

SENATE, No. 4776

STATE OF NEW JERSEY
222nd LEGISLATURE

INTRODUCED OCTOBER 5, 2026

Sponsored by:
Senator ANGELA V. MCKNIGHT
District 31 (Hudson)

SYNOPSIS

Prohibits pre-authorization requirements for equipment and supplies related to treatment of diabetes.

CURRENT VERSION OF TEXT

As introduced.



1 AN ACT concerning prior authorization requirements and amending
2 P.L.1995, c.331 and P.L.2023, c.105.

3
4 **BE IT ENACTED** *by the Senate and General Assembly of the State*
5 *of New Jersey:*

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

9 1. a. Every individual or group hospital service corporation
10 contract providing hospital or medical expense benefits that is
11 delivered, issued, executed or renewed in this State pursuant to
12 P.L.1938, c.366 (C.17:48-1 et seq.) or approved for issuance or
13 renewal in this State by the Commissioner of Banking and
14 Insurance on or after the effective date of this act shall provide
15 benefits to any subscriber or other person covered thereunder for
16 expenses incurred for the following equipment and supplies for the
17 treatment of diabetes, if recommended or prescribed by a physician
18 or nurse practitioner/clinical nurse specialist: blood glucose
19 monitors and blood glucose monitors for the legally blind; test
20 strips for glucose monitors and visual reading and urine testing
21 strips; insulin; injection aids; cartridges for the legally blind;
22 syringes; insulin pumps and appurtenances thereto; insulin infusion
23 devices; and oral agents for controlling blood sugar. Coverage for
24 the purchase of a short-acting, intermediate-acting, rapid-acting,
25 long-acting, and pre-mixed insulin product shall not be subject to
26 any deductible, and no copayment or coinsurance for the purchase
27 of insulin shall exceed \$35 per 30-day supply. Equipment and
28 supplies covered pursuant to this subsection shall be provided
29 without the imposition of any prior authorization or other
30 prospective utilization management requirements. The provisions
31 of this subsection shall apply to a high-deductible health plan to the
32 maximum extent permitted by federal law, except if the plan is used
33 to establish a medical savings account pursuant to section 220 of
34 the federal Internal Revenue Code of 1986 (26 U.S.C. s.220) or a
35 health savings account pursuant to section 223 of the federal
36 Internal Revenue Code of 1986 (26 U.S.C. s.223). The provisions
37 of this subsection shall apply to the plan to the maximum extent that
38 is permitted by federal law and does not disqualify the account for
39 the deduction allowed under section 220 or 223, as applicable. The
40 provisions of this subsection shall apply to a plan that meets the
41 requirements of a catastrophic plan, as defined in 45 C.F.R.
42 s.156.155, to the maximum extent permitted by federal law.

43 b. Each individual or group hospital service corporation
44 contract shall also provide benefits for expenses incurred for
45 diabetes self-management education to ensure that a person with

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

Matter underlined thus is new matter.

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

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

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

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

26 f. The Commissioner of Banking and Insurance may, in
27 consultation with the Commissioner of Health, pursuant to the
28 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et
29 seq.), promulgate and periodically update a list of additional
30 diabetes equipment and related supplies that are medically
31 necessary for the treatment of diabetes and for which benefits shall
32 be provided according to the provisions of this section.
33 (cf: P.L.2023, c.105)

34

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

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

1 strips; insulin; injection aids; cartridges for the legally blind;
2 syringes; insulin pumps and appurtenances thereto; insulin infusion
3 devices; and oral agents for controlling blood sugar. Equipment
4 and supplies covered pursuant to this subsection shall be provided
5 without the imposition of any prior authorization or other
6 prospective utilization management requirements. Coverage for the
7 purchase of a short-acting, intermediate-acting, rapid-acting, long-
8 acting, and pre-mixed insulin product shall not be subject to any
9 deductible, and no copayment or coinsurance for the purchase of
10 insulin shall exceed \$35 per 30-day supply. The provisions of this
11 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 to section 220 of
14 the federal Internal Revenue Code of 1986 (26 U.S.C. s.220) or a
15 health savings account pursuant to section 223 of the federal
16 Internal Revenue Code of 1986 (26 U.S.C. s.223). The provisions
17 of this subsection shall apply to the plan to the maximum extent that
18 is permitted by federal law and does not disqualify the account for
19 the deduction allowed under section 220 or 223, as applicable. 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.

23 b. Each individual or group medical service corporation
24 contract shall also provide benefits for expenses incurred for
25 diabetes self-management education to ensure that a person with
26 diabetes is educated as to the proper self-management and treatment
27 of their diabetic condition, including information on proper diet.
28 Benefits provided for self-management education and education
29 relating to diet shall be limited to visits medically necessary upon
30 the diagnosis of diabetes; upon 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 medical service corporation
46 contracts in which the medical service corporation has reserved the
47 right to change the premium.

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

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

11 (cf: P.L.2023, c.105, s.4)

12
13 3. Section 3 of P.L.1995, c.331 (C.17:48E-35.11) is amended
14 to read as follows:

15 3. a. Every individual or group health service corporation
16 contract providing hospital or medical expense benefits that is
17 delivered, issued, executed or renewed in this State pursuant to
18 P.L.1985, c.236 (C.17:48E-1 et seq.) or approved for issuance or
19 renewal in this State by the Commissioner of Banking and
20 Insurance on or after the effective date of this act shall provide
21 benefits to any subscriber or other person covered thereunder for
22 expenses incurred for the following equipment and supplies for the
23 treatment of diabetes, if recommended or prescribed by a physician
24 or nurse practitioner/clinical nurse specialist: blood glucose
25 monitors and blood glucose monitors for the legally blind; test
26 strips for glucose monitors and visual reading and urine testing
27 strips; insulin; injection aids; cartridges for the legally blind;
28 syringes; insulin pumps and appurtenances thereto; insulin infusion
29 devices; and oral agents for controlling blood sugar. Equipment
30 and supplies covered pursuant to this subsection shall be provided
31 without the imposition of any prior authorization or other
32 prospective utilization management requirements. Coverage for the
33 purchase of a short-acting, intermediate-acting, rapid-acting, long-
34 acting, and pre-mixed insulin product shall not be subject to any
35 deductible, and no copayment or coinsurance for the purchase of
36 insulin shall exceed \$35 per 30-day supply. The provisions of this
37 subsection shall apply to a high-deductible health plan to the
38 maximum extent permitted by federal law, except if the plan is used
39 to establish a medical savings account pursuant section 220 of the
40 federal Internal Revenue Code of 1986 (26 U.S.C. s.220) or a health
41 savings account pursuant to section 223 of the federal Internal
42 Revenue Code of 1986 (26 U.S.C. s.223). The provisions of this
43 subsection shall apply to the plan to the maximum extent that is
44 permitted by federal law and does not disqualify the account for the
45 deduction allowed under section 220 or 223, as applicable. The
46 provisions of this subsection 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.

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

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

23 d. This section shall apply to all health service corporation
24 contracts in which the health service corporation has reserved the
25 right to change the premium.

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

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

36 (cf: P.L.2023, c.105, s.7)

37

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

40 4. a. Every individual health insurance policy providing
41 hospital or medical expense benefits that is delivered, issued,
42 executed or renewed in this State pursuant to Chapter 26 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 this act shall provide benefits to any
46 person covered thereunder for expenses incurred for the following
47 equipment and supplies for the treatment of diabetes, if
48 recommended or prescribed by a physician or nurse

1 practitioner/clinical nurse specialist: blood glucose monitors and
2 blood glucose monitors for the legally blind; test strips for glucose
3 monitors and visual reading and urine testing strips; insulin;
4 injection aids; cartridges for the legally blind; syringes; insulin
5 pumps and appurtenances thereto; insulin infusion devices; and oral
6 agents for controlling blood sugar. Equipment and supplies covered
7 pursuant to this subsection shall be provided without the imposition
8 of any prior authorization or other prospective utilization
9 management requirements. Coverage for the purchase of a short-
10 acting, intermediate-acting, rapid-acting, long-acting, and pre-
11 mixed insulin product shall not be subject to any deductible, and no
12 copayment or coinsurance for the purchase of insulin shall exceed
13 \$35 per 30-day supply. The provisions of this subsection shall
14 apply to a high-deductible health plan to the maximum extent
15 permitted by federal law, except if the plan is used to establish a
16 medical savings account pursuant to section 220 of the federal
17 Internal Revenue Code of 1986 (26 U.S.C. s.220) or a health
18 savings account pursuant to section 223 of the federal Internal
19 Revenue Code of 1986 (26 U.S.C. s.223). The provisions of this
20 subsection shall apply to the plan to the maximum extent that is
21 permitted by federal law and does not disqualify the account for the
22 deduction allowed under section 220 or 223, as applicable. The
23 provisions of this subsection 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.

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

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

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

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

7 f. The Commissioner of Banking and Insurance may, in
8 consultation with the Commissioner of Health, pursuant to the
9 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et
10 seq.), promulgate and periodically update a list of additional
11 diabetes equipment and related supplies that are medically
12 necessary for the treatment of diabetes and for which benefits shall
13 be provided according to the provisions of this section.
14 (cf: P.L.2023, c.105, s.10)

15

16 5. Section 5 of P.L.1195, c.331 (C.17B:35-46.1m) is amended
17 to read as follows:

18 5. a. Every group health insurance policy providing hospital or
19 medical expense benefits that is delivered, issued, executed or
20 renewed in this State pursuant to Chapter 27 of Title 17B of the
21 New Jersey Statutes or approved for issuance or renewal in this
22 State by the Commissioner of Banking and Insurance on or after the
23 effective date of this act shall provide benefits to any person
24 covered thereunder for expenses incurred for the following
25 equipment and supplies for the treatment of diabetes, if
26 recommended or prescribed by a physician or nurse
27 practitioner/clinical nurse specialist: blood glucose monitors and
28 blood glucose monitors for the legally blind; test strips for glucose
29 monitors and visual reading and urine testing strips; insulin;
30 injection aids; cartridges for the legally blind; syringes; insulin
31 pumps and appurtenances thereto; insulin infusion devices; and oral
32 agents for controlling blood sugar. Equipment and supplies covered
33 pursuant to this subsection shall be provided without the imposition
34 of any prior authorization or other prospective utilization
35 management requirements. Coverage for the purchase of a short-
36 acting, intermediate-acting, rapid-acting, long-acting, and pre-
37 mixed insulin product shall not be subject to any deductible, and no
38 copayment or coinsurance for the purchase of insulin shall exceed
39 \$35 per 30-day supply. The provisions of this subsection shall
40 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 subsection 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. The

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

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

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

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

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

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

39 (cf: P.L.2023, c.105, s.13)

40
41 6. Section 19 of P.L.2023, c.105 (C.17B:27A-7.31) is amended
42 to read as follows:

43 19. a. An individual health benefits plan that provides hospital
44 and medical expense benefits and is delivered, issued, executed, or
45 renewed in this State pursuant to P.L.1992, c.161 (C.17B:27A-2 et
46 al.), on or after the effective date of **[P.L.2023, c.105 (C.17:48-6xx**
47 **et al.)]** P.L. , c. (C.) (pending before the Legislature as this
48 bill), shall provide coverage to an enrollee or other person covered

1 thereunder for **【insulin for the treatment of diabetes】** expenses
2 incurred for the following equipment and supplies for the treatment
3 of diabetes, if recommended or prescribed by a participating
4 physician or participating nurse practitioner/clinical nurse
5 specialist; blood glucose monitors and blood glucose monitors for
6 the legally blind; test strips for glucose monitors and visual reading
7 and urine testing strips; insulin; injection aids; cartridges for the
8 legally blind; syringes; insulin pumps and appurtenances thereto;
9 insulin infusion devices; and oral agents for controlling blood sugar.
10 Equipment and supplies covered pursuant to this subsection shall be
11 provided without the imposition of any prior authorization or other
12 prospective utilization management requirements. Coverage for the
13 purchase of a short-acting, intermediate-acting, rapid-acting, long-
14 acting, and pre-mixed insulin product shall not be subject to any
15 deductible, and no copayment or coinsurance for the purchase of
16 insulin shall exceed \$35 per 30-day supply. The provisions of this
17 section shall apply to a high-deductible health plan to the maximum
18 extent permitted by federal law, except if the plan is used to
19 establish a medical savings account pursuant to section 220 of the
20 federal Internal Revenue Code of 1986 (26 U.S.C. s.220) or a health
21 savings account pursuant to section 223 of the federal Internal
22 Revenue Code of 1986 (26 U.S.C. s.223). The provisions of this
23 section shall apply to the plan to the maximum extent that is
24 permitted by federal law and does not disqualify the account for the
25 deduction allowed under section 220 or 223, as applicable. The
26 provisions of this section shall apply to a plan that meets the
27 requirements of a catastrophic plan, as defined in 45 C.F.R.
28 s.156.155, to the maximum extent permitted by federal law.

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

31 c. This section shall apply to those health benefits plans in
32 which the carrier has reserved the right to change the premium
33 (cf: P.L.2023, c.105, s.19)
34

35 7. Section 22 of P.L.2023, c.105 (C.17B:27A-19.35) is
36 amended to read as follows:

37 22. a. A small employer health benefits plan that provides
38 hospital and medical expense benefits and is delivered, issued,
39 executed, or renewed in this State pursuant to P.L.1992, c.162
40 (C.17B:27A-17 et seq.), on or after the effective date of **【P.L.2023,**
41 **c.105 (C.17:48-6xx et al.)】** P.L. , c. (C.) (pending before
42 the Legislature as this bill), shall provide coverage to an enrollee or
43 other person covered thereunder for **【insulin for the treatment of**
44 **diabetes】** expenses incurred for the following equipment and
45 supplies for the treatment of diabetes, if recommended or prescribed
46 by a participating physician or participating nurse
47 practitioner/clinical nurse specialist; blood glucose monitors and

1 blood glucose monitors for the legally blind; test strips for glucose
2 monitors and visual reading and urine testing strips; insulin;
3 injection aids; cartridges for the legally blind; syringes; insulin
4 pumps and appurtenances thereto; insulin infusion devices; and oral
5 agents for controlling blood sugar. Equipment and supplies covered
6 pursuant to this subsection shall be provided without the imposition
7 of any prior authorization or other prospective utilization
8 management requirements. Coverage for the purchase of a short-
9 acting, intermediate-acting, rapid-acting, long-acting, and pre-
10 mixed insulin product shall not be subject to any deductible, and no
11 copayment or coinsurance for the purchase of insulin shall exceed
12 \$35per 30-day supply. The provisions of this section shall apply to
13 a high-deductible health plan to the maximum extent permitted by
14 federal law, except if the plan is used to establish a medical savings
15 account pursuant to section 220 of the federal Internal Revenue
16 Code of 1986 (26 U.S.C. s.220) or a health savings account
17 pursuant to section 223 of the federal Internal Revenue Code of
18 1986 (26 U.S.C. s.223). The provisions of this section shall apply
19 to the plan to the maximum extent that is permitted by federal law
20 and does not disqualify the account for the deduction allowed under
21 section 220 or 223, as applicable. The provisions of this section
22 shall apply to a plan that meets the requirements of a catastrophic
23 plan, as defined in 45 C.F.R. s.156.155, to the maximum extent
24 permitted by federal law.

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

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

29 (cf: P.L.2023, c.105, s.22)

30
31 8. Section 6 of P.L.1995, c.331 (C.26: 2J-4.11) is amended to
32 read as follows:

33 6. a. Every contract for health care services that is delivered,
34 issued, executed or renewed in this State pursuant to P.L.1973,
35 c.337 (C.26:2J-1 et seq.) or approved for issuance or renewal in this
36 State on or after the effective date of this act shall provide health
37 care services to any enrollee or other person covered thereunder for
38 the following equipment and supplies for the treatment of diabetes,
39 if recommended or prescribed by a participating physician or
40 participating nurse practitioner/clinical nurse specialist: blood
41 glucose monitors and blood glucose monitors for the legally blind;
42 test strips for glucose monitors and visual reading and urine testing
43 strips; insulin; injection aids; cartridges for the legally blind;
44 syringes; insulin pumps and appurtenances thereto; insulin infusion
45 devices; and oral agents for controlling blood sugar. Equipment
46 and supplies covered pursuant to this subsection shall be provided
47 without the imposition of any prior authorization or other
48 prospective utilization management requirements. Coverage for the

1 purchase of a short-acting, intermediate-acting, rapid-acting, long-
2 acting, and pre-mixed insulin product shall not be subject to any
3 deductible, and no copayment or coinsurance for the purchase of
4 insulin shall exceed \$35 per 30-day supply. The provisions of this
5 subsection 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 subsection shall apply to the plan to the maximum extent that
12 is permitted by federal law and does not disqualify the account for
13 the deduction allowed under section 220 or 223, as applicable. The
14 provisions of this subsection shall apply to a plan that meets the
15 requirements of a catastrophic plan, as defined in 45 C.F.R.
16 s.156.155, to the maximum extent permitted by federal law.

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

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

42 d. This section shall apply to all contracts in which the health
43 maintenance organization has reserved the right to change the
44 schedule of charges.

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

1 f. The Commissioner of Banking and Insurance may, in
2 consultation with the Commissioner of Health, pursuant to the
3 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et
4 seq.), promulgate and periodically update a list of additional
5 diabetes equipment and related supplies that are medically
6 necessary for the treatment of diabetes and for which benefits shall
7 be provided according to the provisions of this section.
8 (cf: P.L.2023, c.105, s.16)

9
10 9. Section 25 of P.L.2023, c.105 (C.52:14-17.29kk) is amended
11 to read as follows:

12 25. The State Health Benefits Commission shall ensure that
13 every contract purchased or renewed by the commission on or after
14 the effective date of **【P.L.2023, c.105 (C.17:48-6xx et al.)】** P.L. __, c. (C.) (pending before the Legislature as this bill), shall
15 provide coverage for health care services to a person covered
16 thereunder for **【insulin】** the following equipment and supplies for
17 the treatment of diabetes, if recommended or prescribed by a
18 participating physician or participating nurse practitioner/clinical
19 nurse specialist: blood glucose monitors and blood glucose
20 monitors for the legally blind; test strips for glucose monitors and
21 visual reading and urine testing strips; insulin; injection aids;
22 cartridges for the legally blind; syringes; insulin pumps and
23 appurtenances thereto; insulin infusion devices; and oral agents for
24 controlling blood sugar. Pursuant to this section, equipment and
25 supplies shall be provided without the imposition of any prior
26 authorization or other prospective utilization management
27 requirements. Coverage for the purchase of a short-acting,
28 intermediate-acting, rapid-acting, long-acting, and pre-mixed
29 insulin product shall not be subject to any deductible, and no
30 copayment or coinsurance for the purchase of insulin shall exceed
31 \$35 per 30-day supply, except a contract provided by the State
32 Health Benefits Commission that qualifies as a high-deductible
33 health plan shall provide coverage for the purchase of insulin at the
34 lowest deductible and other cost-sharing requirement permitted for
35 a high-deductible health plan under section 223(c)(2)(A) of the
36 federal Internal Revenue Code (26 U.S.C. s.223 (c)(2)(A)). The
37 provisions of this section shall apply to a plan that meets the
38 requirements of a catastrophic plan, as defined in 45 C.F.R.
39 s.156.155, to the maximum extent permitted by federal law.

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

1 being higher than set forth in this section.

2 (cf: P.L.2023, c.105, s.25)

3
4 10. Section 28 of P.L.2023, c.105 (C.52:14-17.46.6s) is
5 amended to read as follows:

6 28. The School Employees' Health Benefits Commission shall
7 ensure that every contract purchased by the commission on or after
8 the effective date of **【P.L.2023, c.105 (C.17:48-6xx et al.)】** P.L. ___,
9 c. (C. _____) (pending before the Legislature as this bill) that
10 provides hospital and medical expense benefits shall provide health
11 care services to a person covered thereunder for **【insulin】** the
12 following equipment and supplies for the treatment of diabetes, if
13 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. Pursuant to
20 this section, equipment and supplies shall be provided without the
21 imposition of any prior authorization or other prospective utilization
22 management requirements. Coverage for the purchase of a short-
23 acting, intermediate-acting, rapid-acting, long-acting, and pre-
24 mixed insulin product shall not be subject to any deductible, and no
25 copayment or coinsurance for the purchase of insulin shall exceed
26 \$35 per 30-day supply, except a contract provided by the School
27 Employees' Health Benefits Commission that qualifies as a high-
28 deductible health plan shall provide coverage for the purchase of
29 insulin 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 Internal Revenue Code (26 U.S.C. s.223
32 (c)(2)(A)). The provisions of this section shall apply to a plan that
33 meets the requirements of a catastrophic plan, as defined in 45
34 C.F.R. s.156.155, to the maximum extent permitted by federal law.

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

43 (cf: P.L.2023, c.105, s.28)

44
45 11. This act shall take effect on the first day of the fourth month
46 next following the date of enactment and shall apply to policies and
47 contracts that are delivered, issued, executed, or renewed on or after
48 that date.

1 STATEMENT

2

3 This bill prohibits pre-authorization requirements for equipment
4 and supplies related to the treatment of diabetes.

5 Under the bill, health insurance carriers (including insurance
6 companies, hospital service corporations, medical service
7 corporations, health service corporations, health maintenance
8 organizations authorized to issue health benefits plans in New
9 Jersey, and entities contracted to administer health benefits in
10 connection with the State Health Benefits Program and School
11 Employees' Health Benefits Program,) are required to provide
12 coverage of equipment and supplies for the treatment of diabetes,
13 including insulin coverage, without the imposition of any prior
14 authorization or other prospective utilization management
15 requirements.