

[First Reprint]

**ASSEMBLY, No. 1708**

**STATE OF NEW JERSEY**  
**219th LEGISLATURE**

PRE-FILED FOR INTRODUCTION IN THE 2020 SESSION

**Sponsored by:**

**Assemblyman JOHN J. BURZICHELLI**  
**District 3 (Cumberland, Gloucester and Salem)**  
**Assemblyman HERB CONAWAY, JR.**  
**District 7 (Burlington)**  
**Assemblywoman JOANN DOWNEY**  
**District 11 (Monmouth)**

**SYNOPSIS**

Requires workers' compensation and PIP coverage for medical use of cannabis under certain circumstances.

**CURRENT VERSION OF TEXT**

As reported by the Assembly Financial Institutions and Insurance Committee on February 13, 2020, with amendments.



**(Sponsorship Updated As Of: 2/13/2020)**

1 AN ACT concerning <sup>1</sup>the<sup>1</sup> medical <sup>1</sup>**["marijuana"]** use of cannabis<sup>1</sup>  
2 and insurance coverage, amending P.L.2009, c.307, and  
3 supplementing various parts of the statutory law.  
4

5 **BE IT ENACTED** by the Senate and General Assembly of the State  
6 of New Jersey:  
7

8 <sup>1</sup>**["1. Section 16 of P.L.2009, c.307 (C.24:6I-14) is amended to**  
9 read as follows:

10 16. a. Nothing in this act shall be construed to require a  
11 government medical assistance program or private health insurer to  
12 reimburse a person for costs associated with the medical use of  
13 marijuana, or an employer to accommodate the medical use of  
14 marijuana in any workplace.

15 b. Notwithstanding the provisions of subsection a. of this  
16 section, an employer or workers' compensation insurance carrier or  
17 private passenger automobile insurance carrier shall provide  
18 coverage for costs associated with the medical use of marijuana  
19 pursuant to P.L. , c. (C. ) (pending before the Legislature as  
20 this bill).

21 (cf: P.L.2009, c.307, s.16)<sup>1</sup>  
22

23 <sup>1</sup>1. Section 16 of P.L.2009, c.307 (C.24:6I-14) is amended to  
24 read as follows:

25 16. a. Nothing in P.L.2009, c.307 (C.24:6I-1 et al.) or P.L.2015,  
26 c.158 (C.18A:40-12.22 et al.) shall be construed to require a  
27 government medical assistance program or private health insurer to  
28 reimburse a person for costs associated with the medical use of  
29 cannabis, or to restrict or otherwise affect the distribution, sale,  
30 prescribing, and dispensing of any product that has been approved  
31 for marketing as a prescription drug or device by the federal Food  
32 and Drug Administration.

33 b. Notwithstanding the provisions of subsection a. of this  
34 section, an employer or workers' compensation insurance carrier or  
35 private passenger automobile insurance carrier shall provide  
36 coverage for costs associated with the medical use of cannabis  
37 pursuant to P.L. , c. (C. ) (pending before the Legislature as  
38 this bill) except that an employer or carrier shall not be required to  
39 provide coverage for costs associated with the medical use of  
40 cannabis upon intervention by the federal government to enforce the  
41 "Controlled Substances Act" (21 U.S.C. s.802 et seq.).<sup>1</sup>

42 (cf: P.L.2019, c.153, s.22)  
43

44 2. (New section) The Legislature finds and declares that  
45 scientific data indicate that medical <sup>1</sup>**["marijuana"]** cannabis<sup>1</sup> has

**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 AFI committee amendments adopted February 13, 2020.

1 significant medical value when used in the treatment of certain  
2 injuries and diseases, including pain relief, control of nausea and  
3 vomiting, and appetite stimulation. <sup>1</sup> **["Marijuana] Cannabis<sup>1</sup>** also  
4 has potential therapeutic value from effects such as anxiety  
5 reduction, sedation, and euphoria. Scientific studies have found  
6 that <sup>1</sup> **["marijuana] cannabis<sup>1</sup>** is effective in relieving some of the  
7 symptoms of HIV/AIDS, cancer, glaucoma, and multiple sclerosis.  
8 Other studies have suggested that medical <sup>1</sup> **["marijuana] cannabis<sup>1</sup>**  
9 legalization may lead to decreased prescription opioid abuse.

10 Although medical <sup>1</sup> **["marijuana] cannabis<sup>1</sup>** has many useful  
11 therapeutic benefits, its use is limited because its costs are not  
12 covered by insurance. By requiring coverage for medical  
13 <sup>1</sup> **["marijuana] cannabis<sup>1</sup>** under workers' compensation and private  
14 passenger automobile insurance, access to these benefits will be  
15 expanded. Additionally, medical <sup>1</sup> **["marijuana] cannabis<sup>1</sup>** may  
16 lower costs for insurers by providing a more economical alternative  
17 to more expensive and risky drugs such as opioids.

18  
19 3. (New section) <sup>1</sup> **a.**<sup>1</sup> Personal injury protection benefits  
20 provided pursuant to section 4 of P.L.1972, c.70 (C.39:6A-4) or  
21 section 4 of P.L.1998, c.21 (C.39:6A-3.1) shall include coverage for  
22 costs associated with the medical use of <sup>1</sup> **["marijuana] cannabis<sup>1</sup>**  
23 provided that <sup>1</sup> **["**:

24 a. **The** <sup>1</sup> **the<sup>1</sup>** insured is a qualifying patient authorized for the  
25 medical use of <sup>1</sup> **["marijuana] cannabis<sup>1</sup>** pursuant to P.L.2009, c.307  
26 (C.24:6I-1 et al) <sup>1</sup> **["**; and <sup>1</sup> **]** <sup>1</sup>

27 b. <sup>1</sup> **["**At least one other medication or treatment has been  
28 attempted and found to be unsuccessful in treating the patient's  
29 debilitating medical condition.**]**

30 A private passenger automobile insurer shall not be required to  
31 provide coverage for costs associated with the medical use of  
32 cannabis upon intervention by the federal government to enforce the  
33 "Controlled Substances Act" (21 U.S.C. s.802 et seq.).

34 c. Notwithstanding any provision of the insurance policy to the  
35 contrary, if for any reason payment by the insurer to the medical  
36 cannabis dispensary is not feasible, the insurer shall remit directly  
37 to the insured the costs for any benefits associated with the medical  
38 use of cannabis upon proof of payment by the insured to the  
39 medical cannabis dispensary.<sup>1</sup>

40  
41 4. (New section) <sup>1</sup> **a.**<sup>1</sup> Workers' compensation benefits paid by  
42 any employer or a workers' compensation insurance carrier of an  
43 employer for an injury to an employee under R.S.34:15-1 et seq.  
44 shall include coverage for costs associated with the medical use of  
45 <sup>1</sup> **["marijuana] cannabis<sup>1</sup>** provided that <sup>1</sup> **["**:

- 1       a. The ~~the~~<sup>1</sup> employee is a qualifying patient authorized for the  
2 medical use of ~~["marijuana"] cannabis~~<sup>1</sup> pursuant to P.L.2009, c.307  
3 (C.24:6I-1 et al) ~~["; and"]~~<sup>1</sup>
- 4       b. ~~["At least one other medication or treatment has been~~  
5 attempted and found to be unsuccessful in treating the patient's  
6 debilitating medical condition. ~~"]~~
- 7       An employer or workers' compensation insurance carrier shall  
8 not be required to provide coverage for costs associated with the  
9 medical use of cannabis upon intervention by the federal  
10 government to enforce the "Controlled Substances Act" (21 U.S.C.  
11 s.802 et seq.).
- 12       c. Notwithstanding any provision of the employer's plan or  
13 insurance policy to the contrary, if for any reason payment by the  
14 employer or carrier to the medical cannabis dispensary is not  
15 feasible, the employer or carrier shall remit directly to the employee  
16 the costs for any benefits associated with the medical use of  
17 cannabis upon proof of payment by the employee to the medical  
18 cannabis dispensary.<sup>1</sup>
- 19
- 20       5. This act shall take effect on the 90th day next following  
21 enactment.