

[Second Reprint]

ASSEMBLY COMMITTEE SUBSTITUTE FOR
ASSEMBLY, Nos. 954, 653, and 1669

STATE OF NEW JERSEY
219th LEGISLATURE

ADOPTED FEBRUARY 13, 2020

Sponsored by:

Assemblyman ROBERT J. KARABINCHAK

District 18 (Middlesex)

Assemblyman JOHN ARMATO

District 2 (Atlantic)

Assemblywoman ANNETTE QUIJANO

District 20 (Union)

Co-Sponsored by:

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Assemblywomen Vainieri Huttie, Timberlake, Assemblyman Benson,
Assemblywomen Downey, Reynolds-Jackson, Assemblymen DeAngelo,
Stanley, Assemblywoman Jasey and Assemblyman Giblin**

SYNOPSIS

Provides that purchase of insulin is not subject to deductible; requires health insurers to limit copayments and coinsurance for insulin; requires insulin manufacturers to submit report to Commissioner of Banking and Insurance.

CURRENT VERSION OF TEXT

As reported by the Assembly Appropriations Committee on June 16, 2021, with amendments.

(Sponsorship Updated As Of: 12/13/2021)

1 **AN ACT** concerning cost sharing for insulin, amending P.L.1995,
2 c.331, and supplementing various parts of the statutory law.

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

6
7 1. (New section) The Legislature finds and declares that:

8 a. The rising cost of insulin has created an affordability crisis that
9 threatens the health and financial well-being of many diabetes patients.

10 b. Research by the non-partisan Health Care Cost Institute found
11 that prices for insulin nearly doubled over the five year period from
12 2012 to 2016 and other studies show that prices for insulin have
13 increased by 700% over the past two decades.

14 c. The lack of competition, transparency, and accountability in
15 the prescription drug market has allowed manufacturers of insulin to
16 exert extraordinary pricing power.

17 d. While insulin products have been on the market for almost a
18 century, there is limited competition from lower-cost generics, in part
19 due to aggressive efforts by brand name drug manufacturers to block
20 the entry of generic insulin products into the market.

21 e. Even consumers with health insurance may face a lack of
22 access to insulin due to the plan design of some health insurance
23 policies.

24 f. For consumers without insurance, or with insurance coverage
25 not subject to New Jersey State law, access to current and reliable cost
26 information may be helpful to consumers and researchers trying to
27 better understand the true cost of insulin.

28 g. It is, therefore, in the public interest to protect consumers by
29 mandating insurance coverage cost sharing maximums in New Jersey
30 to improve consumer access to insulin, and to provide for transparency
31 and publication of drug company pricing of insulin.

32
33 2. Section 1 of P.L.1995, c.331 (C.17:48-6n) is amended to read
34 as follows:

35 1. a. Every individual or group hospital service corporation
36 contract providing hospital or medical expense benefits that is
37 delivered, issued, executed or renewed in this State pursuant to
38 P.L.1938, c.366 (C.17:48-1 et seq.) or approved for issuance or
39 renewal in this State by the Commissioner of Banking and Insurance
40 on or after the effective date of this act shall provide benefits to any
41 subscriber or other person covered thereunder for expenses incurred
42 for the following equipment and supplies for the treatment of diabetes,
43 if recommended or prescribed by a physician or nurse
44 practitioner/clinical nurse specialist: blood glucose monitors and
45 blood glucose monitors for the legally blind; test strips for glucose

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

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹Assembly AAP committee amendments adopted February 24, 2021.

²Assembly AAP committee amendments adopted June 16, 2021.

monitors and visual reading and urine testing strips; insulin; injection aids; cartridges for the legally blind; syringes; insulin pumps and appurtenances thereto; insulin infusion devices; and oral agents for controlling blood sugar. Coverage for the purchase of insulin shall not be subject to any deductible, and no copayment or coinsurance for the purchase of insulin shall exceed \$50 per 30 day supply.

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

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

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

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

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

(cf: P.L.1995, c.331, s.1)

3. Section 2 of P.L.1995, c.331 (C.17:48A-7I) is amended to read as follows:

2. a. Every individual or group medical service corporation contract providing hospital or medical expense benefits that is delivered, issued, executed or renewed in this State pursuant to

1 P.L.1940, c.74 (C.17:48A-1 et seq.) or approved for issuance or
2 renewal in this State by the Commissioner of Banking and Insurance
3 on or after the effective date of this act shall provide benefits to any
4 subscriber or other person covered thereunder for expenses incurred
5 for the following equipment and supplies for the treatment of diabetes,
6 if recommended or prescribed by a physician or nurse
7 practitioner/clinical nurse specialist: blood glucose monitors and
8 blood glucose monitors for the legally blind; test strips for glucose
9 monitors and visual reading and urine testing strips; insulin; injection
10 aids; cartridges for the legally blind; syringes; insulin pumps and
11 appurtenances thereto; insulin infusion devices; and oral agents for
12 controlling blood sugar. Coverage for the purchase of insulin shall not
13 be subject to any deductible, and no copayment or coinsurance for the
14 purchase of insulin shall exceed \$50 per 30 day supply.

15 b. Each individual or group medical service corporation contract
16 shall also provide benefits for expenses incurred for diabetes self-
17 management education to ensure that a person with diabetes is
18 educated as to the proper self-management and treatment of their
19 diabetic condition, including information on proper diet. Benefits
20 provided for self-management education and education relating to diet
21 shall be limited to visits medically necessary upon the diagnosis of
22 diabetes; upon diagnosis by a physician or nurse practitioner/clinical
23 nurse specialist of a significant change in the subscriber's or other
24 covered person's symptoms or conditions which necessitate changes in
25 that person's self-management; and upon determination of a physician
26 or nurse practitioner/clinical nurse specialist that reeducation or
27 refresher education is necessary. Diabetes self-management education
28 shall be provided by a dietitian registered by a nationally recognized
29 professional association of dietitians or a health care professional
30 recognized as a Certified Diabetes Educator by the American
31 Association of Diabetes Educators or a registered pharmacist in the
32 State qualified with regard to management education for diabetes by
33 any institution recognized by the board of pharmacy of the State of
34 New Jersey.

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

37 d. This section shall apply to all medical service corporation
38 contracts in which the medical service corporation has reserved the
39 right to change the premium.

40 e. The provisions of this section shall not apply to a health
41 benefits plan subject to the provisions of P.L.1992, c.161 (C.17B:27A-
42 2 et seq.) or P.L.1992, c.162 (C.17B:27A-17 et seq.).

43 f. The Commissioner of Banking and Insurance may, in
44 consultation with the Commissioner of Health, pursuant to the
45 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.),
46 promulgate and periodically update a list of additional diabetes
47 equipment and related supplies that are medically necessary for the

1 treatment of diabetes and for which benefits shall be provided
2 according to the provisions of this section.
3 (cf: P.L.1995, c.331, s.2)

4
5 4. Section 3 of P.L.1995, c.331 (C.17:48E-35.11) is amended to
6 read as follows:

7 3. a. Every individual or group health service corporation
8 contract providing hospital or medical expense benefits that is
9 delivered, issued, executed or renewed in this State pursuant to
10 P.L.1985, c.236 (C.17:48E-1 et seq.) or approved for issuance or
11 renewal in this State by the Commissioner of Banking and Insurance
12 on or after the effective date of this act shall provide benefits to any
13 subscriber or other person covered thereunder for expenses incurred
14 for the following equipment and supplies for the treatment of diabetes,
15 if recommended or prescribed by a physician or nurse
16 practitioner/clinical nurse specialist: blood glucose monitors and
17 blood glucose monitors for the legally blind; test strips for glucose
18 monitors and visual reading and urine testing strips; insulin; injection
19 aids; cartridges for the legally blind; syringes; insulin pumps and
20 appurtenances thereto; insulin infusion devices; and oral agents for
21 controlling blood sugar. Coverage for the purchase of insulin shall not
22 be subject to any deductible, and no copayment or coinsurance for the
23 purchase of insulin shall exceed \$50 per 30 day supply.

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

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

46 d. This section shall apply to all health service corporation
47 contracts in which the health service corporation has reserved the right
48 to change the premium.

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

4 f. The Commissioner of Banking and Insurance may, in
5 consultation with the Commissioner of Health, pursuant to the
6 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.),
7 promulgate and periodically update a list of additional diabetes
8 equipment and related supplies that are medically necessary for the
9 treatment of diabetes and for which benefits shall be provided
10 according to the provisions of this section.
11 (cf: P.L.1995, c.331, s.3)

12

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

15 4. a. Every individual health insurance policy providing hospital
16 or medical expense benefits that is delivered, issued, executed or
17 renewed in this State pursuant to Chapter 26 of Title 17B of the New
18 Jersey Statutes or approved for issuance or renewal in this State by the
19 Commissioner of Banking and Insurance on or after the effective date
20 of this act shall provide benefits to any person covered thereunder for
21 expenses incurred for the following equipment and supplies for the
22 treatment of diabetes, if recommended or prescribed by a physician or
23 nurse practitioner/clinical nurse specialist: blood glucose monitors and
24 blood glucose monitors for the legally blind; test strips for glucose
25 monitors and visual reading and urine testing strips; insulin; injection
26 aids; cartridges for the legally blind; syringes; insulin pumps and
27 appurtenances thereto; insulin infusion devices; and oral agents for
28 controlling blood sugar. Coverage for the purchase of insulin shall not
29 be subject to any deductible, and no copayment or coinsurance for the
30 purchase of insulin shall exceed \$50 per 30 day supply.

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

1 management education for diabetes by any institution recognized by
2 the board of pharmacy of the State of New Jersey.

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

5 d. This section shall apply to all individual health insurance
6 policies in which the insurer has reserved the right to change the
7 premium.

8 e. The provisions of this section shall not apply to a health
9 benefits plan subject to the provisions of P.L.1992, c.161 (C.17B:27A-
10 2 et seq.) or P.L.1992, c.162 (C.17B:27A-17 et seq.).

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

18 (cf: P.L.1995, c.331, s.4)

19
20 6. Section 5 of P.L.1995, c.331 (C.17B:27-46.1m) is amended to
21 read as follows:

22 5. a. Every group health insurance policy providing hospital or
23 medical expense benefits that is delivered, issued, executed or renewed
24 in this State pursuant to Chapter 27 of Title 17B of the New Jersey
25 Statutes or approved for issuance or renewal in this State by the
26 Commissioner of Banking and Insurance on or after the effective date
27 of this act shall provide benefits to any person covered thereunder for
28 expenses incurred for the following equipment and supplies for the
29 treatment of diabetes, if recommended or prescribed by a physician or
30 nurse practitioner/clinical nurse specialist: blood glucose monitors and
31 blood glucose monitors for the legally blind; test strips for glucose
32 monitors and visual reading and urine testing strips; insulin; injection
33 aids; cartridges for the legally blind; syringes; insulin pumps and
34 appurtenances thereto; insulin infusion devices; and oral agents for
35 controlling blood sugar. Coverage for the purchase of insulin shall not
36 be subject to any deductible, and no copayment or coinsurance for the
37 purchase of insulin shall exceed \$50 per 30 day supply.

38 b. Each group health insurance policy shall also provide benefits
39 for expenses incurred for diabetes self-management education to
40 ensure that a person with diabetes is educated as to the proper self-
41 management and treatment of their diabetic condition, including
42 information on proper diet. Benefits provided for self-management
43 education and education relating to diet shall be limited to visits
44 medically necessary upon the diagnosis of diabetes; upon diagnosis by
45 a physician or nurse practitioner/clinical nurse specialist of a
46 significant change in the covered person's symptoms or conditions
47 which necessitate changes in that person's self-management; and upon
48 determination of a physician or nurse practitioner/clinical nurse

1 specialist that reeducation or refresher education is necessary.
 2 Diabetes self-management education shall be provided by a dietitian
 3 registered by a nationally recognized professional association of
 4 dietitians or a health care professional recognized as a Certified
 5 Diabetes Educator by the American Association of Diabetes Educators
 6 or a registered pharmacist in the State qualified with regard to
 7 management education for diabetes by any institution recognized by
 8 the board of pharmacy of the State of New Jersey.

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

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

13 e. The provisions of this section shall not apply to a health
 14 benefits plan subject to the provisions of P.L.1992, c.161 (C.17B:27A-
 15 2 et seq.) or P.L.1992, c.162 (C.17B:27A-17 et seq.).

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

23 (cf: P.L.1995, c.331, s.5)

24
 25 7. Section 6 of P.L.1995, c.331 (C.26:2J-4.11) is amended to read
 26 as follows:

27 6. a. Every contract for health care services that is delivered,
 28 issued, executed or renewed in this State pursuant to P.L.1973, c.337
 29 (C.26:2J-1 et seq.) or approved for issuance or renewal in this State on
 30 or after the effective date of this act shall provide health care services
 31 to any enrollee or other person covered thereunder for the following
 32 equipment and supplies for the treatment of diabetes, if recommended
 33 or prescribed by a participating physician or participating nurse
 34 practitioner/clinical nurse specialist: blood glucose monitors and
 35 blood glucose monitors for the legally blind; test strips for glucose
 36 monitors and visual reading and urine testing strips; insulin; injection
 37 aids; cartridges for the legally blind; syringes; insulin pumps and
 38 appurtenances thereto; insulin infusion devices; and oral agents for
 39 controlling blood sugar. Coverage for the purchase of insulin shall not
 40 be subject to any deductible, and no copayment or coinsurance for the
 41 purchase of insulin shall exceed \$50 per 30 day supply.

42 b. Each contract shall also provide health care services for
 43 diabetes self-management education to ensure that a person with
 44 diabetes is educated as to the proper self-management and treatment of
 45 their diabetic condition, including information on proper diet. Health
 46 care services provided for self-management education and education
 47 relating to diet shall be limited to visits medically necessary upon the
 48 diagnosis of diabetes; upon diagnosis by a participating physician or

1 participating nurse practitioner/clinical nurse specialist of a significant
2 change in the enrollee's or other covered person's symptoms or
3 conditions which necessitate changes in that person's self-
4 management; and upon determination of a participating physician or
5 participating nurse practitioner/clinical nurse specialist that
6 reeducation or refresher education is necessary. Diabetes self-
7 management education shall be provided by a participating dietitian
8 registered by a nationally recognized professional association of
9 dietitians or a health care professional recognized as a Certified
10 Diabetes Educator by the American Association of Diabetes Educators
11 or, pursuant to section 6 of P.L.1993, c.378 (C.26:2J-4.7), a registered
12 pharmacist in the State qualified with regard to management education
13 for diabetes by any institution recognized by the board of pharmacy of
14 the State of New Jersey.

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

18 d. This section shall apply to all contracts in which the health
19 maintenance organization has reserved the right to change the schedule
20 of charges.

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

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

31 (cf: P.L.1995, c.331, s.6)

32
33 8. (New section) An individual health benefits plan that provides
34 hospital and medical expense benefits and is delivered, issued,
35 executed or renewed in this State pursuant to P.L.1992, c.161
36 (C.17B:27A-2 et al.), on or after the effective date of P.L. ,
37 c. (C.) (pending before the Legislature as this bill), shall provide
38 coverage to any enrollee or other person covered thereunder for insulin
39 for the treatment of diabetes, if recommended or prescribed by a
40 participating physician or participating nurse practitioner/clinical nurse
41 specialist. Coverage for the purchase of insulin shall not be subject to
42 any deductible, and no copayment or coinsurance for the purchase of
43 insulin shall exceed \$50 per 30 day supply.

44 The benefits shall be provided to the same extent as for any other
45 condition under the health benefits plan.

46 This section shall apply to those health benefits plans in which the
47 carrier has reserved the right to change the premium.

1 9. (New section) A small employer health benefits plan that
2 provides hospital and medical expense benefits and is delivered,
3 issued, executed or renewed in this State pursuant to P.L.1992, c.162
4 (C.17B:27A-17 et seq.), on or after the effective date of
5 P.L. , c. (C.) (pending before the Legislature as this bill), shall
6 provide coverage to any enrollee or other person covered thereunder
7 for insulin for the treatment of diabetes, if recommended or prescribed
8 by a participating physician or participating nurse practitioner/clinical
9 nurse specialist. Coverage for the purchase of insulin shall not be
10 subject to any deductible, and no copayment or coinsurance for the
11 purchase of insulin shall exceed \$50 per 30 day supply.

12 The benefits shall be provided to the same extent as for any other
13 condition under the health benefits plan.

14 This section shall apply to those health benefits plans in which the
15 carrier has reserved the right to change the premium.

16
17 10. (New section) The State Health Benefits Commission shall
18 ensure that every contract purchased or renewed by the commission
19 on or after the effective date of P.L. , c. (C.) (pending
20 before the Legislature as this bill), shall provide coverage for health
21 care services to any enrollee or other person covered thereunder for
22 insulin for the treatment of diabetes, if recommended or prescribed
23 by a participating physician or participating nurse practitioner/clinical
24 nurse specialist. Coverage for the purchase of insulin shall not be subject to any deductible, and no copayment or
25 coinsurance for the purchase of insulin shall exceed \$50 per 30 day
26 supply. ¹Nothing in this section shall prevent the State Health
27 Benefits Commission from reducing an enrollee's cost-sharing
28 requirement by an amount greater than the amount specified in this
29 section or prevent the commission from utilizing formulary
30 management, including a mandatory generic policy, to promote the
31 use of lower-cost alternative generic drugs that are the therapeutic
32 equivalent of the brand-name drug.¹

33
34
35 11. (New section) The School Employees' Health Benefits
36 Commission shall ensure that every contract purchased by the
37 commission on or after the effective date of P.L. , c. (C.)
38 (pending before the Legislature as this bill) that provides hospital
39 and medical expense benefits shall provide health care services to
40 any enrollee or other person covered thereunder for insulin for the
41 treatment of diabetes, if recommended or prescribed by a
42 participating physician or participating nurse practitioner/clinical
43 nurse specialist. Coverage for the purchase of insulin shall not be
44 subject to any deductible, and no copayment or coinsurance for the
45 purchase of insulin shall exceed \$50 per 30 day supply. ¹Nothing in
46 this section shall prevent the School Employees' Health Benefits
47 Commission from reducing an enrollee's cost-sharing requirement
48 by an amount greater than the amount specified in this section or

1 prevent the commission from utilizing formulary management,
2 including a mandatory generic policy, to promote the use of lower-
3 cost alternative generic drugs that are the therapeutic equivalent of
4 the brand-name drug.¹
5

6 ¹**12.** (New section) Every manufacturer of an insulin product
7 shall submit, not later than January 1, 2021, and annually thereafter, a
8 report to the Commissioner of Banking and Insurance containing the
9 following information:

- 10 a. name of the insulin products currently manufactured;
11 b. identification of whether the insulin products are brand name
12 or generic drug products;
13 c. total sales of insulin products to New Jersey consumers
14 quantified in total units and total revenue;
15 d. the effective date and amounts of any changes in the wholesale
16 acquisition cost or other list prices for insulin during the prior calendar
17 year;
18 e. aggregate, company-level research and development costs for
19 insulin over the prior calendar year;
20 f. the name of each of the manufacturer's insulin products that
21 were approved by the federal Food and Drug Administration in the
22 previous five calendar years;
23 g. the name of each of the manufacturer's insulin products that
24 lost patent exclusivity in the United States in the previous five
25 calendar years; and
26 h. a statement of rationale regarding the factor or factors that
27 caused the increase in the wholesale acquisition cost or list price
28 increase for insulin.¹
29

30 ²**12.** (New section) Every manufacturer of an insulin product shall
31 submit, not later than January 1, 2022, and annually thereafter, a report
32 to the Commissioner of Banking and Insurance containing the
33 following information:

- 34 a. name of the insulin products currently manufactured;
35 b. identification of whether the insulin products are brand name
36 or generic drug products;
37 c. total sales of insulin products to New Jersey consumers
38 quantified in total units and total revenue;
39 d. the effective date and amounts of any changes in the wholesale
40 acquisition cost or other list prices for insulin during the prior calendar
41 year;
42 e. aggregate, company-level research and development costs for
43 insulin over the prior calendar year;
44 f. the name of each of the manufacturer's insulin products that
45 were approved by the federal Food and Drug Administration in the
46 previous five calendar years;

1 g. the name of each of the manufacturer's insulin products that
2 lost patent exclusivity in the United States in the previous five
3 calendar years; and

4 h. a statement of rationale regarding the factor or factors that
5 caused the increase in the wholesale acquisition cost or list price
6 increase for insulin.²

7
8 ¹~~13.~~ ²~~12.~~¹ ~~13.~~² Sections 2 through 4, 6, and 7 of this act shall
9 take effect on the 180th day next following the date of enactment and
10 shall apply to plans issued or renewed on or after January 1 of the next
11 calendar year; sections 5, 8, and 9 shall take effect on the 270th day
12 next following the date of enactment and shall apply to plans issued or
13 renewed after January 1 of the next calendar year; sections 10 and 11
14 shall take effect on the 90th day next following the date of enactment
15 and shall apply to contracts purchased on or after that date ¹~~;~~ and
16 section 12 shall take place immediately¹ ²~~;~~ and section 12 shall take
17 place immediately².