

ASSEMBLY, No. 4848

STATE OF NEW JERSEY 219th LEGISLATURE

INTRODUCED OCTOBER 19, 2020

Sponsored by:

Assemblywoman VALERIE VAINIERI HUTTLE

District 37 (Bergen)

Assemblywoman MILA M. JASEY

District 27 (Essex and Morris)

Assemblyman RAJ MUKHERJI

District 33 (Hudson)

Assemblywoman ANNETTE CHAPARRO

District 33 (Hudson)

Assemblywoman JOANN DOWNEY

District 11 (Monmouth)

Assemblywoman ANGELA V. MCKNIGHT

District 31 (Hudson)

Assemblywoman VERLINA REYNOLDS-JACKSON

District 15 (Hunterdon and Mercer)

Assemblywoman ANNETTE QUIJANO

District 20 (Union)

Co-Sponsored by:

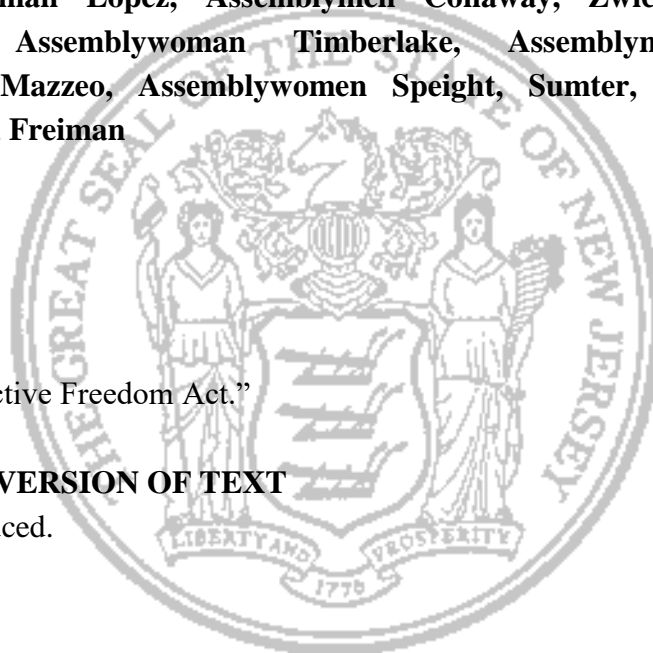
Assemblywoman Lopez, Assemblymen Conaway, Zwicker, Verrelli, Danielsen, Assemblywoman Timberlake, Assemblymen Benson, Spearman, Mazzeo, Assemblywomen Speight, Sumter, Assemblymen Johnson and Freiman

SYNOPSIS

“Reproductive Freedom Act.”

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 11/19/2020)

1 AN ACT concerning reproductive rights and autonomy, and
2 supplementing, amending, and repealing various parts of the
3 statutory law.

4

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

7

8 1. (New section) This act shall be known, and may be cited, as
9 the “Reproductive Freedom Act.”

10

11 2. (New section) a. The Legislature finds that:

12 (1) Access to safe and legal abortion care is essential to
13 women’s health, autonomy, and privacy and is central to the ability
14 of women to participate equally in the economic and social life of
15 the United States and the State of New Jersey.

16 (2) Abortion is one of the safest medical procedures performed
17 in the United States. In March 2018, experts at the National
18 Academies of Science, Engineering, and Medicine published a
19 study confirming that scientific evidence consistently indicates that
20 legal abortions in the United States are extremely safe.

21 (3) Legal abortion is a necessary component of reproductive
22 health care, and the Legislature is committed to ensuring that all
23 individuals in the State have proper access to abortion care.
24 However, the enactment of legislation that merely recognizes the
25 legality of abortion is not sufficient to ensure that abortion care will
26 be provided as a central component of reproductive health care in
27 New Jersey; rather, due to controversies surrounding abortion rights
28 in the State and nation, the Legislature must take affirmative steps
29 to ensure that the ability of individuals to access legal abortion
30 services in the State is not unnecessarily restricted.

31 (4) Access to comprehensive reproductive health care before,
32 during, and after giving birth, including access to contraception,
33 abortion, and prenatal and postnatal care, must be provided to all
34 persons, irrespective of sex designation or gender identity,
35 including to transgender and non-binary individuals.

36 (5) Pregnant individuals should be able to make their own health
37 care decisions throughout the course of their pregnancy, with the
38 advice of health care professionals they trust and without
39 government interference or fear of prosecution.

40 (6) Harmful consequences result from unnecessary health
41 regulations that single out abortion providers or individuals who
42 seek abortion services without conferring any health benefit or
43 increasing the safety of abortion. Such medically unnecessary
44 regulations effectively reduce the number of abortion providers,
45 diminish the availability of legal abortion services, and create

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 harmful barriers and delays to care without providing any benefit to
2 patients.

3 (7) The Commissioner of Human Services and the State Board
4 of Medical Examiners have adopted rules and regulations, codified,
5 respectively, in chapters 54 and 66 of Title 10 and chapter 35 of
6 Title 13 of the New Jersey Administrative Code, which target
7 abortion providers with medically unnecessary regulation, thereby
8 conflicting with the purposes of P.L. , c. (C.) (pending
9 before the Legislature as this bill).

10 (8) Restrictions placed on abortion services also often have a
11 disparate impact that is predominantly felt by persons who already
12 experience barriers to health care, including young women, women
13 of color, women with disabilities, women with a low-income,
14 women who live in rural areas, immigrants, and transgender and
15 non-binary individuals. Persons of color, in particular, experience
16 disparities across a wide range of reproductive health outcomes,
17 including in the areas of infant and maternal mortality, unintended
18 pregnancies, and access to preventive care. In light of this
19 country's history of discrimination, which includes shameful
20 incidents of forced sterilization against women of color and persons
21 with disabilities, it is imperative for New Jersey to ensure that all
22 individuals, going forward, including, but not limited to, individuals
23 who are incarcerated, are living in government-funded institutions,
24 or are otherwise under governmental control or supervision, have
25 true reproductive choice and individual autonomy with respect to
26 reproductive decision-making, have sufficient access to
27 reproductive care and accurate information on reproductive issues,
28 including abortion, and are able to access the full range of
29 reproductive services free from discrimination and unnecessary
30 barriers to care.

31 (9) Given the historic and continued attacks on abortion access
32 at the federal level and in many of New Jersey's sister states, it is
33 critical that New Jersey take legislative action to ensure that its
34 residents and those who come to this State are able to exercise the
35 fundamental rights to choose to use or refuse contraception or
36 sterilization, to carry a pregnancy, to give birth, or to have an
37 abortion, regardless of where they are domiciled.

38 (10) The New Jersey Supreme Court has held, in cases such as
39 Right to Choose v. Byrne, 91 N.J. 287 (1982), and Planned
40 Parenthood of Cent. N.J. v. Farmer, 165 N.J. 609 (2000), that
41 Article I, paragraph 1 of the New Jersey Constitution protects the
42 right to abortion and reproductive autonomy to an extent that
43 exceeds the protections established under the United States
44 Constitution. Consequently, this State has historically provided
45 stronger protections for reproductive rights and autonomy than are
46 provided by other states and the federal government.

47 b. The Legislature, therefore, declares that it is both reasonable
48 and necessary for the State to enable, facilitate, support, and

1 safeguard the provision of high quality, comprehensive reproductive
2 and sexual health care, including the full range of evidence-based
3 information, counseling, and health care services, to all individuals
4 in the State, and to enable, facilitate, support, and safeguard the
5 ability of such individuals to access affordable and timely
6 reproductive health care services and to engage in autonomous
7 reproductive decision-making, in consultation with health care
8 professionals of their choosing, without fear of prosecution,
9 discrimination, or unnecessary barriers to care. To achieve those
10 ends, it shall be the policy of this State to:

11 (1) explicitly guarantee, to every individual, the fundamental right
12 to reproductive autonomy, which includes the right to contraception,
13 the right to abortion, and the right to carry a pregnancy to term;

14 (2) enable all qualified health care professionals to provide
15 abortion services in the State;

16 (3) require all insurance carriers to provide coverage both for
17 abortion care and for a long-term supply of contraceptives; and

18 (4) invalidate, and prohibit the future adoption of, all laws, rules,
19 regulations, ordinances, resolutions, policies, standards, or parts
20 thereof, that conflict with the provisions or the express or implied
21 purposes of P.L. c. (C.) (pending before the Legislature as this
22 bill).

23

24 3. (New section) As used in P.L. c. (C.) (pending
25 before the Legislature as this bill):

26 “Abortion” means any medical treatment, including, but not
27 limited to, the prescription of medication, that is intended to cause
28 the termination of a pregnancy, except for the purposes of
29 increasing the probability of a live birth, removing an ectopic
30 pregnancy, or managing a miscarriage.

31 “Health care professional” means a person who is licensed or
32 otherwise authorized to provide health care services, pursuant to Title
33 45 of the Revised Statutes, including, but not limited to, a physician,
34 advance practice nurse, physician assistant, certified midwife, or
35 certified nurse midwife.

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

38 “Public entity” means the State and any county, municipality,
39 district, public authority, public agency, or other political subdivision
40 or public body in the State.

41 “State” means the State and any office, department, branch,
42 division, subdivision, bureau, board, commission, agency,
43 instrumentality, or individual acting under color of law of the State,
44 but shall not include any such entity that is statutorily authorized to sue
45 and be sued.

- 1 4. (New section) a. Every individual present in the State,
2 including, but not limited to, an individual who is under State
3 control or supervision, shall have the fundamental right to:
- 4 (1) choose or refuse contraception or sterilization; and
5 (2) choose whether to carry a pregnancy, to give birth, or to have
6 an abortion.
- 7 b. A physician or other health care professional, acting within
8 the professional's lawful scope of practice and in compliance with
9 all generally applicable regulations, shall be authorized to provide
10 abortion care in this State.
- 11 c. A fertilized egg, embryo, or fetus shall not have independent
12 rights under the laws of this State.
- 13 d. No public entity shall, in the regulation or provision of
14 benefits, facilities, services, or information, deny or interfere with
15 an individual's fundamental reproductive rights under subsection a.
16 of this section or discriminate against an individual on the basis of
17 the individual's exercise of fundamental reproductive rights under
18 subsection a. of this section.
- 19 e. No individual shall be subject to prosecution or otherwise
20 deprived of the individual's constitutional rights for:
- 21 (1) terminating or attempting to terminate the individual's own
22 pregnancy; or
23 (2) acting or failing to act in any manner, with respect to the
24 individual's own pregnancy, based on the potential or actual impact on
25 the individual's own health or pregnancy.
- 26 f. In protecting or enforcing the fundamental reproductive
27 rights established pursuant to this section, a public entity shall not
28 discriminate on the basis of: sex, including, but not limited to, sex
29 stereotypes, sexual orientation, perceived sexual orientation, gender
30 identity or expression, or perceived gender identity or expression;
31 disability; race; ethnicity; age; national origin; immigration status;
32 religion; incarceration status; or economic status.
- 33 g. (1) This section shall apply to all public entity actions in the
34 State and to all State laws, rules, regulations, ordinances, policies,
35 procedures, and practices, whether established by statute or
36 otherwise and whether adopted before or after the effective date of
37 P.L. , c. (C.) (pending before the Legislature as this bill).
- 38 (2) Notwithstanding any other law, rule, or regulation to the
39 contrary, no public entity shall enact or enforce any law, rule,
40 regulation, ordinance, resolution, standard, or other provision
41 having the force and effect of law that conflicts or is otherwise
42 inconsistent with the provisions of, or the purposes or policies
43 expressed or implied in, P.L. , c. (C.) (pending before the
44 Legislature as this bill).
- 45 (3) The following rules and regulations are declared to be void,
46 and shall be given no force or effect following the effective date of
47 P.L. , c. (C.) (pending before the Legislature as this bill):

1 (a) all rules and regulations promulgated by the Board of
2 Medical Examiners as of the effective date of P.L. , c. (C.)
3 (pending before the Legislature as this bill), or parts thereof, which
4 specifically regulate and apply exclusively to the termination of
5 pregnancy or are otherwise inconsistent or in conflict with the
6 provisions or express or implied purposes of P.L. , c. (C.)
7 (pending before the Legislature as this bill), including, but not
8 limited to, N.J.A.C.13:35-4.2 in its entirety;

9 (b) all rules and regulations promulgated by the Department of
10 Human Services as of the effective date of P.L. , c. (C.)
11 (pending before the Legislature as this bill), or parts thereof, which
12 limit coverage for abortion services based on the type of facility or
13 professional that provides the services, or which are otherwise
14 inconsistent or in conflict with the provisions or express or implied
15 purposes of P.L. , c. (C.) (pending before the Legislature as
16 this bill), including, but not limited to, relevant parts or subparts of
17 N.J.A.C.10:54-5.43 and N.J.A.C.10:66-2.16; and

18 (c) any rules and regulations promulgated by any other State
19 agency as of the effective date of P.L. , c. (C.) (pending
20 before the Legislature as this bill), or parts thereof, which are
21 inconsistent or in conflict with the provisions or express or implied
22 purposes of P.L. , c. (C.) (pending before the Legislature as
23 this bill).

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

27
28 5. (New section) a. The New Jersey Department of Human
29 Services shall establish and administer a program to reimburse the cost
30 of prenatal, labor, and delivery care, as well as the cost of abortion
31 care and contraceptives described in sections 7 and 18 of P.L. ,
32 c. (C.) (pending before the Legislature as this bill), for
33 individuals who can become pregnant and would be eligible for
34 medical assistance if not for the provisions of 8 U.S.C. s.1611 or 8
35 U.S.C. s.1612. This program shall incorporate any existing programs
36 and funding streams that provide coverage or reimbursement for
37 prenatal, labor, and delivery care provided to such individuals.

38 b. The Department of Human Services, in collaboration with
39 other appropriate agencies, shall explore any and all opportunities
40 to obtain federal financial participation to offset the costs of
41 implementing this section, including but not limited to, waivers or
42 demonstration projects authorized under Title X of the Public
43 Health Service Act or Title XIX or XXI of the Social Security Act.
44 However, the implementation of this section shall not be contingent
45 upon the department's receipt of a waiver or other authorization to
46 operate a demonstration project.

47 c. The State Legislature shall annually appropriate the amount
48 necessary to pay the reasonable and necessary expenses associated

1 with the operation of the program established under this section,
2 which expenses shall be determined by the department.

3

4 6. (New section) a. The provisions of P.L. , c. (C.)
5 (pending before the Legislature as this bill) shall be liberally
6 construed to effectuate the purposes specified in section 1 of
7 P.L. , c. (C.) (pending before the Legislature as this bill).

8 b. If any provision of P.L. , c. (C.) (pending before the
9 Legislature as this bill) is deemed by a court to be inconsistent with,
10 in conflict with, or contrary to, any other provision of law, the
11 provision contained in P.L. , c. (C.) (pending before the
12 Legislature as this bill) shall prevail over such other contradictory
13 provision of law, and such other provision of law shall be deemed
14 to be amended, superseded, or repealed to the extent necessary to
15 reconcile the inconsistency or conflict and ensure the law's
16 consistency with the provisions of P.L. , c. (C.) (pending
17 before the Legislature as this bill).

18 c. If any provision of P.L. , c. (C.) (pending before the
19 Legislature as this bill), or the application of such provision to any
20 person or circumstance, is held to be unconstitutional, the
21 remaining provisions of P.L. , c. (C.) (pending before the
22 Legislature as this bill), and the application of the provision at issue
23 to all other persons or circumstances, shall not be affected thereby.

24

25 7. (New section) a. Every individual or group hospital service
26 corporation contract that provides hospital or medical expense benefits
27 and is delivered, issued, executed, or renewed in this State pursuant to
28 P.L.1938, c.366 (C.17:48-1 et seq.) or is approved for issuance or
29 renewal in this State by the Commissioner of Banking and Insurance,
30 on or after the effective date of P.L. , c. (C.) (pending before
31 the Legislature as this bill), shall provide coverage for abortion, as
32 defined by section 3 of P.L. , c. (C.) (pending before the
33 Legislature as this bill).

34 b. A contract subject to this section shall not impose a deductible,
35 coinsurance, copayment, or any other cost-sharing requirement on the
36 coverage required under this section. For a qualifying high-deductible
37 health plan for a health savings account, the hospital service
38 corporation shall establish the plan's cost-sharing for the coverage
39 provided pursuant to this section at the minimum level necessary to
40 preserve the subscriber's ability to claim tax-exempt contributions and
41 withdrawals from the subscriber's health savings account under 26
42 U.S.C. s.223.

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

46 d. Notwithstanding the provisions of subsections a. through c. of
47 this section to the contrary, if the Commissioner of Banking and
48 Insurance concludes that enforcement of this section may adversely

1 affect the allocation of federal funds to this State, the commissioner
2 may grant an exemption to the requirements of this section, but only to
3 the minimum extent necessary to ensure the continued receipt of
4 federal funds.

5 e. A religious employer may request, and a hospital service
6 corporation shall grant, an exclusion under the contract for the
7 coverage required by this section if the required coverage conflicts
8 with the religious employer's bona fide religious beliefs and practices.
9 A religious employer that obtains such an exclusion shall provide
10 written notice thereof to subscribers and prospective subscribers, and
11 the hospital service corporation shall provide notice to the
12 Commissioner of Banking and Insurance in such form and manner as
13 may be determined by the commissioner. The provisions of this
14 subsection shall not be construed as authorizing a hospital service
15 corporation to exclude coverage for care that is necessary to preserve
16 the life or health of a subscriber. For the purposes of this subsection,
17 "religious employer" means an organization that is organized and
18 operates as a nonprofit entity and is referred to in section
19 6033(a)(3)(A)(i) or (iii) of the Internal Revenue Code of 1986 (26
20 U.S.C. s.6033), as amended.

21
22 8. (New section) a. Every individual or group medical service
23 corporation contract that provides hospital or medical expense benefits
24 and is delivered, issued, executed, or renewed in this State pursuant to
25 P.L.1940, c.74 (C.17:48A-1 et seq.) or is approved for issuance or
26 renewal in this State by the Commissioner of Banking and Insurance,
27 on or after the effective date of P.L. , c. (C.) (pending before
28 the Legislature as this bill), shall provide coverage for abortion, as
29 defined by section 3 of P.L. , c. (C.) (pending before the
30 Legislature as this bill).

31 b. A contract subject to this section shall not impose a deductible,
32 coinsurance, copayment, or any other cost-sharing requirement on the
33 coverage required under this section. For a qualifying high-deductible
34 health plan for a health savings account, the medical service
35 corporation shall establish the plan's cost-sharing for the coverage
36 provided pursuant to this section at the minimum level necessary to
37 preserve the subscriber's ability to claim tax-exempt contributions and
38 withdrawals from the subscriber's health savings account under 26
39 U.S.C. s.223.

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

43 d. Notwithstanding the provisions of subsections a. through c. of
44 this section to the contrary, if the Commissioner of Banking and
45 Insurance concludes that enforcement of this section may adversely
46 affect the allocation of federal funds to this State, the commissioner
47 may grant an exemption to the requirements, but only to the minimum
48 extent necessary to ensure the continued receipt of federal funds.

1 e. A religious employer may request, and a medical service
2 corporation shall grant, an exclusion under the contract for the
3 coverage required by this section if the required coverage conflicts
4 with the religious employer's bona fide religious beliefs and practices.
5 A religious employer that obtains such an exclusion shall provide
6 written notice thereof to subscribers and prospective subscribers, and
7 the medical service corporation shall provide notice to the
8 Commissioner of Banking and Insurance in such form and manner as
9 may be determined by the commissioner. The provisions of this
10 subsection shall not be construed as authorizing a medical service
11 corporation to exclude coverage for care that is necessary to preserve
12 the life or health of a subscriber. For the purposes of this subsection,
13 "religious employer" means an organization that is organized and
14 operates as a nonprofit entity and is referred to in section
15 6033(a)(3)(A)(i) or (iii) of the Internal Revenue Code of 1986 (26
16 U.S.C. s.6033), as amended.

17

18 9. (New section) a. Every individual or group health service
19 corporation contract that provides hospital or medical expense benefits
20 and is delivered, issued, executed, or renewed in this State pursuant to
21 P.L.1985, c.236 (C.17:48E-1 et seq.) or is approved for issuance or
22 renewal in this State by the Commissioner of Banking and Insurance,
23 on or after the effective date of P.L. , c. (C.) (pending before
24 the Legislature as this bill), shall provide coverage for abortion, as
25 defined by section 3 of P.L. , c. (C.) (pending before the
26 Legislature as this bill).

27 b. A contract subject to this section shall not impose a deductible,
28 coinsurance, copayment, or any other cost-sharing requirement on the
29 coverage required under this section. For a qualifying high-deductible
30 health plan for a health savings account, the health service corporation
31 shall establish the plan's cost-sharing for the coverage provided
32 pursuant to this section at the minimum level necessary to preserve the
33 subscriber's ability to claim tax-exempt contributions and withdrawals
34 from the subscriber's health savings account under 26 U.S.C. s.223.

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

38 d. Notwithstanding the provisions of subsections a. through c. of
39 this section to the contrary, if the Commissioner of Banking and
40 Insurance concludes that enforcement of this section may adversely
41 affect the allocation of federal funds to this State, the commissioner
42 may grant an exemption to the requirements, but only to the minimum
43 extent necessary to ensure the continued receipt of federal funds.

44 e. A religious employer may request, and a health service
45 corporation shall grant, an exclusion under the contract for the
46 coverage required by this section if the required coverage conflicts
47 with the religious employer's bona fide religious beliefs and practices.
48 A religious employer that obtains such an exclusion shall provide

1 written notice thereof to subscribers and prospective subscribers, and
2 the health service corporation shall provide notice to the
3 Commissioner of Banking and Insurance in such form and manner as
4 may be determined by the commissioner. The provisions of this
5 subsection shall not be construed as authorizing a health service
6 corporation to exclude coverage for care that is necessary to preserve
7 the life or health of a subscriber. For the purposes of this subsection,
8 “religious employer” means an organization that is organized and
9 operates as a nonprofit entity and is referred to in section
10 6033(a)(3)(A)(i) or (iii) of the Internal Revenue Code of 1986 (26
11 U.S.C. s.6033), as amended.

12

13 10. (New section) a. Every individual health insurance policy
14 that provides hospital or medical expense benefits and is delivered,
15 issued, executed, or renewed in this State pursuant to chapter 26 of
16 Title 17B of the New Jersey Statutes or is approved for issuance or
17 renewal in this State by the Commissioner of Banking and
18 Insurance, on or after the effective date of P.L. , c. (C.)
19 (pending before the Legislature as this bill), shall provide coverage
20 for abortion, as defined by section 3 of P.L. , c. (C.)
21 (pending before the Legislature as this bill).

22 b. A policy subject to this section shall not impose a
23 deductible, coinsurance, copayment, or any other cost-sharing
24 requirement on the coverage required under this section. For a
25 qualifying high-deductible health plan for a health savings account,
26 the individual health insurer shall establish the plan’s cost-sharing
27 for the coverage provided pursuant to this section at the minimum
28 level necessary to preserve the insured’s ability to claim tax-exempt
29 contributions and withdrawals from the insured’s health savings
30 account under 26 U.S.C. s.223

31 c. A policy shall not impose any restrictions or delays on, and
32 shall not require prior authorization for, the coverage required under
33 this section.

34 d. Notwithstanding the provisions of subsections a. through c.
35 of this section to the contrary, if the Commissioner of Banking and
36 Insurance concludes that enforcement of this section may adversely
37 affect the allocation of federal funds to this State, the commissioner
38 may grant an exemption to the requirements, but only to the
39 minimum extent necessary to ensure the continued receipt of federal
40 funds.

41 e. A religious employer may request, and an individual health
42 insurer shall grant, an exclusion under the policy for the coverage
43 required by this section if the required coverage conflicts with the
44 religious employer’s bona fide religious beliefs and practices. A
45 religious employer that obtains such an exclusion shall provide
46 written notice thereof to insureds and prospective insureds, and the
47 individual health insurer shall provide notice to the Commissioner
48 of Banking and Insurance in such form and manner as may be

1 determined by the commissioner. The provisions of this subsection
2 shall not be construed as authorizing an individual health insurer to
3 exclude coverage for care that is necessary to preserve the life or
4 health of an insured. For the purposes of this subsection, “religious
5 employer” means an organization that is organized and operates as a
6 nonprofit entity and is referred to in section 6033(a)(3)(A)(i) or (iii)
7 of the Internal Revenue Code of 1986 (26 U.S.C. s.6033), as
8 amended.

9
10 11. (New section) a. Every group health insurance policy that
11 provides hospital or medical expense benefits and is delivered, issued,
12 executed, or renewed in this State pursuant to chapter 27 of Title 17B
13 of the New Jersey Statutes or is approved for issuance or renewal in
14 this State by the Commissioner of Banking and Insurance, on or after
15 the effective date of P.L. , c. (C.) (pending before the
16 Legislature as this bill), shall provide benefits for abortion, as defined
17 by section 3 of P.L. , c. (C.) (pending before the Legislature
18 as this bill).

19 b. A policy subject to this section shall not impose a deductible,
20 coinsurance, copayment, or any other cost-sharing requirement on the
21 coverage required under this section. For a qualifying high-deductible
22 health plan for a health savings account, the group health insurer shall
23 establish the plan’s cost-sharing for the coverage provided pursuant to
24 this section at the minimum level necessary to preserve the insured’s
25 ability to claim tax-exempt contributions and withdrawals from the
26 insured’s health savings account under 26 U.S.C. s.223.

27 c. A policy shall not impose any restrictions or delays on, and
28 shall not require prior authorization for, the coverage required under
29 this section.

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

36 e. A religious employer may request, and a group health insurer
37 shall grant, an exclusion under the policy for the coverage required by
38 this section if the required coverage conflicts with the religious
39 employer’s bona fide religious beliefs and practices. A religious
40 employer that obtains such an exclusion shall provide written notice
41 thereof to insureds and prospective insureds, and the group health
42 insurer shall provide notice to the Commissioner of Banking and
43 Insurance in such form and manner as may be determined by the
44 commissioner. The provisions of this subsection shall not be
45 construed as authorizing a group health insurer to exclude coverage for
46 care that is necessary to preserve the life or health of an insured. For
47 the purposes of this subsection, “religious employer” means an
48 organization that is organized and operates as a nonprofit entity and is

1 referred to in section 6033(a)(3)(A)(i) or (iii) of the Internal Revenue
2 Code of 1986 (26 U.S.C. s.6033), as amended.

3

4 12. (New section) a. Every individual health benefits plan that
5 provides hospital or medical expense benefits and is delivered, issued,
6 executed, or renewed in this State pursuant to P.L.1992, c.161
7 (C.17B:27A-2 et seq.) or is approved for issuance or renewal in this
8 State by the Commissioner of Banking and Insurance, on or after the
9 effective date of P.L. , c. (C.) (pending before the Legislature
10 as this bill), shall provide benefits for abortion, as defined by section 3
11 of P.L. , c. (C.) (pending before the Legislature as this bill).

12 b. A health benefits plan subject to this section shall not impose a
13 deductible, coinsurance, copayment, or any other cost-sharing
14 requirement on the coverage required under this section. For a
15 qualifying high-deductible health plan for a health savings account, the
16 carrier shall establish the plan's cost-sharing for the coverage provided
17 pursuant to this section at the minimum level necessary to preserve the
18 covered person's ability to claim tax-exempt contributions and
19 withdrawals from the covered person's health savings account under
20 26 U.S.C. s.223.

21 c. A health benefits plan shall not impose any restrictions or
22 delays on, and shall not require prior authorization for, the coverage
23 required under this section.

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

30 e. A religious employer may request, and a carrier shall grant, an
31 exclusion under the health benefits plan for the coverage required by
32 this section if the required coverage conflicts with the religious
33 employer's bona fide religious beliefs and practices. A religious
34 employer that obtains such an exclusion shall provide written notice
35 thereof to covered persons and prospective covered persons, and the
36 carrier shall provide notice to the Commissioner of Banking and
37 Insurance in such form and manner as may be determined by the
38 commissioner. The provisions of this subsection shall not be
39 construed as authorizing a carrier to exclude coverage for care that is
40 necessary to preserve the life or health of a covered person. For the
41 purposes of this subsection, "religious employer" means an
42 organization that is organized and operates as a nonprofit entity and is
43 referred to in section 6033(a)(3)(A)(i) or (iii) of the Internal Revenue
44 Code of 1986 (26 U.S.C. s.6033), as amended.

45

46 13. (New section) a. Every small employer health benefits plan
47 that provides hospital or medical expense benefits and is delivered,
48 issued, executed, or renewed in this State pursuant to P.L.1992, c.162

1 (C.17B:27A-17 et seq.) or is approved for issuance or renewal in this
2 State by the Commissioner of Banking and Insurance, on or after the
3 effective date of P.L. , c. (C.) (pending before the Legislature
4 as this bill), shall provide benefits for abortion, as defined by section 3
5 of P.L. , c. (C.) (pending before the Legislature as this bill).

6 b. A health benefits plan subject to this section shall not impose a
7 deductible, coinsurance, copayment, or any other cost-sharing
8 requirement on the coverage required under this section. For a
9 qualifying high-deductible health plan for a health savings account, the
10 carrier shall establish the plan's cost-sharing for the coverage provided
11 pursuant to this section at the minimum level necessary to preserve the
12 covered person's ability to claim tax-exempt contributions and
13 withdrawals from the covered person's health savings account under
14 26 U.S.C. s.223.

15 c. A health benefits plan shall not impose any restrictions or
16 delays on, and shall not require prior authorization for, the coverage
17 required under this section.

18 d. Notwithstanding the provisions of subsections a. through c. of
19 this section to the contrary, if the Commissioner of Banking and
20 Insurance concludes that enforcement of this section may adversely
21 affect the allocation of federal funds to this State, the commissioner
22 may grant an exemption to the requirements, but only to the minimum
23 extent necessary to ensure the continued receipt of federal funds.

24 e. A religious employer may request, and a carrier shall grant, an
25 exclusion under the health benefits plan for the coverage required by
26 this section if the required coverage conflicts with the religious
27 employer's bona fide religious beliefs and practices. A religious
28 employer that obtains such an exclusion shall provide written notice
29 thereof to covered persons and prospective covered persons, and the
30 carrier shall provide notice to the Commissioner of Banking and
31 Insurance in such form and manner as may be determined by the
32 commissioner. The provisions of this subsection shall not be
33 construed as authorizing a carrier to exclude coverage for care that is
34 necessary to preserve the life or health of a covered person. For the
35 purposes of this subsection, "religious employer" means an
36 organization that is organized and operates as a nonprofit entity and is
37 referred to in section 6033(a)(3)(A)(i) or (iii) of the Internal Revenue
38 Code of 1986 (26 U.S.C. s.6033), as amended.

39

40 14. (New section) a. Every enrollee agreement that is delivered,
41 issued, executed, or renewed in this State pursuant to P.L.1973, c.337
42 (C.26:2J-1 et seq.) or is approved for issuance or renewal in this State
43 by the Commissioner of Banking and Insurance, on or after the
44 effective date of P.L. , c. (C.) (pending before the Legislature
45 as this bill), shall provide health care services for abortion, as defined
46 by section 3 of P.L. , c. (C.) (pending before the Legislature
47 as this bill).

1 b. A contract subject to this section shall not impose a deductible,
2 coinsurance, copayment, or any other cost-sharing requirement on the
3 coverage required under this section. For a qualifying high-deductible
4 health plan for a health savings account, the health maintenance
5 organization shall establish the plan's cost-sharing for the coverage
6 provided pursuant to this section at the minimum level necessary to
7 preserve the enrollee's ability to claim tax-exempt contributions and
8 withdrawals from the enrollee's health savings account under 26
9 U.S.C. s.223.

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

13 d. Notwithstanding the provisions of subsections a. through c. of
14 this section to the contrary, if the Department of Banking and
15 Insurance concludes that enforcement of this section may adversely
16 affect the allocation of federal funds to this State, the commissioner
17 may grant an exemption to the requirements, but only to the minimum
18 extent necessary to ensure the continued receipt of federal funds.

19 e. A religious employer may request, and a health maintenance
20 organization shall grant, an exclusion under the contract for the
21 coverage required by this section if the required coverage conflicts
22 with the religious employer's bona fide religious beliefs and practices.
23 A religious employer that obtains such an exclusion shall provide
24 written notice thereof to enrollees and prospective enrollees, and the
25 health maintenance organization shall provide notice to the
26 Commissioner of Banking and Insurance in such form and manner as
27 may be determined by the commissioner. The provisions of this
28 subsection shall not be construed as authorizing a health maintenance
29 organization to exclude coverage for care that is necessary to preserve
30 the life or health of an enrollee. For the purposes of this subsection,
31 "religious employer" means an organization that is organized and
32 operates as a nonprofit entity and is referred to in section
33 6033(a)(3)(A)(i) or (iii) of the Internal Revenue Code of 1986 (26
34 U.S.C. s.6033), as amended.

35
36 15. (New section) a. The State Health Benefits Commission shall
37 ensure that every contract providing hospital or medical expense
38 benefits, which is purchased by the commission on or after the
39 effective date of P.L. , c. (C.) (pending before the Legislature
40 as this bill), provides coverage for abortion, as defined by section 3 of
41 P.L. , c. (C.) (pending before the Legislature as this bill).

42 b. A contract subject to this section shall not impose a deductible,
43 coinsurance, copayment, or any other cost-sharing requirement on the
44 coverage required under this section. For a qualifying high-deductible
45 health plan for a health savings account, the commission shall
46 establish the plan's cost-sharing for the coverage provided pursuant to
47 this section at the minimum level necessary to preserve the covered
48 person's ability to claim tax-exempt contributions and withdrawals

1 from the covered person's health savings account under 26 U.S.C.
2 s.223.

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

6 d. Notwithstanding the provisions of subsections a. through c. of
7 this section, if the Department of Banking and Insurance concludes
8 that enforcement of this section may adversely affect the allocation of
9 federal funds to this State, the commissioner may grant an exemption
10 to the requirements, but only to the minimum extent necessary to
11 ensure the continued receipt of federal funds.

12

13 16. (New section) a. The School Employees' Health Benefits
14 Commission shall ensure that every contract providing hospital or
15 medical expense benefits, which is purchased by the commission on or
16 after the effective date of P.L. , c. (C.) (pending before the
17 Legislature as this bill), provides coverage for abortion, as defined by
18 section 3 of P.L. , c. (C.) (pending before the Legislature as
19 this bill).

20 b. A contract subject to this section shall not impose a deductible,
21 coinsurance, copayment, or any other cost-sharing requirement on the
22 coverage required under this section. For a qualifying high-deductible
23 health plan for a health savings account, the commission shall
24 establish the plan's cost-sharing for the coverage provided pursuant to
25 this section at the minimum level necessary to preserve the covered
26 person's ability to claim tax-exempt contributions and withdrawals
27 from the covered person's health savings account under 26 U.S.C.
28 s.223.

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

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

38 e. A religious employer may request, and the School Employees'
39 Health Benefits Commission shall grant, an exclusion under the
40 contract for the coverage required by this section if the required
41 coverage conflicts with the religious employer's bona fide religious
42 beliefs and practices. A religious employer that obtains such an
43 exclusion shall provide written notice thereof to covered persons and
44 prospective covered persons, and the School Employees' Health
45 Benefits Commission shall provide notice to the Commissioner of
46 Banking and Insurance in such form and manner as may be determined
47 by the commissioner. The provisions of this subsection shall not be
48 construed as authorizing the School Employees' Health Benefits

1 Commission to exclude coverage for care that is necessary to preserve
2 the life or health of a covered person. For the purposes of this
3 subsection, “religious employer” means an organization that is
4 organized and operates as a nonprofit entity and is referred to in
5 section 6033(a)(3)(A)(i) or (iii) of the Internal Revenue Code of 1986
6 (26 U.S.C. s.6033), as amended.

7
8 17. (New section) a. The School Employees’ Health Benefits
9 Commission shall ensure that every contract providing hospital or
10 medical expense benefits, which is purchased by the commission on
11 or after the effective date of P.L. , c. (C.) (pending before
12 the Legislature as this bill), provides benefits for expenses incurred
13 in the purchase of contraceptives and the following services, drugs,
14 devices, products, and procedures, on an in-network basis:

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

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

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

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

31 (2) Voluntary male and female sterilization.

32 (3) Patient education and counseling on contraception.

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

36 (a) Management of side effects;

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

38 (c) Device insertion and removal;

39 (d) Provision of alternative contraceptive drugs, devices, or
40 products deemed medically appropriate in the judgment of the
41 covered person’s health care provider; and

42 (e) Diagnosis and treatment services provided pursuant to, or as
43 a follow-up to, a service required under this section.

44 b. The coverage provided under this section shall include
45 prescriptions for dispensing contraceptives for a single dispensing
46 unit of up to a 13-unit supply of prescription contraceptives,
47 intended to last over a 12-month period, regardless of whether
48 coverage under the contract was in effect at the time of the first

1 dispensing, except that an entity subject to this section may provide
2 coverage for a supply of contraceptives that is for less than a 12-
3 month period if a 12-month period would extend beyond the terms
4 of the contract. The contraceptives may be furnished over the
5 course of the 12-month period at the discretion of the health care
6 provider.

7 c. (1) Except as provided in paragraph (2) of this subsection,
8 the contract shall specify that no deductible, coinsurance,
9 copayment, or any other cost-sharing requirement may be imposed
10 on the coverage required pursuant to this section.

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

16 d. 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.

22 e. A religious employer may request, and the commission shall
23 grant, an exclusion under the contract for the coverage required by
24 this section if the required coverage conflicts with the religious
25 employer's bona fide religious beliefs and practices. A religious
26 employer that obtains such an exclusion shall provide written notice
27 thereof to covered persons and prospective covered persons, which
28 notice shall list the contraceptive health care services that the
29 employer refuses to cover for religious reasons. The commission
30 shall provide notice of the exclusion to the Commissioner of
31 Banking and Insurance in such form and manner as may be
32 determined by the commissioner. The provisions of this subsection
33 shall not be construed as authorizing the School Employees' Health
34 Benefits Commission to exclude coverage for care that is necessary
35 to preserve the life or health of a covered person. For the purposes
36 of this subsection, "religious employer" means an organization that
37 is organized and operates as a nonprofit entity and is referred to in
38 section 6033(a)(3)(A)(i) or (iii) of the Internal Revenue Code of
39 1986, as amended.

40 f. Except as otherwise authorized under this section, the
41 School Employees' Health Benefits Commission shall not impose
42 any restrictions or delays on, and shall not require prior
43 authorization for, the coverage required under this section.

44

45 18. Section 1 of P.L.1965, c.217 (C.9:17A-1) is amended to read as
46 follows:

47 1. The consent to the performance of medical or surgical care
48 and **procedure** procedures by a hospital or by a **physician**

1 licensed to practice medicine and surgery] health care professional,
2 as defined by section 3 of P.L. , c. (C.) (pending before the
3 Legislature as this bill), which consent is executed by a married
4 person who is a minor, or by a pregnant **[woman]** person who is a
5 minor, on **[his or her]** the minor's behalf or on behalf of any of
6 **[his or her]** the minor's children, shall be valid and binding, and,
7 for such purposes, a married person who is a minor or a pregnant
8 **[woman]** person who is a minor shall be deemed to have the same
9 legal capacity to act and shall have the same powers and obligations
10 as **[has]** a person of legal age. Notwithstanding any other
11 provision of the law, an unmarried, pregnant minor may give
12 consent to the furnishing of hospital, medical, and surgical care
13 related to **[her]** the minor's pregnancy or **[her]** the minor's child[,
14 although prior notification of a parent may be required pursuant to
15 P.L.1999, c.145 (C.9:17A-1.1 et al.)] and such consent shall not be
16 subject to disaffirmance because of minority. The consent of the
17 parent or parents of an unmarried, pregnant minor shall not be
18 necessary in order to authorize hospital, medical, and surgical care
19 related to **[her]** the minor's pregnancy or **[her]** the minor's child.
20 (cf: P.L.1999, c.145, s.1)

21

22 19. Section 1 of P.L.2005, c.251 (C.17:48-6ee) is amended to
23 read as follows:

24 1. a. A hospital service corporation that provides hospital or
25 medical expense benefits shall provide coverage, under every
26 contract that is delivered, issued, executed, or renewed in this State
27 or is approved for issuance or renewal in this State by the
28 Commissioner of Banking and Insurance, on or after the effective
29 date of this **[act]** section, for expenses incurred in the purchase of
30 **[prescription female]** contraceptives[,] and the following services,
31 drugs, devices, products, and procedures, on an in-network basis:

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

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

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

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

- 1 (2) Voluntary male and female sterilization.
- 2 (3) Patient education and counseling on contraception.
- 3 (4) Services related to the administration and monitoring of
4 drugs, devices, products, and services required under this section,
5 including but not limited to:
 - 6 (a) Management of side effects;
 - 7 (b) Counseling for continued adherence to a prescribed regimen;
 - 8 (c) Device insertion and removal;
 - 9 (d) Provision of alternative contraceptive drugs, devices, or
10 products deemed medically appropriate in the judgment of the
11 subscriber's health care provider; and
 - 12 (e) Diagnosis and treatment services provided pursuant to, or as
13 a follow-up to, a service required under this section.
- 14 b. The coverage provided under this section shall include
15 prescriptions for dispensing contraceptives for:
 - 16 (1) a three-month period for the first dispensing of the
17 contraceptive; and
 - 18 (2) a six-month period for any subsequent dispensing of the
19 same contraceptive, regardless of whether coverage under the
20 contract was in effect at the time of the first dispensing, except that
21 an entity subject to this section may provide coverage for a supply
22 of contraceptives that is for less than a six-month period, if a six-
23 month period would extend beyond the term of the contract **】** a
24 single dispensing unit of up to a 13-unit supply of prescription
25 contraceptives, intended to last over a 12-month period, regardless
26 of whether coverage under the contract was in effect at the time of
27 the first dispensing, except that an entity subject to this section may
28 provide coverage for a supply of contraceptives that is for less than
29 a 12-month period if a 12-month period would extend beyond the
30 terms of the contract. The contraceptives may be furnished over the
31 course of the 12-month period at the discretion of the health care
32 provider.
- 33 c. (1) Except as provided in paragraph (2) of this subsection,
34 the benefits provided under this section shall be provided to the
35 same extent as for any other service, drug, device, product, or
36 procedure under the contract, except that no deductible,
37 coinsurance, copayment, or any other cost-sharing requirement on
38 the coverage shall be imposed.
- 39 (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).
- 44 d. This section shall apply to those contracts in which the
45 hospital service corporation has reserved the right to change the
46 premium.
- 47 e. Nothing in this section shall limit coverage of any additional
48 preventive service for women, as identified or recommended by the

1 United States Preventive Services Task Force or the Health
2 Resources and Services Administration of the United States
3 Department of Health and Human Services pursuant to the
4 provisions of 42 U.S.C. 300gg-13.

5 f. A religious employer may request, and a hospital service
6 corporation shall grant, an exclusion under the contract for the
7 coverage required by this section if the required coverage conflicts
8 with the religious employer’s bona fide religious beliefs and
9 practices. A religious employer that obtains such an exclusion shall
10 provide written notice thereof to subscribers and prospective
11 subscribers, which notice shall list the contraceptive health care
12 services that the employer refuses to cover for religious reasons.
13 The hospital service corporation shall provide notice of the
14 exclusion to the Commissioner of Banking and Insurance in such
15 form and manner as may be determined by the commissioner. The
16 provisions of this subsection shall not be construed as authorizing a
17 hospital service corporation to exclude coverage for care that is
18 necessary to preserve the life or health of a subscriber. For the
19 purposes of this subsection, “religious employer” means an
20 organization that is organized and operates as a nonprofit entity and
21 is referred to in section 6033(a)(3)(A)(i) or (iii) of the Internal
22 Revenue Code of 1986 (26 U.S.C. s.6033), as amended.

23 g. Except as otherwise authorized under this section, a hospital
24 service corporation shall not impose any restrictions or delays on,
25 and shall not require prior authorization for, the coverage required
26 under this section.

27 (cf: P.L.2019, c.361, s.1).

28

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

31 2. a. A medical service corporation that provides hospital or
32 medical expense benefits shall provide coverage₂ under every
33 contract that is delivered, issued, executed₂ or renewed in this State
34 or approved for issuance or renewal in this State by the
35 Commissioner of Banking and Insurance, on or after the effective
36 date of this **[act]** section, for expenses incurred in the purchase of
37 **[prescription female]** contraceptives₂, and the following services,
38 drugs, devices, products, and procedures₂ on an in-network basis:

39 (1) Any contraceptive drug, device₂ or product approved by the
40 United States Food and Drug Administration, which coverage shall
41 be subject to all of the following conditions:

42 (a) If there is a therapeutic equivalent of a contraceptive drug,
43 device₂ or product approved by the United States Food and Drug
44 Administration, coverage shall be provided for either the requested
45 contraceptive drug, device₂ or product or for one or more
46 therapeutic equivalents of the requested drug, device₂ or product.

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

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

9 (2) Voluntary male and female sterilization.

10 (3) Patient education and counseling on contraception.

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

14 (a) Management of side effects;

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

16 (c) Device insertion and removal;

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

20 (e) Diagnosis and treatment services provided pursuant to, or as
21 a follow-up to, a service required under this section.

22 b. The coverage provided under this section shall include
23 prescriptions for dispensing contraceptives for:

24 (1) a three-month period for the first dispensing of the
25 contraceptive; and

26 (2) a six-month period for any subsequent dispensing of the
27 same contraceptive, regardless of whether coverage under the
28 contract was in effect at the time of the first dispensing, except that
29 an entity subject to this section may provide coverage for a supply
30 of contraceptives that is for less than a six-month period, if a six-
31 month period would extend beyond the term of the contract **]** a
32 single dispensing unit of up to a 13-unit supply of prescription
33 contraceptives, intended to last over a 12-month period, regardless
34 of whether coverage under the contract was in effect at the time of
35 the first dispensing, except that an entity subject to this section may
36 provide coverage for a supply of contraceptives that is for less than
37 a 12-month period if a 12-month period would extend beyond the
38 terms of the contract. The contraceptives may be furnished over the
39 course of the 12-month period at the discretion of the health care
40 provider.

41 c. (1) Except as provided in paragraph (2) of this subsection,
42 the benefits provided under this section shall be provided to the
43 same extent as for any other service, drug, device, product, or
44 procedure under the contract, except that no deductible,
45 coinsurance, copayment, or any other cost-sharing requirement on
46 the coverage shall be imposed.

47 (2) In the case of a high deductible health plan, benefits for male
48 sterilization or male contraceptives shall be provided at the lowest

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

4 d. This section shall apply to those contracts in which the
5 medical service corporation has reserved the right to change the
6 premium.

7 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.

13 f. A religious employer may request, and a medical service
14 corporation shall grant, an exclusion under the contract for the
15 coverage required by this section if the required coverage conflicts
16 with the religious employer's bona fide religious beliefs and
17 practices. A religious employer that obtains such an exclusion shall
18 provide written notice thereof to subscribers and prospective
19 subscribers, which notice shall list the contraceptive health care
20 services that the employer refuses to cover for religious reasons.
21 The medical service corporation shall provide notice of the
22 exclusion to the Commissioner of Banking and Insurance in such
23 form and manner as may be determined by the commissioner. The
24 provisions of this subsection shall not be construed as authorizing a
25 medical service corporation to exclude coverage for care that is
26 necessary to preserve the life or health of a subscriber. For the
27 purposes of this subsection, "religious employer" means an
28 organization that is organized and operates as a nonprofit entity and
29 is referred to in section 6033(a)(3)(A)(i) or (iii) of the Internal
30 Revenue Code of 1986 (26 U.S.C. s.6033), as amended.

31 g. Except as otherwise authorized under this section, a medical
32 service corporation shall not impose any restrictions or delays on,
33 and shall not require prior authorization for, the coverage required
34 under this section.

35 (cf: P.L.2019, c.361, s.2)

36

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

39 3. a. A health service corporation that provides hospital or
40 medical expense benefits shall provide coverage₂ under every
41 contract that is delivered, issued, executed₂ or renewed in this State
42 or approved for issuance or renewal in this State by the
43 Commissioner of Banking and Insurance, on or after the effective
44 date of this **[act]** section, for expenses incurred in the purchase of
45 **[prescription female]** contraceptives₂ and the following services,
46 drugs, devices, products, and procedures₂ on an in-network basis:

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

4 (a) If there is a therapeutic equivalent of a contraceptive drug,
5 device, or product approved by the United States Food and Drug
6 Administration, coverage shall be provided for either the requested
7 contraceptive drug, device, or product or for one or more
8 therapeutic equivalents of the requested drug, device, or product.

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

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

17 (2) Voluntary male and female sterilization.

18 (3) Patient education and counseling on contraception.

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

22 (a) Management of side effects;

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

24 (c) Device insertion and removal;

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

28 (e) Diagnosis and treatment services provided pursuant to, or as
29 a follow-up to, a service required under this section.

30 b. The coverage provided under this section shall include
31 prescriptions for dispensing contraceptives for:

32 (1) a three-month period for the first dispensing of the
33 contraceptive; and

34 (2) a six-month period for any subsequent dispensing of the
35 same contraceptive, regardless of whether coverage under the
36 contract was in effect at the time of the first dispensing, except that
37 an entity subject to this section may provide coverage for a supply
38 of contraceptives that is for less than a six-month period, if a six-
39 month period would extend beyond the term of the contract **】** a
40 single dispensing unit of up to a 13-unit supply of prescription
41 contraceptives, intended to last over a 12-month period, regardless
42 of whether coverage under the contract was in effect at the time of
43 the first dispensing, except that an entity subject to this section may
44 provide coverage for a supply of contraceptives that is for less than
45 a 12-month period if a 12-month period would extend beyond the
46 terms of the contract. The contraceptives may be furnished over the
47 course of the 12-month period at the discretion of the health care
48 provider.

1 c. (1) Except as provided in paragraph (2) of this subsection,
2 the benefits provided under this section shall be provided to the
3 same extent as for any other service, drug, device, product, or
4 procedure under the contract, except that no deductible,
5 coinsurance, copayment, or any other cost-sharing requirement on
6 the coverage shall be imposed.

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

12 d. This section shall apply to those contracts in which the
13 health service corporation has reserved the right to change the
14 premium.

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

21 f. A religious employer may request, and a health service
22 corporation shall grant, an exclusion under the contract for the
23 coverage required by this section if the required coverage conflicts
24 with the religious employer's bona fide religious beliefs and
25 practices. A religious employer that obtains such an exclusion shall
26 provide written notice thereof to subscribers and prospective
27 subscribers, which notice shall list the contraceptive health care
28 services that the employer refuses to cover for religious reasons.
29 The health service corporation shall provide notice of the exclusion
30 to the Commissioner of Banking and Insurance in such form and
31 manner as may be determined by the commissioner. The provisions
32 of this subsection shall not be construed as authorizing a health
33 service corporation to exclude coverage for care that is necessary to
34 preserve the life or health of a subscriber. For the purposes of this
35 subsection, "religious employer" means an organization that is
36 organized and operates as a nonprofit entity and is referred to in
37 section 6033(a)(3)(A)(i) or (iii) of the Internal Revenue Code of
38 1986 (26 U.S.C. s.6033), as amended.

39 g. Except as otherwise authorized under this section, a health
40 service corporation shall not impose any restrictions or delays on,
41 and shall not require prior authorization for, the coverage required
42 under this section.

43 (cf: P.L.2019, c.361, s.3)

44

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

47 9. a. A prepaid prescription service organization shall provide
48 coverage, on an in-network basis, under every contract delivered,

1 issued, executed, or renewed in this State or approved for issuance
2 or renewal in this State by the Commissioner of Banking and
3 Insurance[,] on or after the effective date of this [act] section[,]
4 for expenses incurred in the purchase of [prescription female]
5 contraceptives[,] and the services, drugs, devices, products, and
6 procedures [on an in-network basis as determined to be] required
7 [to be covered] by the commissioner to be covered pursuant to
8 subsection b. of this section.

9 b. The Commissioner of Banking and Insurance shall
10 determine, in the commissioner's discretion, which provisions of the
11 coverage requirements applicable to insurers pursuant to P.L.2019,
12 c.361 shall apply to prepaid prescription organizations, and shall
13 adopt regulations in accordance with the commissioner's
14 determination.

15 c. The coverage provided under this section shall include
16 prescriptions for dispensing contraceptives for[]:

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

19 (2) a six-month period for any subsequent dispensing of the
20 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] a
25 single dispensing unit of up to a 13-unit supply of prescription
26 contraceptives, intended to last over a 12-month period, regardless
27 of whether coverage under the contract was in effect at the time of
28 the first dispensing, except that an entity subject to this section may
29 provide coverage for a supply of contraceptives that is for less than
30 a 12-month period if a 12-month period would extend beyond the
31 terms of the contract. The contraceptives may be furnished over the
32 course of the 12-month period at the discretion of the health care
33 provider.

34 d. (1) Except as provided in paragraph (2) of this subsection,
35 the benefits provided under this section shall be provided to the
36 same extent as for any other service, drug, device, product, or
37 procedure under the contract, except that no deductible,
38 coinsurance, copayment, or any other cost-sharing requirement on
39 the coverage shall be imposed.

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

45 e. This section shall apply to those prepaid prescription
46 contracts in which the prepaid prescription service organization has
47 reserved the right to change the premium.

1 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.

7 g. A religious employer may request, and a prepaid
8 prescription service organization shall grant, an exclusion under the
9 contract for the coverage required by this section if the required
10 coverage conflicts with the religious employer's bona fide religious
11 beliefs and practices. A religious employer that obtains such an
12 exclusion shall provide written notice thereof to enrollees and
13 prospective enrollees, which notice shall list the contraceptive
14 health care services that the employer refuses to cover for religious
15 reasons. The prepaid prescription service organization shall
16 provide notice of the exclusion to the Commissioner of Banking and
17 Insurance in such form and manner as may be determined by the
18 commissioner. The provisions of this subsection shall not be
19 construed as authorizing a prepaid prescription service organization
20 to exclude coverage for care that is necessary to preserve the life or
21 health of an enrollee. For the purposes of this subsection, "religious
22 employer" means an organization that is organized and operates as a
23 nonprofit entity and is referred to in section 6033(a)(3)(A)(i) or (iii)
24 of the Internal Revenue Code of 1986 (26 U.S.C. s.6033), as
25 amended.

26 h. Except as otherwise authorized under this section, a prepaid
27 prescription service organization shall not impose any restrictions
28 or delays on, and shall not require prior authorization for, the
29 coverage required under this section.

30 (cf: P.L.2019, c.361, s.9)

31
32 23. Section 5 of P.L.2005, c.251 (C.17B:26-2.1y) is amended to
33 read as follows:

34 5. a. An individual health insurer that provides hospital or
35 medical expense benefits shall provide coverage under every policy
36 that is delivered, issued, executed, or renewed in this State or is
37 approved for issuance or renewal in this State by the Commissioner
38 of Banking and Insurance, on or after the effective date of this **[act]**
39 section, for expenses incurred in the purchase of prescription female
40 contraceptives**[,]** and the following services, drugs, devices,
41 products, and procedures, on an in-network basis:

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

45 (a) If there is a therapeutic equivalent of a contraceptive drug,
46 device, or product approved by the United States Food and Drug
47 Administration, coverage shall be provided for either the requested

1 contraceptive drug, device, or product or for one or more
2 therapeutic equivalents of the requested drug, device, or product.

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

6 (c) Coverage shall be provided without any infringement upon
7 **【a subscriber's】** an insured's choice of contraception, and medical
8 necessity shall be determined by the provider for covered
9 contraceptive drugs, devices, or other products approved by the
10 United States Food and Drug Administration.

11 (2) Voluntary male and female sterilization.

12 (3) Patient education and counseling on contraception.

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

16 (a) Management of side effects;

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

18 (c) Device insertion and removal;

19 (d) Provision of alternative contraceptive drugs, devices, or
20 products deemed medically appropriate in the judgment of the
21 **【subscriber's】** insured's health care provider; and

22 (e) Diagnosis and treatment services provided pursuant to, or as
23 a follow-up to, a service required under this section.

24 b. The coverage provided under this section shall include
25 prescriptions for dispensing contraceptives for**【**:

26 (1) a three-month period for the first dispensing of the
27 contraceptive; and

28 (2) a six-month period for any subsequent dispensing of the
29 same contraceptive, regardless of whether coverage under the
30 contract was in effect at the time of the first dispensing, except that
31 an entity subject to this section may provide coverage for a supply
32 of contraceptives that is for less than a six-month period, if a six-
33 month period would extend beyond the term of the contract**】** a
34 single dispensing unit of up to a 13-unit supply of prescription
35 contraceptives, intended to last over a 12-month period, regardless
36 of whether coverage under the policy was in effect at the time of the
37 first dispensing, except that an entity subject to this section may
38 provide coverage for a supply of contraceptives that is for less than
39 a 12-month period if a 12-month period would extend beyond the
40 terms of the policy. The contraceptives may be furnished over the
41 course of the 12-month period at the discretion of the health care
42 provider.

43 c. (1) Except as provided in paragraph (2) of this subsection,
44 the benefits provided under this section shall be provided to the
45 same extent as for any other service, drug, device, product, or
46 procedure under the policy, except that no deductible, coinsurance,
47 copayment, or any other cost-sharing requirement on the coverage
48 shall be imposed.

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

6 d. This section shall apply to those policies in which the insurer
7 has reserved the right to change the premium.

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

14 f. A religious employer may request, and an individual health
15 insurer shall grant, an exclusion under the policy for the coverage
16 required by this section if the required coverage conflicts with the
17 religious employer's bona fide religious beliefs and practices. A
18 religious employer that obtains such an exclusion shall provide
19 written notice thereof to insureds and prospective insureds, which
20 notice shall list the contraceptive health care services that the
21 employer refuses to cover for religious reasons. The individual
22 health insurer shall provide notice of the exclusion to the
23 Commissioner of Banking and Insurance in such form and manner
24 as may be determined by the commissioner. The provisions of this
25 subsection shall not be construed as authorizing an individual health
26 insurer to exclude coverage for care that is necessary to preserve the
27 life or health of an insured. For the purposes of this subsection,
28 "religious employer" means an organization that is organized and
29 operates as a nonprofit entity and is referred to in section
30 6033(a)(3)(A)(i) or (iii) of the Internal Revenue Code of 1986, as
31 amended.

32 g. Except as otherwise authorized under this section, an
33 individual health insurer shall not impose any restrictions or delays
34 on, and shall not require prior authorization for, the coverage
35 required under this section.

36 (cf: P.L.2019, c.361, s.5)

37
38 24. Section 4 of P.L.2005, c.251 (C.17B:27-46.1ee) is amended
39 to read as follows:

40 4. a. A group health insurer that provides hospital or medical
41 expense benefits shall provide coverage under every policy that is
42 delivered, issued, executed, or renewed in this State or is approved
43 for issuance or renewal in this State by the Commissioner of
44 Banking and Insurance, on or after the effective date of this [act]
45 section, for expenses incurred in the purchase of [prescription
46 female] contraceptives[,] and the following services, drugs,
47 devices, products, and procedures, on an in-network basis:

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

4 (a) If there is a therapeutic equivalent of a contraceptive drug,
5 device, or product approved by the United States Food and Drug
6 Administration, coverage shall be provided for either the requested
7 contraceptive drug, device, or product or for one or more
8 therapeutic equivalents of the requested drug, device, or product.

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

12 (c) Coverage shall be provided without any infringement upon
13 **【a subscriber's】** an insured's choice of contraception, and medical
14 necessity shall be determined by the provider for covered
15 contraceptive drugs, devices, or other products approved by the
16 United States Food and Drug Administration.

17 (2) Voluntary male and female sterilization.

18 (3) Patient education and counseling on contraception.

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

22 (a) Management of side effects;

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

24 (c) Device insertion and removal;

25 (d) Provision of alternative contraceptive drugs, devices, or
26 products deemed medically appropriate in the judgment of the
27 **【subscriber's】** insured's health care provider; and

28 (e) Diagnosis and treatment services provided pursuant to, or as
29 a follow-up to, a service required under this section.

30 b. The coverage provided under this section shall include
31 prescriptions for dispensing contraceptives for**【**:

32 (1) a three-month period for the first dispensing of the
33 contraceptive; and

34 (2) a six-month period for any subsequent dispensing of the
35 same contraceptive, regardless of whether coverage under the
36 contract was in effect at the time of the first dispensing, except that
37 an entity subject to this section may provide coverage for a supply
38 of contraceptives that is for less than a six-month period, if a six-
39 month period would extend beyond the term of the contract**】** a
40 single dispensing unit of up to a 13-unit supply of prescription
41 contraceptives, intended to last over a 12-month period, regardless
42 of whether coverage under the policy was in effect at the time of the
43 first dispensing, except that an entity subject to this section may
44 provide coverage for a supply of contraceptives that is for less than
45 a 12-month period if a 12-month period would extend beyond the
46 terms of the policy. The contraceptives may be furnished over the
47 course of the 12-month period at the discretion of the health care
48 provider.

1 c. (1) Except as provided in paragraph (2) of this subsection,
2 the benefits provided under this section shall be provided to the
3 same extent as for any other service, drug, device, product, or
4 procedure under the policy, except that no deductible, coinsurance,
5 copayment, or any other cost-sharing requirement on the coverage
6 shall be imposed.

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

12 d. This section shall apply to those policies in which the insurer
13 has reserved the right to change the premium.

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

20 f. A religious employer may request, and a group health
21 insurer shall grant, an exclusion under the policy for the coverage
22 required by this section if the required coverage conflicts with the
23 religious employer's bona fide religious beliefs and practices. A
24 religious employer that obtains such an exclusion shall provide
25 written notice thereof to insureds and prospective insureds, which
26 notice shall list the contraceptive health care services that the
27 employer refuses to cover for religious reasons. The group health
28 insurer shall provide notice of the exclusion to the Commissioner of
29 Banking and Insurance in such form and manner as may be
30 determined by the commissioner. The provisions of this subsection
31 shall not be construed as authorizing a group health insurer to
32 exclude coverage for care that is necessary to preserve the life or
33 health of an insured. For the purposes of this subsection, "religious
34 employer" means an organization that is organized and operates as a
35 nonprofit entity and is referred to in section 6033(a)(3)(A)(i) or (iii)
36 of the Internal Revenue Code of 1986, as amended.

37 g. Except as otherwise authorized under this section, a group
38 health insurer shall not impose any restrictions or delays on, and
39 shall not require prior authorization for, the coverage required under
40 this section.

41 (cf: P.L.2019, c.361, s.4)

42
43 25. Section 7 of P.L.2005, c.251 (C.17B:27A-7.12) is amended
44 to read as follows:

45 7. a. An individual health benefits plan required pursuant to
46 section 3 of P.L.1992, c.161 (C.17B:27A-4) shall provide coverage
47 for expenses incurred in the purchase of **【prescription female】**

1 contraceptives~~[,] and the following services, drugs, devices,~~
2 products, and procedures~~,~~ on an in-network basis:

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

6 (a) If there is a therapeutic equivalent of a contraceptive drug,
7 device~~,~~ or product approved by the United States Food and Drug
8 Administration, coverage shall be provided for either the requested
9 contraceptive drug, device~~,~~ or product or for one or more
10 therapeutic equivalents of the requested drug, device~~,~~ or product.

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

14 (c) Coverage shall be provided without any infringement upon a
15 ~~subscriber's~~ covered person's choice of contraception~~,~~ and
16 medical necessity shall be determined by the provider for covered
17 contraceptive drugs, devices~~,~~ or other products approved by the
18 United States Food and Drug Administration.

19 (2) Voluntary male and female sterilization.

20 (3) Patient education and counseling on contraception.

21 (4) Services related to the administration and monitoring of
22 drugs, devices, products~~,~~ and services required under this section,
23 including but not limited to:

24 (a) Management of side effects;

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

26 (c) Device insertion and removal;

27 (d) Provision of alternative contraceptive drugs, devices~~,~~ or
28 products deemed medically appropriate in the judgment of the
29 ~~subscriber's~~ covered person's health care provider; and

30 (e) Diagnosis and treatment services provided pursuant to, or as
31 a follow-up to, a service required under this section.

32 b. The coverage provided under this section shall include
33 prescriptions for dispensing contraceptives for~~]:~~

34 (1) a three-month period for the first dispensing of the
35 contraceptive; and

36 (2) a six-month period for any subsequent dispensing of the
37 same contraceptive, regardless of whether coverage under the
38 contract was in effect at the time of the first dispensing, except that
39 an entity subject to this section may provide coverage for a supply
40 of contraceptives that is for less than a six-month period, if a six-
41 month period would extend beyond the term of the contract~~] a~~
42 single dispensing unit of up to a 13-unit supply of prescription
43 contraceptives, intended to last over a 12-month period, regardless
44 of whether coverage under the health benefits plan was in effect at
45 the time of the first dispensing, except that an entity subject to this
46 section may provide coverage for a supply of contraceptives that is
47 for less than a 12-month period if a 12-month period would extend

1 beyond the terms of the health benefits plan. The contraceptives
2 may be furnished over the course of the 12-month period at the
3 discretion of the health care provider.

4 c. (1) Except as provided in paragraph (2) of this subsection,
5 the benefits provided under this section shall be provided to the
6 same extent as for any other service, drug, device, product, or
7 procedure under the health benefits plan, except that no deductible,
8 coinsurance, copayment, or any other cost-sharing requirement on
9 the coverage shall be imposed.

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

15 d. This section shall apply to all individual health benefits
16 plans in which the carrier has reserved the right to change the
17 premium.

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

24 f. A religious employer may request, and a carrier shall grant,
25 an exclusion under the health benefits plan for the coverage
26 required by this section if the required coverage conflicts with the
27 religious employer's bona fide religious beliefs and practices. A
28 religious employer that obtains such an exclusion shall provide
29 written notice thereof to covered persons and prospective covered
30 persons, which notice shall list the contraceptive health care
31 services that the employer refuses to cover for religious reasons.
32 The carrier shall provide notice of the exclusion to the
33 Commissioner of Banking and Insurance in such form and manner
34 as may be determined by the commissioner. The provisions of this
35 subsection shall not be construed as authorizing a carrier to exclude
36 coverage for care that is necessary to preserve the life or health of a
37 covered person. For the purposes of this subsection, "religious
38 employer" means an organization that is organized and operates as a
39 nonprofit entity and is referred to in section 6033(a)(3)(A)(i) or (iii)
40 of the Internal Revenue Code of 1986, as amended.

41 g. Except as otherwise authorized under this section, a carrier
42 shall not impose any restrictions or delays on, and shall not require
43 prior authorization for, the coverage required under this section.

44 (cf: P.L.2019, c.361, s.7)

45

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

1 8. a. A small employer health benefits plan required pursuant
2 to section 3 of P.L.1992, c.162 (C.17B:27A-19) shall provide
3 coverage for expenses incurred in the purchase of [prescription
4 female] contraceptives[,], and the following services, drugs,
5 devices, products, and procedures, on an in-network basis:

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

9 (a) If there is a therapeutic equivalent of a contraceptive drug,
10 device, or product approved by the United States Food and Drug
11 Administration, coverage shall be provided for either the requested
12 contraceptive drug, device, or product or for one or more
13 therapeutic equivalents of the requested drug, device, or product.

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

17 (c) Coverage shall be provided without any infringement upon a
18 [subscriber's] covered person's choice of contraception, and
19 medical necessity shall be determined by the provider for covered
20 contraceptive drugs, devices, or other products approved by the
21 United States Food and Drug Administration.

22 (2) Voluntary male and female sterilization.

23 (3) Patient education and counseling on contraception.

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

27 (a) Management of side effects;

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

29 (c) Device insertion and removal;

30 (d) Provision of alternative contraceptive drugs, devices, or
31 products deemed medically appropriate in the judgment of the
32 [subscriber's] covered person's health care provider; and

33 (e) Diagnosis and treatment services provided pursuant to, or as
34 a follow-up to, a service required under this section.

35 b. The coverage provided under this section shall include
36 prescriptions for dispensing contraceptives for[]:

37 (1) a three-month period for the first dispensing of the
38 contraceptive; and

39 (2) a six-month period for any subsequent dispensing of the
40 same contraceptive, regardless of whether coverage under the
41 contract was in effect at the time of the first dispensing, except that
42 an entity subject to this section may provide coverage for a supply
43 of contraceptives that is for less than a six-month period, if a six-
44 month period would extend beyond the term of the contract] a
45 single dispensing unit of up to a 13-unit supply of prescription
46 contraceptives, intended to last over a 12-month period, regardless
47 of whether coverage under the health benefits plan was in effect at

1 the time of the first dispensing, except that an entity subject to this
2 section may provide coverage for a supply of contraceptives that is
3 for less than a 12-month period if a 12-month period would extend
4 beyond the terms of the health benefits plan. The contraceptives
5 may be furnished over the course of the 12-month period at the
6 discretion of the health care provider.

7 c. (1) Except as provided in paragraph (2) of this subsection,
8 the benefits provided under this section shall be provided to the
9 same extent as for any other service, drug, device, product, or
10 procedure under the health benefits plan, except that no deductible,
11 coinsurance, copayment, or any other cost-sharing requirement on
12 the coverage shall be imposed.

13 (2) In the case of a high deductible health plan, benefits for male
14 sterilization or male contraceptives shall be provided at the lowest
15 deductible and other cost-sharing permitted for a high deductible
16 health plan under section 223(c)(2)(A) of the Internal Revenue
17 Code (26 U.S.C. s.223).

18 d. This section shall apply to all small employer health benefits
19 plans in which the carrier has reserved the right to change the
20 premium.

21 e. Nothing in this section shall limit coverage of any additional
22 preventive service for women, as identified or recommended by the
23 United States Preventive Services Task Force or the Health
24 Resources and Services Administration of the United States
25 Department of Health and Human Services pursuant to the
26 provisions of 42 U.S.C. 300gg-13.

27 f. A religious employer may request, and a carrier shall grant,
28 an exclusion under the health benefits plan for the coverage
29 required by this section if the required coverage conflicts with the
30 religious employer's bona fide religious beliefs and practices. A
31 religious employer that obtains such an exclusion shall provide
32 written notice thereof to covered persons and prospective covered
33 persons, which notice shall list the contraceptive health care
34 services that the employer refuses to cover for religious reasons.
35 The carrier shall provide notice of the exclusion to the
36 Commissioner of Banking and Insurance in such form and manner
37 as may be determined by the commissioner. The provisions of this
38 subsection shall not be construed as authorizing a carrier to exclude
39 coverage for care that is necessary to preserve the life or health of a
40 covered person. For the purposes of this subsection, "religious
41 employer" means an organization that is organized and operates as a
42 nonprofit entity and is referred to in section 6033(a)(3)(A)(i) or (iii)
43 of the Internal Revenue Code of 1986, as amended.

44 g. Except as otherwise authorized under this section, a carrier
45 shall not impose any restrictions or delays on, and shall not require
46 prior authorization for, the coverage required under this section.

47 (cf: P.L.2019, c.361, s.8)

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

3 6. a. A certificate of authority to establish and operate a health
4 maintenance organization in this State shall not be issued or
5 continued, on or after the effective date of this **act for a health**
6 **maintenance organization** section, unless the health maintenance
7 organization provides health care services for prescription female
8 contraceptives**,** and the following services, drugs, devices,
9 products, and procedures, on an in-network basis:

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

13 (a) If there is a therapeutic equivalent of a contraceptive drug,
14 device, or product approved by the United States Food and Drug
15 Administration, coverage shall be provided for either the requested
16 contraceptive drug, device, or product or for one or more
17 therapeutic equivalents of the requested drug, device, or product.

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

21 (c) Coverage shall be provided without any infringement upon a
22 **subscriber's** enrollee's choice of contraception, and medical
23 necessity shall be determined by the provider for covered
24 contraceptive drugs, devices, or other products approved by the
25 United States Food and Drug Administration.

26 (2) Voluntary male and female sterilization.

27 (3) Patient education and counseling on contraception.

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

31 (a) Management of side effects;

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

33 (c) Device insertion and removal;

34 (d) Provision of alternative contraceptive drugs, devices, or
35 products deemed medically appropriate in the judgment of the
36 **subscriber's** enrollee's health care provider; and

37 (e) Diagnosis and treatment services provided pursuant to, or as
38 a follow-up to, a service required under this section.

39 b. The coverage provided under this section shall include
40 prescriptions for dispensing contraceptives for**:**

41 (1) a three-month period for the first dispensing of the
42 contraceptive; and

43 (2) a six-month period for any subsequent dispensing of the
44 same contraceptive, regardless of whether coverage under the
45 contract was in effect at the time of the first dispensing, except that
46 an entity subject to this section may provide coverage for a supply
47 of contraceptives that is for less than a six-month period, if a six-

1 month period would extend beyond the term of the contract] a
2 single dispensing unit of up to a 13-unit supply of prescription
3 contraceptives, intended to last over a 12-month period, regardless
4 of whether coverage under the contract was in effect at the time of
5 the first dispensing, except that an entity subject to this section may
6 provide coverage for a supply of contraceptives that is for less than
7 a 12-month period if a 12-month period would extend beyond the
8 terms of the contract. The contraceptives may be furnished over the
9 course of the 12-month period at the discretion of the health care
10 provider.

11 c. (1) Except as provided in paragraph (2) of this subsection,
12 the health care services provided under this section shall be
13 provided to the same extent as for any other service, drug, device,
14 product, or procedure under the contract, except that no deductible,
15 coinsurance, copayment, or any other cost-sharing requirement on
16 the coverage shall be imposed.

17 (2) In the case of a high deductible health plan, benefits for male
18 sterilization or male contraceptives shall be provided at the lowest
19 deductible and other cost-sharing permitted for a high deductible
20 health plan under section 223(c)(2)(A) of the Internal Revenue
21 Code (26 U.S.C. s.223).

22 d. The provisions of this section shall apply to those contracts
23 for health care services by health maintenance organizations under
24 which the right to change the schedule of charges for enrollee
25 coverage is reserved.

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

32 f. A religious employer may request, and a health maintenance
33 organization shall grant, an exclusion under the contract for the
34 coverage required by this section if the required coverage conflicts
35 with the religious employer's bona fide religious beliefs and
36 practices. A religious employer that obtains such an exclusion shall
37 provide written notice thereof to enrollees and prospective
38 enrollees, which notice shall list the contraceptive health care
39 services that the employer refuses to cover for religious reasons.
40 The health maintenance organization shall provide notice of the
41 exclusion to the Commissioner of Banking and Insurance in such
42 form and manner as may be determined by the commissioner. The
43 provisions of this subsection shall not be construed as authorizing a
44 health maintenance organization to exclude coverage for care that is
45 necessary to preserve the life or health of an enrollee. For the
46 purposes of this subsection, "religious employer" means an
47 organization that is organized and operates as a nonprofit entity and

1 is referred to in section 6033(a)(3)(A)(i) or (iii) of the Internal
2 Revenue Code of 1986, as amended.

3 g. Except as otherwise authorized under this section, a health
4 maintenance organization shall not impose any restrictions or
5 delays on, and shall not require prior authorization for, the coverage
6 required under this section.

7 (cf: P.L.2019, c.361, s.6)

8

9 28. Section 10 of P.L.2018, c.62 (C.26:6B-10) is amended to read
10 as follows:

11 10. a. A medical examiner shall conduct a medicolegal
12 investigation of a death in this State, as determined to be necessary
13 to establish identity and the cause and manner of death, and to
14 resolve any issues or potential issues of public health and of legal
15 concern, in accordance with rules and regulations adopted by the
16 Chief State Medical Examiner, in any of the following instances:

17 (1) death where criminal violence appears to have taken place,
18 regardless of the time interval between the incident and death, and
19 regardless of whether the violence appears to have been the
20 immediate cause of death, or a contributory factor thereto;

21 (2) death by accident or unintentional injury, regardless of the
22 time interval between the incident and death, and regardless of
23 whether the injury appears to have been the immediate cause of
24 death~~],~~ or a contributory factor thereto;

25 (3) death under suspicious or unusual circumstances;

26 (4) death from causes that might constitute a threat to public
27 health or safety;

28 (5) death not caused by readily recognizable diseases, disability,
29 or infirmity;

30 (6) sudden death when the decedent was in apparent good
31 health;

32 (7) suicide;

33 (8) death of a child under 18 years of age from any cause;

34 (9) sudden or unexpected death of an infant or child under three
35 years of age ~~]~~ or a fetal death occurring without medical
36 attendance~~];~~

37 (10) death where suspicion of abuse of a child, family or
38 household member, or elderly or disabled person exists;

39 (11) death within 24 hours of admission to a hospital or a
40 nursing home;

41 (12) death in custody, in a jail or correctional facility, or in a
42 State or county psychiatric hospital, State developmental center, or
43 other public or private institution or facility for persons with mental
44 illness, developmental disabilities, or brain injury;

45 (13) death related to occupational illness or injury;

46 (14) death due to thermal, chemical, electrical, or radiation
47 injury;

1 (15) death due to toxins, poisons, medicinal or recreational
2 drugs, or a combination thereof;

3 (16) known or suspected non-natural death;

4 (17) any person found dead under unexplained circumstances;

5 (18) the discovery of skeletal remains;

6 (19) death for which investigation is in the public interest; or

7 (20) **【a】** death occurring under such other circumstances as
8 prescribed by regulation of the Chief State Medical Examiner.

9 b. For a death that occurs, or appears to have occurred, for any
10 of the reasons specified in subsection a. of this section:

11 (1) It shall be the duty of any member of the general public
12 having knowledge of the death to notify immediately the local law
13 enforcement agency of the known facts concerning the time, place,
14 manner, and circumstances of that death;

15 (2) It shall be the duty of any attending physician, licensed
16 nurse, hospital administrator, law enforcement officer, Department
17 of Children and Families staff member, or funeral director to notify
18 immediately the county or intercounty medical examiner of the
19 known facts concerning the time, place, manner, and circumstances
20 of that death; and

21 (3) A person who willfully neglects or refuses to report the
22 death**【,】** or who, without an order from the office of the county or
23 intercounty medical examiner or the Office of the Chief State
24 Medical Examiner, willfully touches, removes, or disturbs the
25 decedent's body or touches, removes, or disturbs the clothing upon
26 or near the body, is guilty of a crime of the fourth degree.

27 c. In addition to the rules and regulations adopted by the Chief
28 State Medical Examiner establishing uniform procedures for
29 conducting medicolegal death investigations, the procedures
30 concerning the death investigation process as set forth in this
31 subsection shall be followed by the persons specified herein.

32 (1) Upon the death of a person from any of the causes specified
33 in subsection a. of this section, it shall be the duty of the physician
34 in attendance, a law enforcement officer having knowledge of the
35 death, the funeral director, or any other person present, to
36 immediately notify the county or intercounty medical examiner and
37 the county prosecutor of the county in which the death occurred of
38 the known facts concerning the time, place, manner, and
39 circumstances of that death. Upon receipt of that notification, the
40 county or intercounty medical examiner, **【or】** an assistant county or
41 intercounty medical examiner, or a medicolegal death investigator
42 shall immediately proceed to the place where the dead body is
43 located and take charge of the body. A medicolegal death
44 investigator who engages in the investigation of deaths pursuant to
45 this subsection shall obtain certification from the American Board
46 of Medicolegal Death Investigators within three years after the
47 effective date of **【this act】** P.L.2018, c.62 (C.26:6B-1 et al.), or

1 within three years after the person first takes action under this
2 paragraph, whichever is later.

3 (2) In cases of apparent homicide or suicide, or in cases of
4 accidental death, the cause of which is obscure, the scene of the
5 event shall not be disturbed until the medical examiner or
6 medicolegal death investigator in charge provides authorization to
7 do so.

8 (3) (a) The medical examiner or medicolegal death investigator,
9 as the case may be, shall: fully investigate the essential facts
10 concerning the medical causes of death and take the names and
11 addresses of as many witnesses thereto as may be practicable to
12 obtain; before leaving the premises, reduce those facts, as the
13 medical examiner may deem necessary, to writing; file those facts
14 in the office of the county or intercounty medical examiner; and
15 make the facts available to the county prosecutor and the Chief
16 State Medical Examiner at their request.

17 (b) The law enforcement officer present at the investigation, or
18 the medical examiner or medicolegal death investigator if no officer
19 is present, shall, in the absence of the next-of-kin of the deceased
20 person: take possession of all property of value found on the
21 decedent; **【make】** include an exact inventory thereof **【on his】** in the
22 medical examiner's or medicolegal death investigator's official
23 report; and deliver the property to the law enforcement agency for
24 the municipality in which the death occurred, which shall surrender
25 the property to the person entitled to its custody or possession.

26 (c) The medical examiner or medicolegal death investigator, as
27 the case may be, shall take possession of any objects or articles that,
28 in **【his】** the opinion of the medical examiner or medicolegal death
29 investigator, may be useful in establishing the cause or manner of
30 death, or which constitute evidence of criminal behavior, and, after
31 cataloging each item, shall deliver them to the county prosecutor.

32 (4) The Chief State Medical Examiner, Deputy Chief State
33 Medical Examiner, county or intercounty medical examiner,
34 assistant county or intercounty medical examiner, or medicolegal
35 death investigator, as the case may be, shall consult with law
36 enforcement officers and agencies, county prosecutors, public
37 health agencies, **【or】** and other appropriate entities in matters
38 within their expertise, when conducting a medicolegal death
39 investigation. The medical examiner, assistant medical examiner,
40 or medicolegal death investigator, as the case may be, shall be
41 provided with an Originating Agency Identification Number **【.】** and
42 access to the State's motor vehicle registries and fingerprint
43 registries **【.】** for the purposes of identifying the remains of a
44 deceased individual under this section.

45 (5) If the cause of death is established within a reasonable
46 degree of medical certainty and no autopsy is deemed necessary, the
47 county or intercounty medical examiner, assistant county or

1 intercounty medical examiner, or medicolegal death investigator, as
2 the case may be, shall reduce the findings to writing and promptly
3 make a full report thereof to the Chief State Medical Examiner and
4 to the county prosecutor in a format to be prescribed by the Chief
5 State Medical Examiner for that purpose.

6 (6) If, in the opinion of the county or intercounty medical
7 examiner, the Chief State Medical Examiner, an assignment judge
8 of the Superior Court, the county prosecutor, the Attorney General,
9 or the commissioner, an autopsy is deemed necessary, the autopsy
10 shall be performed by:

11 (a) the county or intercounty medical examiner or assistant
12 county or intercounty medical examiner, provided that the
13 individual performing the autopsy is under the supervision of a
14 pathologist certified by the American Board of Pathology or the
15 American Osteopathic Board of Pathology;

16 (b) the Chief State Medical Examiner, at his or her discretion, or
17 the Deputy Chief State Medical Examiner; or

18 (c) such competent forensic pathologists as may be authorized
19 by the Chief State Medical Examiner.

20 (7) If, in any case in which the suspected cause of death of a
21 child under one year of age is sudden infant death syndrome **[,]** or
22 the death of a child **[is]** between one and three years of age **[and**
23 **the death]** is sudden and unexpected, and an investigation has been
24 conducted in accordance with the provisions of this section, and **[a]**
25 the child's parent or legal guardian **[of the child]** requests an
26 autopsy, an autopsy shall be performed by: (a) the county or
27 intercounty medical examiner or assistant county or intercounty
28 medical examiner, provided that the individual performing the
29 autopsy is under the supervision of a pathologist certified by the
30 American Board of Pathology or the American Osteopathic Board
31 of Pathology; or (b) the Chief State Medical Examiner, at his or her
32 discretion, or the Deputy Chief State Medical Examiner.

33 (a) The medical examiner performing the autopsy shall file a
34 detailed description of the findings and conclusions of the autopsy
35 with the Office of the Chief State Medical Examiner, **[and with]**
36 the appropriate county or intercounty medical examiner office, and
37 the county prosecutor.

38 (b) Upon the request of a parent or legal guardian of the child, a
39 pediatric pathologist, if available, shall assist in the performance of
40 the autopsy under the direction of a forensic pathologist. The Chief
41 State Medical Examiner or county or intercounty medical examiner
42 shall notify the parent or legal guardian of the child that **[they]** the
43 parent or guardian may request that a pediatric pathologist assist in
44 the performance of the autopsy. The medical examiner shall
45 include any findings and conclusions by the pathologist from the
46 autopsy with the information filed with the Office of the Chief State
47 Medical Examiner, **[and with]** the appropriate county or

1 intercounty medical examiner office, and the county prosecutor,
2 pursuant to subparagraph (a) of this paragraph. The Chief State
3 Medical Examiner or the county or intercounty medical examiner
4 shall make available a copy of these findings and conclusions to the
5 closest surviving relative of the decedent within 120 days of the
6 receipt of a request therefor, unless the death is under active
7 investigation by a law enforcement agency.

8 (c) The medical examiner **[with]** having jurisdiction **[for]** over
9 the investigation shall make the preliminary findings and
10 conclusions of the autopsy available to the child's parent or legal
11 guardian and the department within 48 hours after the medical
12 examiner is notified of the death of the child. The medical
13 examiner shall provide his or her findings and conclusions for each
14 reported case to the department upon completion of the
15 investigation.

16 (8) Notwithstanding the provisions of **[this act]** P.L.2018, c.62
17 (C.26:6B-1 et al.) to the contrary, a county or intercounty medical
18 examiner may request the Chief State Medical Examiner **[or]**,
19 Deputy Chief State Medical Examiner, or other person authorized
20 and designated by the Chief State Medical Examiner**[,]** to conduct
21 an examination or perform an autopsy whenever it is deemed
22 necessary or desirable.

23 (9) In the case of the death of a resident of a long-term care
24 facility licensed by the Department of Health pursuant to P.L.1971,
25 c.136 (C.26:2H-1 et seq.), a State psychiatric hospital operated by
26 the Department of Health and listed in R.S.30:1-7, a county
27 psychiatric hospital, a facility for persons with developmental
28 disabilities as defined in section 3 of P.L.1977, c.82 (C.30:6D-3), or
29 a facility for persons with traumatic brain injury as defined in 42
30 U.S.C. s.280b-1c that is operated by or under contract with the
31 Department of Human Services, the psychiatric hospital or facility,
32 as the case may be, shall, in addition to notifying the next-of-kin of
33 the resident's death, so notify the county or intercounty medical
34 examiner and provide that individual with contact information for
35 the resident's next-of-kin. The county or intercounty medical
36 examiner**[,]** or assistant county or intercounty medical examiner
37 **[on his behalf]**, shall make every practicable effort to contact the
38 resident's next-of-kin to offer that person the opportunity to provide
39 the medical examiner with information that the person deems
40 relevant to: the circumstances of the resident's death; and whether
41 there is a need to perform a dissection or autopsy of the decedent.

42 d. Upon the request of a decedent's legal representative, or
43 upon the request of the person who, pursuant to section 22 of
44 P.L.2003, c.261 (C.45:27-22), is in control of the decedent's
45 funeral, the Chief State Medical Examiner shall provide the legal
46 representative or person in control of the funeral with all available

1 documentation related to the decedent's autopsy and the medical
2 investigation of the decedent's death.

3 (cf: P.L.2018, c.62, s.10)

4

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

7 10. a. The State Health Benefits Commission shall ensure that
8 every contract purchased by the commission on or after the
9 effective date of this **act shall provide** section provides benefits
10 for expenses incurred in the purchase of **prescription female**
11 **contraceptives**, and the following services, drugs, devices,
12 products, and procedures, on an in-network basis:

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

16 (a) If there is a therapeutic equivalent of a contraceptive drug,
17 device, or product approved by the United States Food and Drug
18 Administration, coverage shall be provided for either the requested
19 contraceptive drug, device, or product or for one or more
20 therapeutic equivalents of the requested drug, device, or product.

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

24 (c) Coverage shall be provided without any infringement upon a
25 **subscriber's** covered person's choice of contraception, and
26 medical necessity shall be determined by the provider for covered
27 contraceptive drugs, devices, or other products approved by the
28 United States Food and Drug Administration.

29 (2) Voluntary male and female sterilization.

30 (3) Patient education and counseling on contraception.

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

34 (a) Management of side effects;

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

36 (c) Device insertion and removal;

37 (d) Provision of alternative contraceptive drugs, devices, or
38 products deemed medically appropriate in the judgment of the
39 **subscriber's** covered person's health care provider; and

40 (e) Diagnosis and treatment services provided pursuant to, or as
41 a follow-up to, a service required under this section.

42 b. The coverage provided under this section shall include
43 prescriptions for dispensing contraceptives for:

44 (1) a three-month period for the first dispensing of the
45 contraceptive; and

46 (2) a six-month period for any subsequent dispensing of the
47 same contraceptive, regardless of whether coverage under the

1 contract was in effect at the time of the first dispensing, except that
2 an entity subject to this section may provide coverage for a supply
3 of contraceptives that is for less than a six-month period, if a six-
4 month period would extend beyond the term of the contract **】** a
5 single dispensing unit of up to a 13-unit supply of prescription
6 contraceptives, intended to last over a 12-month period, regardless
7 of whether coverage under the contract was in effect at the time of
8 the first dispensing, except that an entity subject to this section may
9 provide coverage for a supply of contraceptives that is for less than
10 a 12-month period if a 12-month period would extend beyond the
11 terms of the contract. The contraceptives may be furnished over the
12 course of the 12-month period at the discretion of the health care
13 provider.

14 c. (1) Except as provided in paragraph (2) of this subsection,
15 the contract shall specify that no deductible, coinsurance,
16 copayment, or any other cost-sharing requirement may be imposed
17 on the coverage required pursuant to this section.

18 (2) In the case of a high deductible health plan, benefits for male
19 sterilization or male contraceptives shall be provided at the lowest
20 deductible and other cost-sharing permitted for a high deductible
21 health plan under section 223(c)(2)(A) of the Internal Revenue
22 Code (26 U.S.C. s.223).

23 d. Nothing in this section shall limit coverage of any additional
24 preventive service for women, as identified or recommended by the
25 United States Preventive Services Task Force or the Health
26 Resources and Services Administration of the United States
27 Department of Health and Human Services pursuant to the
28 provisions of 42 U.S.C. 300gg-13.

29 e. Except as otherwise authorized by this section, the State
30 Health Benefits Commission shall not impose any restrictions or
31 delays on, and shall not require prior authorization for, the coverage
32 required under this section.

33 (cf: P.L.2019, c.361, s.10)

34

35 30. The following sections are repealed:

36 Sections 1 through 3 of P.L.1997, c.262 (C.2A:65A-5 through
37 C.2A:65A-7); and

38 Sections 2 through 13 of P.L.1999, c.145 (C.9:17A-1.1 through
39 C.9:17A-1.12).

40

41 31. The Commissioners of Human Services and Banking and
42 Insurance shall adopt rules and regulations, pursuant to the
43 “Administrative Procedure Act,” P.L.1968, c.410 (C.52:14B-1 et seq.),
44 as may be necessary to implement the provisions of this act. Each
45 professional licensing board operating under the authority of the
46 Division of Consumer Affairs in the Department of Law and Public
47 Safety shall additionally adopt rules and regulations, pursuant to the
48 “Administrative Procedure Act, P.L.1968, c.410 (C.52:14B-1 et seq.),

1 with respect to the health care professionals under each licensing
2 board's respective jurisdiction, as may be necessary to implement the
3 provisions of this act. The rules and regulations adopted by the
4 Commissioner of Human Services, pursuant to this section, shall
5 include, but need not be limited to, rules and regulations permitting
6 electronic billing for abortion services, which rules and regulations
7 shall be promulgated by January 1, 2022.

8
9 32. This act shall take effect immediately, except that sections 7
10 through 16, sections 18 through 26, and section 28 shall take effect
11 on the 60th day after enactment and shall apply to all contracts,
12 plans, and policies delivered, issued, executed, or renewed on or
13 after that date, and section 5 shall take effect one year after the date
14 of enactment. The Department of Banking and Insurance may take
15 anticipatory administrative action, in advance of the effective date
16 specified for sections 7 through 16, sections 18 through 26, and
17 section 28 of this act, as may be necessary to implement those
18 provisions, and the Department of Human Services and any
19 cooperating agencies may take anticipatory administrative action, in
20 advance of the effective date specified for section 5 of this act, as
21 may be necessary to implement the provisions of that section.

22
23
24 STATEMENT

25
26 This bill, to be known as the "Reproductive Freedom Act,"
27 would make various changes to the law to facilitate and safeguard
28 the individual right to reproductive autonomy in the State.

29 The State Supreme Court has held that the New Jersey
30 Constitution protects the right to reproductive autonomy and choice,
31 including the right to choose abortion, to an extent that exceeds the
32 protections found in the federal Constitution. Although the right to
33 reproductive choice and autonomy, including the right to choose
34 abortion, is not specifically expressed within the text of the State
35 Constitution, the Supreme Court has concluded that the right to
36 reproductive autonomy derives from the provisions of Article I,
37 paragraph 1 of the State Constitution, which provide extensive
38 protections for individual liberty and privacy to an extent that
39 exceeds the protections established under the United States
40 Constitution.

41 This bill would make it express, within the State's statutory law,
42 that every individual in the State, regardless of whether they are
43 domiciled in the State, and regardless of whether or not the
44 individual is under State control, has a fundamental right to: 1)
45 choose or refuse contraception or sterilization; and 2) choose
46 whether to carry a pregnancy, to give birth, or to have an abortion.
47 Under the bill's provisions, no individual would be subject to
48 prosecution or otherwise deprived of their individual constitutional

1 rights for terminating or attempting to terminate the individual's
2 own pregnancy or for acting or failing to act, in any manner, with
3 respect to the individual's own pregnancy, based on the potential or
4 actual impact on the individual's own health or pregnancy.

5 The bill specifies that no public entity may, in the regulation or
6 provision of benefits, facilities, services, or information, deny or
7 interfere with an individual's fundamental reproductive rights, as
8 expressed in the bill. The bill further provides that, in protecting or
9 enforcing the fundamental reproductive rights recognized by the
10 bill, a public entity may not discriminate on the basis of: sex,
11 including, but not limited to, sex stereotypes, sexual orientation,
12 perceived sexual orientation, gender identity or expression, or
13 perceived gender identity or expression; disability; race; ethnicity;
14 age; national origin; immigration status; religion; incarceration
15 status; or economic status.

16 The bill specifies that a fertilized egg, embryo, or fetus may not
17 be understood to have independent rights under any of the laws of
18 this State, and it further specifies that any health care professional,
19 acting within the professional's lawful scope of practice and in
20 compliance with generally applicable regulations, is authorized to
21 provide abortion care.

22 Current regulations of the State Board of Medical Examiners and
23 the Commissioner of Human Services, which are codified in Titles
24 10 and 13 of the New Jersey Administrative Code, specifically
25 regulate the procedures that may be used in the termination of
26 pregnancy and limit coverage for abortion based on the type of
27 facility and professional that provides the abortion services.
28 Because these existing regulations are medically unnecessary forms
29 of abortion regulation, which conflict with the purposes of the bill,
30 the bill would specify that, following its effective date, these and all
31 other rules or regulations that specifically regulate and apply
32 exclusively to the termination of pregnancy or are otherwise
33 inconsistent or in conflict with the provisions or express or implied
34 purposes of the bill will become void, inoperable, and
35 unenforceable.

36 Any person who is aggrieved by an action that is undertaken in
37 violation of the bill's provisions will be entitled to bring suit under
38 the "New Jersey Civil Rights Act," P.L.2004, c.143 (C.10:6-1 et
39 seq.) or to enforce the bill's provisions in any other manner
40 provided by law.

41 In addition to recognizing an individual's fundamental rights to
42 reproductive autonomy and choice, the bill also requires all
43 providers of health insurance (including hospital service
44 corporations, medical service corporations, health service
45 corporations, individual and group health insurance carriers,
46 individual and group health benefits plans, the State Health Benefits
47 Commission, and the School Employees' Health Benefits
48 Commission) to provide coverage for abortion. An insurance

1 contract, policy, or plan may not impose any restrictions or delays
2 on, and may not require prior authorization for, the abortion
3 coverage required by the bill. An insurance contract, policy, or plan
4 also may not impose any deductible, coinsurance, copayment, or
5 other cost-sharing requirement on the coverage required by the bill
6 and, for a qualifying high-deductible health plan for a health
7 savings account, the cost-sharing for coverage is to be set at the
8 minimum level necessary to preserve the covered person's ability to
9 claim tax-exempt contributions and withdrawals from the covered
10 person's health savings account under 26 U.S.C. s.223.

11 Notwithstanding the bill's insurance coverage requirements, if
12 the Commissioner of Banking and Insurance concludes that the
13 provision of insurance coverage for abortion, in accordance with the
14 bill, might adversely affect the allocation of federal funds to the
15 State, the commissioner may grant an exemption to the coverage
16 requirements, but only to the minimum extent necessary to ensure
17 the continued receipt of federal funds. In addition, the bill provides
18 that religious employers will be eligible to request and obtain an
19 exclusion from the bill's abortion coverage requirements if the
20 required coverage conflicts with the religious employer's bona fide
21 religious beliefs and practices. A religious employer that obtains
22 such an exclusion will be required to provide written notice thereof
23 to covered persons and prospective covered persons. The bill
24 specifies, however, that nothing in its provisions may be construed
25 as authorizing an insurance carrier to exclude coverage for abortion
26 care that is necessary to preserve the life or health of the covered
27 person.

28 The bill also amends the existing insurance laws that pertain to
29 the provision of coverage for contraceptive care in order to require
30 coverage for the dispensing of a single dispensing unit of up to a
31 13-unit supply of prescription contraceptives, intended to last over a
32 12-month period, regardless of whether coverage was in effect at
33 the time of the first dispensing, and except in cases where a 12-
34 month supply would extend beyond the terms of the insurance
35 contract, policy, or plan. Current law requires coverage for only a
36 three-month period in association with the first dispensing of a
37 contraceptive and for a six-month period in association with any
38 subsequent dispensing of the same contraceptive. The bill
39 authorizes the contraceptives to be furnished over the course of the
40 12-month period at the discretion of the health care provider, and it
41 prohibits an insurance carrier from imposing any restrictions or
42 delays on, or requiring any prior authorization for, the provision of
43 contraceptive coverage.

44 Like the bill's provisions pertaining to insurance coverage for
45 abortion, the bill authorizes a religious employer to request and
46 obtain an exclusion from the bill's contraceptive coverage
47 requirements if the required coverage conflicts with the religious
48 employer's bona fide religious beliefs and practices. A religious

1 employer that obtains such an exclusion will need to provide
2 written notice thereof to covered persons and prospective covered
3 persons, which notice is to list the contraceptive health care services
4 that the employer refuses to cover for religious reasons. Nothing in
5 the bill's provisions may be deemed to authorize an insurance
6 carrier to exclude coverage for contraceptive care that is necessary
7 to preserve the life or health of the covered person.

8 In addition to amending the existing laws pertaining to
9 contraceptive coverage, the bill would supplement the existing law
10 in order to require the School Employees' Health Benefits
11 Commission to provide coverage for contraceptives to the same
12 extent as is required of all other insurance carriers under the bill's
13 provisions. Existing law does not require the School Employees'
14 Health Benefits Commission to provide coverage for
15 contraceptives, despite the fact that all other insurance carriers are
16 required to provide such coverage.

17 The bill further requires the Department of Human Services
18 (DHS) to establish and administer a program to reimburse the cost
19 of prenatal, labor, and delivery care, as well as abortion care and
20 contraceptives, which are provided by a hospital service corporation
21 to individuals who can become pregnant and would be eligible for
22 medical assistance if not for the provisions of 8 U.S.C. s.1611 or 8
23 U.S.C. s.1612, which provisions prohibit certain immigrants from
24 obtaining public benefits. The reimbursement program is to
25 incorporate any existing programs and funding streams that provide
26 coverage or reimbursement for prenatal, labor, and delivery care
27 received by relevant immigrants. The DHS, in collaboration with
28 other appropriate agencies, will be required to explore any and all
29 opportunities to obtain federal financial participation to offset the
30 costs of implementing the reimbursement program; however, the
31 implementation of the program will not be contingent upon the
32 department's receipt of a waiver or other authorization from the
33 federal government to operate a demonstration project. The bill
34 would provide for the State Legislature to annually appropriate the
35 amount necessary to pay the reasonable and necessary expenses of
36 the program, which expenses are to be determined by the DHS.

37 The bill requires both the Commissioner of Human Services and
38 the Commissioner of Banking and Insurance to adopt rules and
39 regulations to implement the bill's provisions. The bill additionally
40 requires each professional licensing board operating under the
41 authority of the Division of Consumer Affairs in the Department of
42 Law and Public Safety to adopt rules and regulations, pursuant to
43 the "Administrative Procedure Act, P.L.1968, c.410 (C.52:14B-1 et
44 seq.), with respect to the health care professionals under each
45 licensing board's respective jurisdiction, as may be necessary to
46 implement the bill's provisions. The rules and regulations adopted
47 by the Commissioner of Human Services under the bill are to
48 include, but need not be limited to, rules and regulations permitting

1 electronic billing for abortion services, which rules and regulations
2 are to be promulgated by January 1, 2022.

3 The bill specifies that it is to be liberally construed to effectuate
4 its purposes. If any provision of the bill is deemed by a court to be
5 inconsistent with, in conflict with, or contrary to, any other
6 provision of law, the provision contained in the bill will prevail
7 over the other, contradictory, provision of law, and such other
8 provision of law is to be deemed amended, superseded, or repealed
9 to the extent necessary to reconcile the inconsistency or conflict and
10 ensure the law's consistency with the provisions of the bill. If any
11 provision of the bill, or the application thereof to any person or
12 circumstance, is held to be unconstitutional, the remaining
13 provisions of the bill, and the application of the provision at issue to
14 all other persons or circumstances, will not be affected thereby.

15 The bill would amend the existing law pertaining to autopsies
16 and medicolegal death investigations to eliminate the requirement
17 that a medicolegal death investigation be conducted in a case where
18 a fetal death occurs without medical attendance. The bill would
19 also repeal the "Partial Birth Abortion Ban Act of 1997," sections 1
20 through 3 of P.L.1997, c.262 (C.2A:65A-5 through C.2A:65A-7),
21 and the "Parental Notification for Abortion Act," sections 2 through
22 13 of P.L.1999, c.145 (C.9:17A-1.1 through C.9:17A-1.12), each of
23 which has been found by the New Jersey Supreme Court to be
24 unconstitutional, void, and unenforceable. Finally, the bill would
25 amend the law at section 1 of P.L.1999, c.145 (C.9:17A-1), which
26 governs the consent of minors to medical treatment, in order to
27 eliminate a cross-reference to the "Parental Notification for
28 Abortion Act" and thereby ensure that the statutory law conforms to
29 the existing case law in this area, which allows an unmarried,
30 pregnant minor to give consent to the furnishing of hospital,
31 medical, and surgical care related to her pregnancy or child, without
32 the need to notify her parents.