

[Second Reprint]

**ASSEMBLY, No. 5508**

**STATE OF NEW JERSEY**  
**218th LEGISLATURE**

INTRODUCED JUNE 6, 2019

**Sponsored by:**

**Assemblyman ANDREW ZWICKER**

**District 16 (Hunterdon, Mercer, Middlesex and Somerset)**

**Assemblywoman CAROL A. MURPHY**

**District 7 (Burlington)**

**Assemblywoman SHAVONDA E. SUMTER**

**District 35 (Bergen and Passaic)**

**Senator M. TERESA RUIZ**

**District 29 (Essex)**

**Senator NELLIE POU**

**District 35 (Bergen and Passaic)**

**Co-Sponsored by:**

**Assemblywomen Vainieri Huttle, Lampitt, Pinkin, McKnight,**

**Assemblyman Calabrese, Assemblywomen Mosquera, Jasey, Timberlake,**

**Senator Greenstein, Assemblymen Conaway, Freiman, Assemblywomen**

**Downey and Lopez**

**SYNOPSIS**

Revises law requiring health benefits coverage for certain contraceptives.

**CURRENT VERSION OF TEXT**

As amended by the Senate on December 16, 2019.



(Sponsorship Updated As Of: 1/14/2020)

1 AN ACT concerning health benefits coverage for contraceptives and  
2 amending P.L.2005, c.251.

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.2005, c.251 (C.17:48-6ee) is amended to  
8 read as follows:

9 1. a. A hospital service corporation that provides hospital or  
10 medical expense benefits <sup>1</sup>**【for expenses incurred in the purchase of**  
11 **outpatient prescription drugs under a contract】**<sup>1</sup> shall provide  
12 coverage under every <sup>1</sup>**【such】**<sup>1</sup> contract delivered, issued, executed  
13 or renewed in this State or approved for issuance or renewal in this  
14 State by the Commissioner of Banking and Insurance, on or after  
15 the effective date of this act, for expenses incurred in the purchase  
16 of prescription female contraceptives <sup>1</sup>, and the following services,  
17 drugs, devices, products, and procedures <sup>2</sup>on an in-network basis<sup>2</sup>:

18 (1) Any contraceptive drug, device or product approved by the  
19 United States Food and Drug Administration, which coverage shall  
20 be subject to all of the following conditions:

21 (a) If there is a therapeutic equivalent of a contraceptive drug,  
22 device or product approved by the United States Food and Drug  
23 Administration, coverage shall be provided for either the requested  
24 contraceptive drug, device or product or for one or more therapeutic  
25 equivalents of the requested drug, device or product.

26 (b) Coverage shall be provided without a prescription for all  
27 contraceptive drugs available for over-the-counter sale that are  
28 approved by the United States Food and Drug Administration.

29 (c) Coverage shall be provided without any infringement upon a  
30 subscriber's choice of contraception and medical necessity shall be  
31 determined by the provider for covered contraceptive drugs, devices  
32 or other products approved by the United States Food and Drug  
33 Administration.

34 (2) Voluntary male and female sterilization.

35 (3) Patient education and counseling on contraception.

36 (4) Services related to the administration and monitoring of  
37 drugs, devices, products and services required under this section,  
38 including but not limited to:

39 (a) Management of side effects;

40 (b) Counseling for continued adherence to a prescribed regimen;

41 (c) Device insertion and removal;

42 (d) Provision of alternative contraceptive drugs, devices or  
43 products deemed medically appropriate in the judgment of the  
44 subscriber's health care provider; and

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>Assembly AAP committee amendments adopted June 13, 2019.

<sup>2</sup>Senate floor amendments adopted December 16, 2019.

1       (e) Diagnosis and treatment services provided pursuant to, or as  
2 a follow-up to, a service required under this section<sup>1</sup>.

3       <sup>1</sup>**【For the purposes of this section, "prescription female**  
4 **contraceptives" means any drug or device used for contraception**  
5 **【by a female】, which is approved by the federal Food and Drug**  
6 **Administration for that purpose【, that can only be purchased in this**  
7 **State with a prescription written by a health care professional**  
8 **licensed or authorized to write prescriptions, and includes, but is**  
9 **not limited to, birth control pills and diaphragms】.】**

10       **b.**<sup>1</sup> The coverage provided shall include prescriptions for  
11 dispensing contraceptives for:

12       **【a.】** (1) a three-month period for the first dispensing of the  
13 contraceptive; and

14       **【b.】** (2) a six-month period for any subsequent dispensing of  
15 the same contraceptive, regardless of whether coverage under the  
16 contract was in effect at the time of the first dispensing, except that  
17 an entity subject to this section may provide coverage for a supply  
18 of contraceptives that is for less than a six-month period, if a six-  
19 month period would extend beyond the term of the contract.

20       **【A religious employer may request, and a hospital service**  
21 **corporation shall grant, an exclusion under the contract for the**  
22 **coverage required by this section if the required coverage conflicts**  
23 **with the religious employer's bona fide religious beliefs and**  
24 **practices. A religious employer that obtains such an exclusion shall**  
25 **provide written notice thereof to prospective subscribers and**  
26 **subscribers. The provisions of this section shall not be construed as**  
27 **authorizing a hospital service corporation to exclude coverage for**  
28 **prescription drugs that are prescribed for reasons other than**  
29 **contraceptive purposes or for prescription female contraceptives**  
30 **that are necessary to preserve the life or health of a subscriber. For**  
31 **the purposes of this section, "religious employer" means an**  
32 **employer that is a church, convention or association of churches or**  
33 **an elementary or secondary school that is controlled, operated or**  
34 **principally supported by a church or by a convention or association**  
35 **of churches as defined in 26 U.S.C.s.3121(w)(3)(A), and that**  
36 **qualifies as a tax-exempt organization under 26 U.S.C.s.501(c)(3).】**

37       <sup>1</sup>**【b.】** <sup>1</sup>**c.**<sup>2</sup> **【The】** (1) Except as provided in paragraph (2) of  
38 this subsection, the<sup>2</sup> benefits shall be provided to the same extent as  
39 for any other <sup>1</sup>**【outpatient prescription】** service,<sup>1</sup> drug<sup>1</sup>, device,  
40 product, or procedure<sup>1</sup> under the contract, except no deductible,  
41 coinsurance, copayment, or any other cost-sharing requirement on  
42 the coverage shall be imposed.

43       <sup>2</sup>(2) In the case of a high deductible health plan, benefits for  
44 male sterilization or male contraceptives shall be provided at the  
45 lowest deductible and other cost-sharing permitted for a high  
46 deductible health plan under section 223(c)(2)(A) of the Internal  
47 Revenue Code (26 U.S.C. s.223).<sup>2</sup>

1 ~~1[c.] d.~~<sup>1</sup> This section shall apply to those contracts in which  
2 the hospital service corporation has reserved the right to change the  
3 premium.

4 ~~1e. Nothing in this section shall limit coverage of any additional~~  
5 ~~preventive service for women, as identified or recommended by the~~  
6 ~~United States Preventive Services Task Force or the Health~~  
7 ~~Resources and Services Administration of the United States~~  
8 ~~Department of Health and Human Services pursuant to the~~  
9 ~~provisions of 42 U.S.C. 300gg-13.~~<sup>1</sup>

10  
11 2. Section 2 of P.L.2005, c.251 (C.17:48A-7bb) is amended to  
12 read as follows:

13 2. a. A medical service corporation that provides hospital or  
14 medical expense benefits ~~1~~<sup>1</sup>[for expenses incurred in the purchase of  
15 outpatient prescription drugs under a contract]<sup>1</sup> shall provide  
16 coverage under every ~~1~~<sup>1</sup>[such]<sup>1</sup> contract delivered, issued, executed  
17 or renewed in this State or approved for issuance or renewal in this  
18 State by the Commissioner of Banking and Insurance, on or after  
19 the effective date of this act, for expenses incurred in the purchase  
20 of prescription female contraceptives<sup>1</sup>, and the following services,  
21 drugs, devices, products, and procedures<sup>2</sup>on an in-network basis<sup>2</sup>:

22 (1) Any contraceptive drug, device or product approved by the  
23 United States Food and Drug Administration, which coverage shall  
24 be subject to all of the following conditions:

25 (a) If there is a therapeutic equivalent of a contraceptive drug,  
26 device or product approved by the United States Food and Drug  
27 Administration, coverage shall be provided for either the requested  
28 contraceptive drug, device or product or for one or more therapeutic  
29 equivalents of the requested drug, device or product.

30 (b) Coverage shall be provided without a prescription for all  
31 contraceptive drugs available for over-the-counter sale that are  
32 approved by the United States Food and Drug Administration.

33 (c) Coverage shall be provided without any infringement upon a  
34 subscriber's choice of contraception and medical necessity shall be  
35 determined by the provider for covered contraceptive drugs, devices  
36 or other products approved by the United States Food and Drug  
37 Administration.

38 (2) Voluntary male and female sterilization.

39 (3) Patient education and counseling on contraception.

40 (4) Services related to the administration and monitoring of  
41 drugs, devices, products and services required under this section,  
42 including but not limited to:

43 (a) Management of side effects;

44 (b) Counseling for continued adherence to a prescribed regimen;

45 (c) Device insertion and removal;

1        (d) Provision of alternative contraceptive drugs, devices or  
2 products deemed medically appropriate in the judgment of the  
3 subscriber's health care provider; and

4        (e) Diagnosis and treatment services provided pursuant to, or as  
5 a follow-up to, a service required under this section<sup>1</sup>.

6        <sup>1</sup>**【For the purposes of this section, "prescription female**  
7 **contraceptives" means any drug or device used for contraception**  
8 **【by a female】, which is approved by the federal Food and Drug**  
9 **Administration for that purpose【, that can only be purchased in this**  
10 **State with a prescription written by a health care professional**  
11 **licensed or authorized to write prescriptions, and includes, but is**  
12 **not limited to, birth control pills and diaphragms】.】**

13        b.<sup>1</sup> The coverage provided shall include prescriptions for  
14 dispensing contraceptives for:

15        **【a.】 (1) a three-month period for the first dispensing of the**  
16 **contraceptive; and**

17        **【b.】 (2) a six-month period for any subsequent dispensing of**  
18 **the same contraceptive, regardless of whether coverage under the**  
19 **contract was in effect at the time of the first dispensing, except that**  
20 **an entity subject to this section may provide coverage for a supply**  
21 **of contraceptives that is for less than a six-month period, if a six-**  
22 **month period would extend beyond the term of the contract.**

23        **【A religious employer may request, and a medical service**  
24 **corporation shall grant, an exclusion under the contract for the**  
25 **coverage required by this section if the required coverage conflicts**  
26 **with the religious employer's bona fide religious beliefs and**  
27 **practices. A religious employer that obtains such an exclusion shall**  
28 **provide written notice thereof to prospective subscribers and**  
29 **subscribers. The provisions of this section shall not be construed as**  
30 **authorizing a medical service corporation to exclude coverage for**  
31 **prescription drugs that are prescribed for reasons other than**  
32 **contraceptive purposes or for prescription female contraceptives**  
33 **that are necessary to preserve the life or health of a subscriber. For**  
34 **the purposes of this section, "religious employer" means an**  
35 **employer that is a church, convention or association of churches or**  
36 **an elementary or secondary school that is controlled, operated or**  
37 **principally supported by a church or by a convention or association**  
38 **of churches as defined in 26 U.S.C.s.3121(w)(3)(A), and that**  
39 **qualifies as a tax-exempt organization under 26 U.S.C.s.501(c)(3).】**

40        <sup>1</sup>**【b.】 c.<sup>1</sup> <sup>2</sup>【The】 (1) Except as provided in paragraph (2) of  
41 this subsection, the<sup>2</sup> benefits shall be provided to the same extent as  
42 for any other <sup>1</sup>【outpatient prescription】 service,<sup>1</sup> drug <sup>1</sup>, device,  
43 product, or procedure<sup>1</sup> under the contract, except no deductible,  
44 coinsurance, copayment, or any other cost-sharing requirement on  
45 the coverage shall be imposed.**

46        <sup>2</sup>(2) In the case of a high deductible health plan, benefits for  
47 male sterilization or male contraceptives shall be provided at the

1 lowest deductible and other cost-sharing permitted for a high  
2 deductible health plan under section 223(c)(2)(A) of the Internal  
3 Revenue Code (26 U.S.C. s.223).<sup>2</sup>

4 <sup>1</sup>[c.] d.<sup>1</sup> This section shall apply to those contracts in which  
5 the medical service corporation has reserved the right to change the  
6 premium.

7 <sup>1</sup>e. Nothing in this section shall limit coverage of any additional  
8 preventive service for women, as identified or recommended by the  
9 United States Preventive Services Task Force or the Health  
10 Resources and Services Administration of the United States  
11 Department of Health and Human Services pursuant to the  
12 provisions of 42 U.S.C. 300gg-13.<sup>1</sup>  
13 (cf: P.L.2017, c.241, s.2)

14  
15 3. Section 3 of P.L.2005, c.251 (C.17:48E-35.29) is amended  
16 to read as follows:

17 3. a. A health service corporation that provides hospital or  
18 medical expense benefits <sup>1</sup>[for expenses incurred in the purchase of  
19 outpatient prescription drugs under a contract]<sup>1</sup> shall provide  
20 coverage under every <sup>1</sup>[such]<sup>1</sup> contract delivered, issued, executed  
21 or renewed in this State or approved for issuance or renewal in this  
22 State by the Commissioner of Banking and Insurance, on or after  
23 the effective date of this act, for expenses incurred in the purchase  
24 of prescription female contraceptives<sup>1</sup>, and the following services,  
25 drugs, devices, products, and procedures<sup>2</sup> on an in-network basis<sup>2</sup>:

26 (1) Any contraceptive drug, device or product approved by the  
27 United States Food and Drug Administration, which coverage shall  
28 be subject to all of the following conditions:

29 (a) If there is a therapeutic equivalent of a contraceptive drug,  
30 device or product approved by the United States Food and Drug  
31 Administration, coverage shall be provided for either the requested  
32 contraceptive drug, device or product or for one or more therapeutic  
33 equivalents of the requested drug, device or product.

34 (b) Coverage shall be provided without a prescription for all  
35 contraceptive drugs available for over-the-counter sale that are  
36 approved by the United States Food and Drug Administration.

37 (c) Coverage shall be provided without any infringement upon a  
38 subscriber's choice of contraception and medical necessity shall be  
39 determined by the provider for covered contraceptive drugs, devices  
40 or other products approved by the United States Food and Drug  
41 Administration.

42 (2) Voluntary male and female sterilization.

43 (3) Patient education and counseling on contraception.

44 (4) Services related to the administration and monitoring of  
45 drugs, devices, products and services required under this section,  
46 including but not limited to:

47 (a) Management of side effects;

- 1        (b) Counseling for continued adherence to a prescribed regimen;  
2        (c) Device insertion and removal;  
3        (d) Provision of alternative contraceptive drugs, devices or  
4        products deemed medically appropriate in the judgment of the  
5        subscriber's health care provider; and  
6        (e) Diagnosis and treatment services provided pursuant to, or as  
7        a follow-up to, a service required under this section<sup>1</sup>.

8        <sup>1</sup>**【For the purposes of this section, "prescription female**  
9        **contraceptives" means any drug or device used for contraception**  
10       **【by a female】, which is approved by the federal Food and Drug**  
11       **Administration for that purpose【, that can only be purchased in this**  
12       **State with a prescription written by a health care professional**  
13       **licensed or authorized to write prescriptions, and includes, but is**  
14       **not limited to, birth control pills and diaphragms】.】**

15       b.<sup>1</sup> The coverage provided shall include prescriptions for  
16       dispensing contraceptives for:

17       **【a.】** (1) a three-month period for the first dispensing of the  
18       contraceptive; and

19       **【b.】** (2) a six-month period for any subsequent dispensing of  
20       the same contraceptive, regardless of whether coverage under the  
21       contract was in effect at the time of the first dispensing, except that  
22       an entity subject to this section may provide coverage for a supply  
23       of contraceptives that is for less than a six-month period, if a six-  
24       month period would extend beyond the term of the contract.

25       **【A religious employer may request, and a health service**  
26       **corporation shall grant, an exclusion under the contract for the**  
27       **coverage required by this section if the required coverage conflicts**  
28       **with the religious employer's bona fide religious beliefs and**  
29       **practices. A religious employer that obtains such an exclusion shall**  
30       **provide written notice thereof to prospective subscribers and**  
31       **subscribers. The provisions of this section shall not be construed as**  
32       **authorizing a health service corporation to exclude coverage for**  
33       **prescription drugs that are prescribed for reasons other than**  
34       **contraceptive purposes or for prescription female contraceptives**  
35       **that are necessary to preserve the life or health of a subscriber. For**  
36       **the purposes of this section, "religious employer" means an**  
37       **employer that is a church, convention or association of churches or**  
38       **an elementary or secondary school that is controlled, operated or**  
39       **principally supported by a church or by a convention or association**  
40       **of churches as defined in 26 U.S.C.s.3121(w)(3)(A), and that**  
41       **qualifies as a tax-exempt organization under 26 U.S.C.s.501(c)(3).】**

42       <sup>1</sup>**【b.】** c.<sup>1</sup> <sup>2</sup>**【The】** (1) Except as provided in paragraph (2) of  
43       this subsection, the<sup>2</sup> benefits shall be provided to the same extent as  
44       for any other <sup>1</sup>【outpatient prescription】 service,<sup>1</sup> drug <sup>1</sup>, device,  
45       product, or procedure<sup>1</sup> under the contract, except no deductible,  
46       coinsurance, copayment, or any other cost-sharing requirement on  
47       the coverage shall be imposed.

1       <sup>2</sup>(2) In the case of a high deductible health plan, benefits for  
2 male sterilization or male contraceptives shall be provided at the  
3 lowest deductible and other cost-sharing permitted for a high  
4 deductible health plan under section 223(c)(2)(A) of the Internal  
5 Revenue Code (26 U.S.C. s.223).<sup>2</sup>

6       <sup>1</sup>**[c.] d.**<sup>1</sup> This section shall apply to those contracts in which  
7 the health service corporation has reserved the right to change the  
8 premium.

9       <sup>1</sup>e. Nothing in this section shall limit coverage of any additional  
10 preventive service for women, as identified or recommended by the  
11 United States Preventive Services Task Force or the Health  
12 Resources and Services Administration of the United States  
13 Department of Health and Human Services pursuant to the  
14 provisions of 42 U.S.C. 300gg-13.<sup>1</sup>

15 (cf: P.L.2017, c.241, s.3)

16

17       4. Section 4 of P.L.2005, c.251 (C.17B:27-46.1ee) is amended  
18 to read as follows:

19       4. a. A group health insurer that provides hospital or medical  
20 expense benefits <sup>1</sup>**[for expenses incurred in the purchase of**  
21 **outpatient prescription drugs under a policy]**<sup>1</sup> shall provide  
22 coverage under every <sup>1</sup>**[such]**<sup>1</sup> policy delivered, issued, executed or  
23 renewed in this State or approved for issuance or renewal in this  
24 State by the Commissioner of Banking and Insurance, on or after  
25 the effective date of this act, for expenses incurred in the purchase  
26 of prescription female contraceptives<sup>1</sup>, and the following services,  
27 drugs, devices, products, and procedures<sup>2</sup> on an in-network basis<sup>2</sup>:

28       (1) Any contraceptive drug, device or product approved by the  
29 United States Food and Drug Administration, which coverage shall  
30 be subject to all of the following conditions:

31       (a) If there is a therapeutic equivalent of a contraceptive drug,  
32 device or product approved by the United States Food and Drug  
33 Administration, coverage shall be provided for either the requested  
34 contraceptive drug, device or product or for one or more therapeutic  
35 equivalents of the requested drug, device or product.

36       (b) Coverage shall be provided without a prescription for all  
37 contraceptive drugs available for over-the-counter sale that are  
38 approved by the United States Food and Drug Administration.

39       (c) Coverage shall be provided without any infringement upon a  
40 subscriber's choice of contraception and medical necessity shall be  
41 determined by the provider for covered contraceptive drugs, devices  
42 or other products approved by the United States Food and Drug  
43 Administration.

44       (2) Voluntary male and female sterilization.

45       (3) Patient education and counseling on contraception.



1       (4) Services related to the administration and monitoring of  
2 drugs, devices, products and services required under this section,  
3 including but not limited to:

4       (a) Management of side effects;

5       (b) Counseling for continued adherence to a prescribed regimen;

6       (c) Device insertion and removal;

7       (d) Provision of alternative contraceptive drugs, devices or  
8 products deemed medically appropriate in the judgment of the  
9 subscriber's health care provider; and

10       (e) Diagnosis and treatment services provided pursuant to, or as  
11 a follow-up to, a service required under this section<sup>1</sup>.

12       <sup>1</sup>**【For the purposes of this section, "prescription female**  
13 **contraceptives" means any drug or device used for contraception**  
14 **【by a female】, which is approved by the federal Food and Drug**  
15 **Administration for that purpose【, that can only be purchased in this**  
16 **State with a prescription written by a health care professional**  
17 **licensed or authorized to write prescriptions, and includes, but is**  
18 **not limited to, birth control pills and diaphragms【.】**

19       **b.**<sup>1</sup> The coverage provided shall include prescriptions for  
20 dispensing contraceptives for:

21       **【a.】** (1) a three-month period for the first dispensing of the  
22 contraceptive; and

23       **【b.】** (2) a six-month period for any subsequent dispensing of  
24 the same contraceptive, regardless of whether coverage under the  
25 contract was in effect at the time of the first dispensing, except that  
26 an entity subject to this section may provide coverage for a supply  
27 of contraceptives that is for less than a six-month period, if a six-  
28 month period would extend beyond the term of the contract.

29       **【A religious employer may request, and an insurer shall grant, an**  
30 **exclusion under the policy for the coverage required by this section**  
31 **if the required coverage conflicts with the religious employer's bona**  
32 **fade religious beliefs and practices. A religious employer that**  
33 **obtains such an exclusion shall provide written notice thereof to**  
34 **prospective insureds and insureds. The provisions of this section**  
35 **shall not be construed as authorizing an insurer to exclude coverage**  
36 **for prescription drugs that are prescribed for reasons other than**  
37 **contraceptive purposes or for prescription female contraceptives**  
38 **that are necessary to preserve the life or health of an insured. For**  
39 **the purposes of this section, "religious employer" means an**  
40 **employer that is a church, convention or association of churches or**  
41 **an elementary or secondary school that is controlled, operated or**  
42 **principally supported by a church or by a convention or association**  
43 **of churches as defined in 26 U.S.C.s.3121(w)(3)(A), and that**  
44 **qualifies as a tax-exempt organization under 26 U.S.C.s.501(c)(3).】**

45       <sup>1</sup>**【b.】** <sup>1</sup>**c.**<sup>1</sup> <sup>2</sup>**【The】** (1) Except as provided in paragraph (2) of  
46 this subsection, the<sup>2</sup> benefits shall be provided to the same extent as  
47 for any other <sup>1</sup>【outpatient prescription】 service,<sup>1</sup> drug <sup>1</sup>, device,

1 product, or procedure<sup>1</sup> under the policy, except no deductible,  
2 coinsurance, copayment, or any other cost-sharing requirement on  
3 the coverage shall be imposed.

4 <sup>2</sup>(2) In the case of a high deductible health plan, benefits for  
5 male sterilization or male contraceptives shall be provided at the  
6 lowest deductible and other cost-sharing permitted for a high  
7 deductible health plan under section 223(c)(2)(A) of the Internal  
8 Revenue Code (26 U.S.C. s.223).<sup>2</sup>

9 <sup>1</sup>[c.] d.<sup>1</sup> This section shall apply to those policies in which the  
10 insurer has reserved the right to change the premium.

11 <sup>1</sup>e. Nothing in this section shall limit coverage of any additional  
12 preventive service for women, as identified or recommended by the  
13 United States Preventive Services Task Force or the Health  
14 Resources and Services Administration of the United States  
15 Department of Health and Human Services pursuant to the  
16 provisions of 42 U.S.C. 300gg-13.<sup>1</sup>

17 (cf: P.L.2017, c.241, s.4)

18

19 5. Section 5 of P.L.2005, c.251 (C.17B:26-2.1y) is amended to  
20 read as follows:

21 5. a. An individual health insurer that provides hospital or  
22 medical expense benefits <sup>1</sup>[for expenses incurred in the purchase of  
23 outpatient prescription drugs under a policy]<sup>1</sup> shall provide  
24 coverage under every <sup>1</sup>[such]<sup>1</sup> policy delivered, issued, executed or  
25 renewed in this State or approved for issuance or renewal in this  
26 State by the Commissioner of Banking and Insurance, on or after  
27 the effective date of this act, for expenses incurred in the purchase  
28 of prescription female contraceptives<sup>1</sup>, and the following services,  
29 drugs, devices, products, and procedures <sup>2</sup>on an in-network basis<sup>2</sup>:

30 (1) Any contraceptive drug, device or product approved by the  
31 United States Food and Drug Administration, which coverage shall  
32 be

33 subject to all of the following conditions:

34 (a) If there is a therapeutic equivalent of a contraceptive drug,  
35 device or product approved by the United States Food and Drug  
36 Administration, coverage shall be provided for either the requested  
37 contraceptive drug, device or product or for one or more therapeutic  
38 equivalents of the requested drug, device or product.

39 (b) Coverage shall be provided without a prescription for all  
40 contraceptive drugs available for over-the-counter sale that are  
41 approved by the United States Food and Drug Administration.

42 (c) Coverage shall be provided without any infringement upon a  
43 subscriber's choice of contraception and medical necessity shall be  
44 determined by the provider for covered contraceptive drugs, devices  
45 or other products approved by the United States Food and Drug  
46 Administration.

47 (2) Voluntary male and female sterilization.

- 1       (3) Patient education and counseling on contraception.  
2       (4) Services related to the administration and monitoring of  
3 drugs, devices, products and services required under this section,  
4 including but not limited to:  
5       (a) Management of side effects;  
6       (b) Counseling for continued adherence to a prescribed regimen;  
7       (c) Device insertion and removal;  
8       (d) Provision of alternative contraceptive drugs, devices or  
9 products deemed medically appropriate in the judgment of the  
10 subscriber's health care provider; and  
11       (e) Diagnosis and treatment services provided pursuant to, or as  
12 a follow-up to, a service required under this section<sup>1</sup>.

13       <sup>1</sup>**【For the purposes of this section, "prescription female**  
14 **contraceptives" means any drug or device used for contraception**  
15 **【by a female】, which is approved by the federal Food and Drug**  
16 **Administration for that purpose【, that can only be purchased in this**  
17 **State with a prescription written by a health care professional**  
18 **licensed or authorized to write prescriptions, and includes, but is**  
19 **not limited to, birth control pills and diaphragms【.】**

20       **b.<sup>1</sup> The coverage provided shall include prescriptions for**  
21 **dispensing contraceptives for:**

22       **【a.】 (1) a three-month period for the first dispensing of the**  
23 **contraceptive; and**

24       **【b.】 (2) a six-month period for any subsequent dispensing of**  
25 **the same contraceptive, regardless of whether coverage under the**  
26 **contract was in effect at the time of the first dispensing, except that**  
27 **an entity subject to this section may provide coverage for a supply**  
28 **of contraceptives that is for less than a six-month period, if a six-**  
29 **month period would extend beyond the term of the contract.**

30       **【A religious employer may request, and an insurer shall grant, an**  
31 **exclusion under the policy for the coverage required by this section**  
32 **if the required coverage conflicts with the religious employer's bona**  
33 **fade religious beliefs and practices. A religious employer that**  
34 **obtains such an exclusion shall provide written notice thereof to**  
35 **prospective insureds and insureds. The provisions of this section**  
36 **shall not be construed as authorizing an insurer to exclude coverage**  
37 **for prescription drugs that are prescribed for reasons other than**  
38 **contraceptive purposes or for prescription female contraceptives**  
39 **that are necessary to preserve the life or health of an insured. For**  
40 **the purposes of this section, "religious employer" means an**  
41 **employer that is a church, convention or association of churches or**  
42 **an elementary or secondary school that is controlled, operated or**  
43 **principally supported by a church or by a convention or association**  
44 **of churches as defined in 26 U.S.C.s.3121(w)(3)(A), and that**  
45 **qualifies as a tax-exempt organization under 26 U.S.C.s.501(c)(3).】**

46       <sup>1</sup>**【b.】 c.<sup>1</sup> <sup>2</sup>**【The】 (1) Except as provided in paragraph (2) of**  
47 **this subsection, the<sup>2</sup> benefits shall be provided to the same extent as****

1 for any other <sup>1</sup>outpatient prescription service,<sup>1</sup> drug <sup>1</sup>, device,  
2 product, or procedure<sup>1</sup> under the policy, except no deductible,  
3 coinsurance, copayment, or any other cost-sharing requirement on  
4 the coverage shall be imposed.

5 <sup>2</sup>(2) In the case of a high deductible health plan, benefits for  
6 male sterilization or male contraceptives shall be provided at the  
7 lowest deductible and other cost-sharing permitted for a high  
8 deductible health plan under section 223(c)(2)(A) of the Internal  
9 Revenue Code (26 U.S.C. s.223).<sup>2</sup>

10 <sup>1</sup>[c.] d.<sup>1</sup> This section shall apply to those policies in which the  
11 insurer has reserved the right to change the premium.

12 <sup>1</sup>e. Nothing in this section shall limit coverage of any additional  
13 preventive service for women, as identified or recommended by the  
14 United States Preventive Services Task Force or the Health  
15 Resources and Services Administration of the United States  
16 Department of Health and Human Services pursuant to the  
17 provisions of 42 U.S.C. 300gg-13.<sup>1</sup>  
18 (cf: P.L.2017, c.241, s.5)

19  
20 6. Section 6 of P.L.2005, c.251 (C.26:2J-4.30) is amended to  
21 read as follows:

22 6. a. A certificate of authority to establish and operate a health  
23 maintenance organization in this State shall not be issued or  
24 continued on or after the effective date of this act for a health  
25 maintenance organization <sup>1</sup>that provides health care services for  
26 outpatient prescription drugs under a contract<sup>1</sup>, unless the health  
27 maintenance organization <sup>1</sup>also<sup>1</sup> provides health care services for  
28 prescription female contraceptives<sup>1</sup>, and the following services,  
29 drugs, devices, products, and procedures <sup>2</sup>on an in-network basis<sup>2</sup>:

30 (1) Any contraceptive drug, device or product approved by the  
31 United States Food and Drug Administration, which coverage shall  
32 be subject to all of the following conditions:

33 (a) If there is a therapeutic equivalent of a contraceptive drug,  
34 device or product approved by the United States Food and Drug  
35 Administration, coverage shall be provided for either the requested  
36 contraceptive drug, device or product or for one or more therapeutic  
37 equivalents of the requested drug, device or product.

38 (b) Coverage shall be provided without a prescription for all  
39 contraceptive drugs available for over-the-counter sale that are  
40 approved by the United States Food and Drug Administration.

41 (c) Coverage shall be provided without any infringement upon a  
42 subscriber's choice of contraception and medical necessity shall be  
43 determined by the provider for covered contraceptive drugs, devices  
44 or other products approved by the United States Food and Drug  
45 Administration.

46 (2) Voluntary male and female sterilization.

47 (3) Patient education and counseling on contraception.

1       (4) Services related to the administration and monitoring of  
2 drugs, devices, products and services required under this section,  
3 including but not limited to:

4       (a) Management of side effects;

5       (b) Counseling for continued adherence to a prescribed regimen;

6       (c) Device insertion and removal;

7       (d) Provision of alternative contraceptive drugs, devices or  
8 products deemed medically appropriate in the judgment of the  
9 subscriber's health care provider; and

10       (e) Diagnosis and treatment services provided pursuant to, or as  
11 a follow-up to, a service required under this section<sup>1</sup>.

12       <sup>1</sup>**【For the purposes of this section, "prescription female**  
13 **contraceptives" means any drug or device used for contraception**  
14 **【by a female】, which is approved by the federal Food and Drug**  
15 **Administration for that purpose【, that can only be purchased in this**  
16 **State with a prescription written by a health care professional**  
17 **licensed or authorized to write prescriptions, and includes, but is**  
18 **not limited to, birth control pills and diaphragms】.】**

19       **b.**<sup>1</sup> The coverage provided shall include prescriptions for  
20 dispensing contraceptives for:

21       **【a.】** **(1)** a three-month period for the first dispensing of the  
22 contraceptive; and

23       **【b.】** **(2)** a six-month period for any subsequent dispensing of  
24 the same contraceptive, regardless of whether coverage under the  
25 contract was in effect at the time of the first dispensing, except that  
26 an entity subject to this section may provide coverage for a supply  
27 of contraceptives that is for less than a six-month period, if a six-  
28 month period would extend beyond the term of the contract.

29       **【A religious employer may request, and a health maintenance**  
30 **organization shall grant, an exclusion under the contract for the**  
31 **health care services required by this section if the required health**  
32 **care services conflict with the religious employer's bona fide**  
33 **religious beliefs and practices. A religious employer that obtains**  
34 **such an exclusion shall provide written notice thereof to prospective**  
35 **enrollees and enrollees. The provisions of this section shall not be**  
36 **construed as authorizing a health maintenance organization to**  
37 **exclude health care services for prescription drugs that are**  
38 **prescribed for reasons other than contraceptive purposes or for**  
39 **prescription female contraceptives that are necessary to preserve the**  
40 **life or health of an enrollee. For the purposes of this section,**  
41 **"religious employer" means an employer that is a church,**  
42 **convention or association of churches or an elementary or**  
43 **secondary school that is controlled, operated or principally**  
44 **supported by a church or by a convention or association of churches**  
45 **as defined in 26 U.S.C.s.3121(w)(3)(A), and that qualifies as a tax-**  
46 **exempt organization under 26 U.S.C.s.501(c)(3).】**

1 <sup>1</sup>~~【b.】~~ <sup>1</sup>c. <sup>2</sup>~~【The】~~ (1) Except as provided in paragraph (2) of  
2 this subsection, the<sup>2</sup> health care services shall be provided to the  
3 same extent as for any other <sup>1</sup>【outpatient prescription】 service,<sup>1</sup>  
4 drug <sup>1</sup>, device, product, or procedure<sup>1</sup> under the contract, except no  
5 deductible, coinsurance, copayment, or any other cost-sharing  
6 requirement on the coverage shall be imposed.

7 <sup>2</sup>(2) In the case of a high deductible health plan, benefits for  
8 male sterilization or male contraceptives shall be provided at the  
9 lowest deductible and other cost-sharing permitted for a high  
10 deductible health plan under section 223(c)(2)(A) of the Internal  
11 Revenue Code (26 U.S.C. s.223).<sup>2</sup>

12 <sup>1</sup>~~【c.】~~ <sup>1</sup>d. The provisions of this section shall apply to those  
13 contracts for health care services by health maintenance  
14 organizations under which the right to change the schedule of  
15 charges for enrollee coverage is reserved.

16 <sup>1</sup>e. Nothing in this section shall limit coverage of any additional  
17 preventive service for women, as identified or recommended by the  
18 United States Preventive Services Task Force or the Health  
19 Resources and Services Administration of the United States  
20 Department of Health and Human Services pursuant to the  
21 provisions of 42 U.S.C. 300gg-13.<sup>1</sup>  
22 (cf: P.L.2017, c.241, s.6)

23  
24 7. Section 7 of P.L.2005, c.251 (C.17B:27A-7.12) is amended  
25 to read as follows:

26 7. a. An individual health benefits plan required pursuant to  
27 section 3 of P.L.1992, c.161 (C.17B:27A-4) <sup>1</sup>~~【that provides benefits~~  
28 ~~for expenses incurred in the purchase of outpatient prescription~~  
29 ~~drugs】<sup>1</sup> shall provide coverage for expenses incurred in the~~  
30 ~~purchase of prescription female contraceptives<sup>1</sup>, and the following~~  
31 ~~services, drugs, devices, products, and procedures <sup>2</sup>on an in-~~  
32 ~~network basis<sup>2</sup>:~~

33 (1) Any contraceptive drug, device or product approved by the  
34 United States Food and Drug Administration, which coverage shall  
35 be subject to all of the following conditions:

36 (a) If there is a therapeutic equivalent of a contraceptive drug,  
37 device or product approved by the United States Food and Drug  
38 Administration, coverage shall be provided for either the requested  
39 contraceptive drug, device or product or for one or more therapeutic  
40 equivalents of the requested drug, device or product.

41 (b) Coverage shall be provided without a prescription for all  
42 contraceptive drugs available for over-the-counter sale that are  
43 approved by the United States Food and Drug Administration.

44 (c) Coverage shall be provided without any infringement upon a  
45 subscriber's choice of contraception and medical necessity shall be  
46 determined by the provider for covered contraceptive drugs, devices

1 or other products approved by the United States Food and Drug  
2 Administration.

3 (2) Voluntary male and female sterilization.

4 (3) Patient education and counseling on contraception.

5 (4) Services related to the administration and monitoring of  
6 drugs, devices, products and services required under this section,  
7 including but not limited to:

8 (a) Management of side effects;

9 (b) Counseling for continued adherence to a prescribed regimen;

10 (c) Device insertion and removal;

11 (d) Provision of alternative contraceptive drugs, devices or  
12 products deemed medically appropriate in the judgment of the  
13 subscriber's health care provider; and

14 (e) Diagnosis and treatment services provided pursuant to, or as  
15 a follow-up to, a service required under this section<sup>1</sup>.

16 <sup>1</sup>**【For the purposes of this section, "prescription female**  
17 **contraceptives" means any drug or device used for contraception**  
18 **【by a female】, which is approved by the federal Food and Drug**  
19 **Administration for that purpose【, that can only be purchased in this**  
20 **State with a prescription written by a health care professional**  
21 **licensed or authorized to write prescriptions, and includes, but is**  
22 **not limited to, birth control pills and diaphragms】.】**

23 **b.**<sup>1</sup> The coverage provided shall include prescriptions for  
24 dispensing contraceptives for:

25 **【a.】** (1) a three-month period for the first dispensing of the  
26 contraceptive; and

27 **【b.】** (2) a six-month period for any subsequent dispensing of  
28 the same contraceptive, regardless of whether coverage under the  
29 contract was in effect at the time of the first dispensing, except that  
30 an entity subject to this section may provide coverage for a supply  
31 of contraceptives that is for less than a six-month period, if a six-  
32 month period would extend beyond the term of the contract.

33 **【A religious employer may request, and a carrier shall grant, an**  
34 **exclusion under the health benefits plan for the coverage required**  
35 **by this section if the required coverage conflicts with the religious**  
36 **employer's bona fide religious beliefs and practices. A religious**  
37 **employer that obtains such an exclusion shall provide written notice**  
38 **thereof to prospective covered persons and covered persons. The**  
39 **provisions of this section shall not be construed as authorizing a**  
40 **carrier to exclude coverage for prescription drugs that are**  
41 **prescribed for reasons other than contraceptive purposes or for**  
42 **prescription female contraceptives that are necessary to preserve the**  
43 **life or health of a covered person. For the purposes of this section,**  
44 **"religious employer" means an employer that is a church,**  
45 **convention or association of churches or an elementary or**  
46 **secondary school that is controlled, operated or principally**  
47 **supported by a church or by a convention or association of churches**

1 as defined in 26 U.S.C.s.3121(w)(3)(A), and that qualifies as a tax-  
2 exempt organization under 26 U.S.C.s.501(c)(3).】

3 <sup>1</sup>【b.】 <sup>1</sup> c. <sup>2</sup>【The】 (1) Except as provided in paragraph (2) of  
4 this subsection, the<sup>2</sup> benefits shall be provided to the same extent as  
5 for any other <sup>1</sup>【outpatient prescription】 service,<sup>1</sup> drug <sup>1</sup>, device,  
6 product, or procedure<sup>1</sup> under the health benefits plan, except no  
7 deductible, coinsurance, copayment, or any other cost-sharing  
8 requirement on the coverage shall be imposed.

9 <sup>2</sup>(2) In the case of a high deductible health plan, benefits for  
10 male sterilization or male contraceptives shall be provided at the  
11 lowest deductible and other cost-sharing permitted for a high  
12 deductible health plan under section 223(c)(2)(A) of the Internal  
13 Revenue Code (26 U.S.C. s.223).<sup>2</sup>

14 <sup>1</sup>【c.】 <sup>1</sup> d. This section shall apply to all individual health  
15 benefits plans in which the carrier has reserved the right to change  
16 the premium.

17 <sup>1</sup>e. Nothing in this section shall limit coverage of any additional  
18 preventive service for women, as identified or recommended by the  
19 United States Preventive Services Task Force or the Health  
20 Resources and Services Administration of the United States  
21 Department of Health and Human Services pursuant to the  
22 provisions of 42 U.S.C. 300gg-13.<sup>1</sup>

23 (cf: P.L.2017, c.241, s.7)

24

25 8. Section 8 of P.L.2005, c.251 (C.17B:27A-19.15) is amended  
26 to read as follows:

27 8. a. A small employer health benefits plan required pursuant  
28 to section 3 of P.L.1992, c.162 (C.17B:27A-19) <sup>1</sup>【that provides  
29 benefits for expenses incurred in the purchase of outpatient  
30 prescription drugs】<sup>1</sup> shall provide coverage for expenses incurred in  
31 the purchase of prescription female contraceptives<sup>1</sup>, and the  
32 following services, drugs, devices, products, and procedures <sup>2</sup>on an  
33 in-network basis<sup>2</sup>:

34 (1) Any contraceptive drug, device or product approved by the  
35 United States Food and Drug Administration, which coverage shall  
36 be subject to all of the following conditions:

37 (a) If there is a therapeutic equivalent of a contraceptive drug,  
38 device or product approved by the United States Food and Drug  
39 Administration, coverage shall be provided for either the requested  
40 contraceptive drug, device or product or for one or more therapeutic  
41 equivalents of the requested drug, device or product.

42 (b) Coverage shall be provided without a prescription for all  
43 contraceptive drugs available for over-the-counter sale that are  
44 approved by the United States Food and Drug Administration.

45 (c) Coverage shall be provided without any infringement upon a  
46 subscriber's choice of contraception and medical necessity shall be  
47 determined by the provider for covered contraceptive drugs, devices



1 or other products approved by the United States Food and Drug  
2 Administration.

3 (2) Voluntary male and female sterilization.

4 (3) Patient education and counseling on contraception.

5 (4) Services related to the administration and monitoring of  
6 drugs, devices, products and services required under this section,  
7 including but not limited to:

8 (a) Management of side effects;

9 (b) Counseling for continued adherence to a prescribed regimen;

10 (c) Device insertion and removal;

11 (d) Provision of alternative contraceptive drugs, devices or  
12 products deemed medically appropriate in the judgment of the  
13 subscriber's health care provider; and

14 (e) Diagnosis and treatment services provided pursuant to, or as  
15 a follow-up to, a service required under this section<sup>1</sup>.

16 <sup>1</sup>**【For the purposes of this section, "prescription female**  
17 **contraceptives" means any drug or device used for contraception**  
18 **【by a female】, which is approved by the federal Food and Drug**  
19 **Administration for that purpose【, that can only be purchased in this**  
20 **State with a prescription written by a health care professional**  
21 **licensed or authorized to write prescriptions, and includes, but is**  
22 **not limited to, birth control pills and diaphragms】.】**

23 **b.**<sup>1</sup> The coverage provided shall include prescriptions for  
24 dispensing contraceptives for:

25 **【a.】 (1)** a three-month period for the first dispensing of the  
26 contraceptive; and

27 **【b.】 (2)** a six-month period for any subsequent dispensing of  
28 the same contraceptive, regardless of whether coverage under the  
29 contract was in effect at the time of the first dispensing, except that  
30 an entity subject to this section may provide coverage for a supply  
31 of contraceptives that is for less than a six-month period, if a six-  
32 month period would extend beyond the term of the contract.

33 **【A religious employer may request, and a carrier shall grant, an**  
34 **exclusion under the health benefits plan for the coverage required**  
35 **by this section if the required coverage conflicts with the religious**  
36 **employer's bona fide religious beliefs and practices. A religious**  
37 **employer that obtains such an exclusion shall provide written notice**  
38 **thereof to prospective covered persons and covered persons. The**  
39 **provisions of this section shall not be construed as authorizing a**  
40 **carrier to exclude coverage for prescription drugs that are**  
41 **prescribed for reasons other than contraceptive purposes or for**  
42 **prescription female contraceptives that are necessary to preserve the**  
43 **life or health of a covered person. For the purposes of this section,**  
44 **"religious employer" means an employer that is a church,**  
45 **convention or association of churches or an elementary or**  
46 **secondary school that is controlled, operated or principally**  
47 **supported by a church or by a convention or association of churches**

1 as defined in 26 U.S.C.s.3121(w)(3)(A), and that qualifies as a tax-  
2 exempt organization under 26 U.S.C.s.501(c)(3).】

3 <sup>1</sup>【b.】 <sup>1</sup> c.<sup>1</sup> <sup>2</sup>【The】 (1) Except as provided in paragraph (2) of  
4 this subsection, the<sup>2</sup> benefits shall be provided to the same extent as  
5 for any other <sup>1</sup>【outpatient prescription】 service,<sup>1</sup> drug <sup>1</sup>, device,  
6 product, or procedure<sup>1</sup> under the health benefits plan, except no  
7 deductible, coinsurance, copayment, or any other cost-sharing  
8 requirement on the coverage shall be imposed.

9 <sup>2</sup>(2) In the case of a high deductible health plan, benefits for  
10 male sterilization or male contraceptives shall be provided at the  
11 lowest deductible and other cost-sharing permitted for a high  
12 deductible health plan under section 223(c)(2)(A) of the Internal  
13 Revenue Code (26 U.S.C. s.223).<sup>2</sup>

14 <sup>1</sup>【c.】 <sup>1</sup> d.<sup>1</sup> This section shall apply to all small employer health  
15 benefits plans in which the carrier has reserved the right to change  
16 the premium.

17 <sup>1</sup>e. Nothing in this section shall limit coverage of any additional  
18 preventive service for women, as identified or recommended by the  
19 United States Preventive Services Task Force or the Health  
20 Resources and Services Administration of the United States  
21 Department of Health and Human Services pursuant to the  
22 provisions of 42 U.S.C. 300gg-13.<sup>1</sup>

23 (cf: P.L.2017, c.241, s.8)

24

25 9. Section 9 of P.L.2005, c.251 (C.17:48F-13.2) is amended to  
26 read as follows:

27 9. a. A prepaid prescription service organization <sup>1</sup>【that  
28 provides benefits for expenses incurred in the purchase of  
29 outpatient prescription drugs under a contract】<sup>1</sup> shall provide  
30 coverage under every <sup>1</sup>【such】<sup>1</sup> contract delivered, issued, executed  
31 or renewed in this State or approved for issuance or renewal in this  
32 State by the Commissioner of Banking and Insurance, on or after  
33 the effective date of this act, for expenses incurred in the purchase  
34 of prescription female contraceptives<sup>1</sup>, and the services, drugs,  
35 devices, products, and procedures <sup>2</sup>on an in-network basis<sup>2</sup> as  
36 determined to be required to be covered by the commissioner  
37 pursuant to subsection b. of this section.

38 b. The Commissioner of Banking and Insurance shall  
39 determine, in the commissioner's discretion, which provisions of  
40 the coverage requirements applicable to insurers pursuant to  
41 P.L. , c. (C. ) (pending before the Legislature as this bill,)  
42 shall apply to prepaid prescription organizations, and shall adopt  
43 regulations in accordance with the commissioner's determination<sup>1</sup>.

44 <sup>1</sup>【For the purposes of this section, "prescription female  
45 contraceptives" means any drug or device used for contraception  
46 【by a female】, which is approved by the federal Food and Drug

1 Administration for that purpose<sup>1</sup>, that can only be purchased in this  
2 State with a prescription written by a health care professional  
3 licensed or authorized to write prescriptions, and includes, but is  
4 not limited to, birth control pills and diaphragms<sup>1</sup>.<sup>1</sup>

5 c.<sup>1</sup> The coverage provided shall include prescriptions for  
6 dispensing contraceptives for:

7 **[a.] (1)** a three-month period for the first dispensing of the  
8 contraceptive; and

9 **[b.] (2)** a six-month period for any subsequent dispensing of  
10 the same contraceptive, regardless of whether coverage under the  
11 contract was in effect at the time of the first dispensing, except that  
12 an entity subject to this section may provide coverage for a supply  
13 of contraceptives that is for less than a six-month period, if a six-  
14 month period would extend beyond the term of the contract.

15 **[A religious employer may request, and a prepaid prescription**  
16 **service organization shall grant, an exclusion under the contract for**  
17 **the coverage required by this section if the required coverage**  
18 **conflicts with the religious employer's bona fide religious beliefs**  
19 **and practices. A religious employer that obtains such an exclusion**  
20 **shall provide written notice thereof to prospective enrollees and**  
21 **enrollees. The provisions of this section shall not be construed as**  
22 **authorizing a prepaid prescription service organization to exclude**  
23 **coverage for prescription drugs that are prescribed for reasons other**  
24 **than contraceptive purposes or for prescription female**  
25 **contraceptives that are necessary to preserve the life or health of an**  
26 **enrollee. For the purposes of this section, "religious employer"**  
27 **means an employer that is a church, convention or association of**  
28 **churches or an elementary or secondary school that is controlled,**  
29 **operated or principally supported by a church or by a convention or**  
30 **association of churches as defined in 26 U.S.C.s.3121(w)(3)(A),**  
31 **and that qualifies as a tax-exempt organization under 26**  
32 **U.S.C.s.501(c)(3).]**

33 <sup>1</sup>**[b.] d.** <sup>2</sup>**[The] (1) Except as provided in paragraph (2) of**  
34 **this subsection, the** <sup>2</sup> **benefits shall be provided to the same extent as**  
35 **for any other <sup>1</sup>[outpatient prescription] service,** <sup>1</sup> **drug <sup>1</sup>, device,**  
36 **product, or procedure** <sup>1</sup> **under the contract, except no deductible,**  
37 **coinsurance, copayment, or any other cost-sharing requirement on**  
38 **the coverage shall be imposed.**

39 <sup>2</sup>**(2) In the case of a high deductible health plan, benefits for male**  
40 **sterilization or male contraceptives shall be provided at the lowest**  
41 **deductible and other cost-sharing permitted for a high deductible**  
42 **health plan under section 223(c)(2)(A) of the Internal Revenue**  
43 **Code (26 U.S.C. s.223).** <sup>2</sup>

44 <sup>1</sup>**[c.] e.** <sup>1</sup> This section shall apply to those prepaid prescription  
45 contracts in which the prepaid prescription service organization has  
46 reserved the right to change the premium.

1 <sup>1</sup>f. Nothing in this section shall limit coverage of any additional  
2 preventive service for women, as identified or recommended by the  
3 United States Preventive Services Task Force or the Health  
4 Resources and Services Administration of the United States  
5 Department of Health and Human Services pursuant to the  
6 provisions of 42 U.S.C. 300gg-13.<sup>1</sup>

7 (cf: P.L.2017, c.241, s.9)

8

9 10. Section 10 of P.L.2005, c.251 (C.52:14-17.29j) is amended  
10 to read as follows:

11 10. a. The State Health Benefits Commission shall ensure that  
12 every contract purchased by the commission on or after the  
13 effective date of this act <sup>1</sup>【that provides benefits for expenses  
14 incurred in the purchase of outpatient prescription drugs<sup>1</sup>】 shall  
15 provide benefits for expenses incurred in the purchase of  
16 prescription female contraceptives<sup>1</sup>, and the following services,  
17 drugs, devices, products, and procedures<sup>2</sup> on an in-network basis<sup>2</sup>:

18 (1) Any contraceptive drug, device or product approved by the  
19 United States Food and Drug Administration, which coverage shall  
20 be subject to all of the following conditions:

21 (a) If there is a therapeutic equivalent of a contraceptive drug,  
22 device or product approved by the United States Food and Drug  
23 Administration, coverage shall be provided for either the requested  
24 contraceptive drug, device or product or for one or more therapeutic  
25 equivalents of the requested drug, device or product.

26 (b) Coverage shall be provided without a prescription for all  
27 contraceptive drugs available for over-the-counter sale that are  
28 approved by the United States Food and Drug Administration.

29 (c) Coverage shall be provided without any infringement upon a  
30 subscriber's choice of contraception and medical necessity shall be  
31 determined by the provider for covered contraceptive drugs, devices  
32 or other products approved by the United States Food and Drug  
33 Administration.

34 (2) Voluntary male and female sterilization.

35 (3) Patient education and counseling on contraception.

36 (4) Services related to the administration and monitoring of  
37 drugs, devices, products and services required under this section,  
38 including but not limited to:

39 (a) Management of side effects;

40 (b) Counseling for continued adherence to a prescribed regimen;

41 (c) Device insertion and removal;

42 (d) Provision of alternative contraceptive drugs, devices or  
43 products deemed medically appropriate in the judgment of the  
44 subscriber's health care provider; and

45 (e) Diagnosis and treatment services provided pursuant to, or as  
46 a follow-up to, a service required under this section<sup>1</sup>.

1 <sup>1</sup>【For the purposes of this section, "prescription female  
2 contraceptives" means any drug or device used for contraception  
3 【by a female】, which is approved by the federal Food and Drug  
4 Administration for that purpose【, that can only be purchased in this  
5 State with a prescription written by a health care professional  
6 licensed or authorized to write prescriptions, and includes, but is  
7 not limited to, birth control pills and diaphragms】.】

8 b.<sup>1</sup> The coverage provided shall include prescriptions for  
9 dispensing contraceptives for:

10 【a.】 (1) a three-month period for the first dispensing of the  
11 contraceptive; and

12 【b.】 (2) a six-month period for any subsequent dispensing of  
13 the same contraceptive, regardless of whether coverage under the  
14 contract was in effect at the time of the first dispensing, except that  
15 an entity subject to this section may provide coverage for a supply  
16 of contraceptives that is for less than a six-month period, if a six-  
17 month period would extend beyond the term of the contract.

18 <sup>1</sup>【b.】 c.<sup>1</sup> <sup>2</sup>【The】 (1) Except as provided in paragraph (2) of this  
19 subsection, the<sup>2</sup> contract shall specify that no deductible,  
20 coinsurance, copayment, or any other cost-sharing requirement may  
21 be imposed on the coverage required pursuant to this section.

22 <sup>2</sup>(2) In the case of a high deductible health plan, benefits for  
23 male sterilization or male contraceptives shall be provided at the  
24 lowest deductible and other cost-sharing 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).<sup>2</sup>

27 <sup>1</sup>d. Nothing in this section shall limit coverage of any additional  
28 preventive service for women, as identified or recommended by the  
29 United States Preventive Services Task Force or the Health  
30 Resources and Services Administration of the United States  
31 Department of Health and Human Services pursuant to the  
32 provisions of 42 U.S.C. 300gg-13.<sup>1</sup>

33 (cf: P.L.2017, c.241, s.10)

34

35 11. This act shall take effect on the 90<sup>th</sup> day next following  
36 enactment and shall apply to policies or contracts issued or renewed  
37 on or after the effective date.