
19 care professionals licensed pursuant to Title 45 of the Revised  
20 Statutes, and a hospital and other health care facilities licensed  
21 pursuant to Title 26 of the Revised Statutes.

22 "Medication abortion" means the use, prescription, order,  
23 dispensing, administration, or any combination thereof as  
24 applicable, of a medication or a combination of medications to  
25 induce termination of pregnancy.

26 "Pregnancy" means the period of the human reproductive  
27 process beginning with the implantation of a fertilized egg.

28 "Public entity" means the State and any county, municipality,  
29 district, public authority, public agency, or other political  
30 subdivision or public body in the State.

31 "Reproductive health care services" includes all medical,  
32 pharmaceutical, surgical, counseling or referral services performed  
33 by a licensed health care professional relating to the human  
34 reproductive system, including, but not limited to, services relating  
35 to pregnancy, contraception, managing infertility, or the termination  
36 of a pregnancy.

37 (cf: P.L.2021, c.375, s.2)

38  
39 8. Section 17 of P.L.2004, c.17 (C.17:30D-22) is amended to  
40 read as follows:

41 17. a. Notwithstanding any other law or regulation to the  
42 contrary, an insurer authorized to transact medical malpractice  
43 liability insurance in this State shall not increase the premium of  
44 any medical malpractice liability insurance policy based on a claim  
45 of medical negligence or malpractice against the insured if the  
46 insured is dismissed from an action alleging medical malpractice  
47 within 180 days of the filing of the last responsive pleading.

1       b. An insurer authorized to transact medical malpractice  
2 liability insurance in this State shall not take any adverse action,  
3 including but not limited to, loss or denial of coverage, or  
4 imposition of sanctions, fines, penalties, or rate increases, against  
5 an insured licensed, certified, or registered in this State for  
6 providing or facilitating a legally protected health care activity  
7 based on the fact that the patient receiving the service is a resident  
8 of a state where those services are illegal, or based on a revocation  
9 of an insured's license from another state or other disciplinary  
10 action by another state that resulted from an insured's providing,  
11 authorizing, participating in, referring, or assisting in a legally  
12 protected health care activity, if the revocation or disciplinary  
13 action was based on a violation of the other state's law prohibiting  
14 the legally protected health care activity.

15       c. As used in this section:

16       "Gender-affirming health care services" means all supplies, care,  
17 and services of a medical, behavioral health, mental health,  
18 surgical, psychiatric, therapeutic, diagnostic, preventative,  
19 rehabilitative, or supportive nature, including medication, relating  
20 to the treatment of gender dysphoria and gender  
21 incongruence. "Gender-affirming health care services" does not  
22 include sexual orientation change efforts as defined by section 2 of  
23 P.L.2013, c.150 (C.45:1-55).

24       "Legally protected health care activity" means providing,  
25 seeking, receiving, assisting with, or inquiring about reproductive  
26 health care services or gender-affirming health care services that are  
27 lawful in this State, regardless of the patient's location.

28       "Reproductive health care services" includes all medical,  
29 pharmaceutical, surgical, counseling or referral services provided  
30 by a licensed health care professional relating to the human  
31 reproductive system, including, but not limited to, services relating  
32 to pregnancy, contraception, or the termination of a pregnancy.

33 (cf: P.L.2004, c.17, s.17)

34  
35       9. The following sections are repealed:

36       <sup>1</sup>**[Section 3 of P.L.2021, c.375 (C.26:2S-39);]**<sup>1</sup>

37       Section 4 of P.L.2021, c.375 (C.52:14-17.29hh); and

38       Section 5 of P.L.2021, c.375 (C.52:14-17.46.6q).

39  
40       10. a. Sections 1 through <sup>1</sup>**[3]** <sup>1</sup>6<sup>1</sup> shall take effect on the first  
41 day of the third month next following the date of enactment and  
42 <sup>1</sup>section 3<sup>1</sup> shall apply to all policies, plans, and contracts delivered,  
43 issued, executed, or renewed on or after the effective date, except  
44 the Department of Banking and Insurance may take anticipatory  
45 administrative action as may be necessary to implement the  
46 provisions.

47       b. Sections <sup>1</sup>**[4]** <sup>1</sup>7<sup>1</sup> through 9 shall take effect immediately,  
48 except that the amendment made in section 7 to subsection b. of

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11

- 1 section 2 of P.L.2021, c.375 (C.10:7-2) shall take effect on the sixth
- 2 month next following the date of enactment.