

ASSEMBLY, No. 4915

STATE OF NEW JERSEY

218th LEGISLATURE

INTRODUCED JANUARY 17, 2019

Sponsored by:

Assemblyman HERB CONAWAY, JR.

District 7 (Burlington)

Assemblywoman VALERIE VAINIERI HUTTLE

District 37 (Bergen)

Assemblyman RAJ MUKHERJI

District 33 (Hudson)

Co-Sponsored by:

Assemblyman Benson, Assemblywomen Pinkin, Jimenez, Assemblyman Tully and Assemblywoman McKnight

SYNOPSIS

Requires health insurance carriers to provide list of alternative drugs to health care professionals and covered persons under certain circumstances.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 2/15/2019)

1 AN ACT concerning prescription drug benefit coverage and
2 supplementing P.L.1997, c.192 (C.26:2S-1 et al.).
3

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

7 1. A carrier that offers a health benefits plan in this State which
8 provides coverage for pharmacy services, prescription drugs, or for
9 participation in a prescription drug plan, shall provide to a
10 prescribing health care professional and to a covered person, in a
11 situation in which the carrier denies a covered person's coverage for
12 a drug prescribed by the health care professional, a written list of all
13 alternative drugs that are covered by the health benefits plan and
14 that are interchangeable with, and therapeutically equivalent to, the
15 drug for which coverage was denied. The carrier shall provide the
16 list of alternative drugs along with the explanation of benefits or
17 other notice of the denial of coverage. For purposes of this section,
18 "health care professional" means a person licensed to practice a
19 health care profession pursuant to Title 45 of the Revised Statutes.
20

21 2. This act shall take effect on the 90th day next following the
22 date of enactment.
23
24

25 STATEMENT
26

27 This bill supplements the "Health Care Quality Act" to require a
28 carrier that offers a health benefits plan in this State which provides
29 coverage for pharmacy services, prescription drugs, or for
30 participation in a prescription drug plan, to provide to a prescribing
31 health care professional and to a covered person, in a situation in
32 which the carrier denies a covered person's coverage for a drug
33 prescribed by the health care professional, a written list of all
34 alternative drugs that are covered by the health benefits plan and
35 that are interchangeable with, and therapeutically equivalent to, the
36 drug for which coverage was denied. The carrier shall provide the
37 list of alternative drugs along with the explanation of benefits or
38 other notice of the denial of coverage.