

ASSEMBLY, No. 4698

STATE OF NEW JERSEY 219th LEGISLATURE

INTRODUCED SEPTEMBER 21, 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)

Co-Sponsored by:

Assemblyman Benson, Assemblywomen Reynolds-Jackson and Jimenez

SYNOPSIS

Expands requirements for health insurers and Medicaid program to cover prescriptions for contraceptives for up to 12 months.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 1/3/2022)

1 AN ACT concerning insurance and Medicaid program coverage for
2 prescribed contraceptives, amending P.L.2005, c.251, and
3 supplementing P.L.1968, c.413 (C.30:4D-1 et seq.).
4

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

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

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

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

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

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

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

34 (2) Voluntary male and female sterilization.

35 (3) Patient education and counseling on contraception.

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

39 (a) Management of side effects;

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

41 (c) Device insertion and removal;

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

45 (e) Diagnosis and treatment services provided pursuant to, or as

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 a follow-up to, a service required under this section.

2 b. The coverage provided shall include prescriptions for
3 dispensing contraceptives for:

4 (1) **【a three-month period for the first dispensing of the**
5 **contraceptive; and】** (Deleted by amendment, P.L. , c.)(pending
6 before the Legislature as this bill)

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

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

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

24 d. This section shall apply to those contracts in which the
25 hospital service corporation has reserved the right to change the
26 premium.

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

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

34

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

37 2. a. A medical service corporation that provides hospital or
38 medical expense benefits shall provide coverage under every
39 contract delivered, issued, executed or renewed in this State or
40 approved for issuance or renewal in this State by the Commissioner
41 of Banking and Insurance, on or after the effective date of this act,
42 for expenses incurred in the purchase of prescription female
43 contraceptives, and the following services, drugs, devices, products,
44 and procedures on an in-network basis:

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

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

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

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

14 (2) Voluntary male and female sterilization.

15 (3) Patient education and counseling on contraception.

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

19 (a) Management of side effects;

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

21 (c) Device insertion and removal;

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

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

27 b. The coverage provided shall include prescriptions for
28 dispensing contraceptives for:

29 (1) **【a three-month period for the first dispensing of the**
30 **contraceptive; and】** (Deleted by amendment, P.L. , c.)(pending
31 before the Legislature as this bill)

32 (2) up to a 【six-month】 12 month period 【for any subsequent
33 dispensing of the same contraceptive, regardless of whether
34 coverage under the contract was in effect at the time of the first
35 dispensing, except that an entity subject to this section may provide
36 coverage for a supply of contraceptives that is for less than a six-
37 month period, if a six-month period would extend beyond the term
38 of the contract】 at one time.

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

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

1 d. This section shall apply to those contracts in which the
2 medical service corporation has reserved the right to change the
3 premium.

4 e. Nothing in this section shall limit coverage of any additional
5 preventive service for women, as identified or recommended by the
6 United States Preventive Services Task Force or the Health
7 Resources and Services Administration of the United States
8 Department of Health and Human Services pursuant to the
9 provisions of 42 U.S.C. 300gg-13.
10 (cf: P.L.2019, c.361, s.2)

11
12 3. Section 3 of P.L.2005, c.251 (C.17:48E-35.29) is amended
13 to read as follows:

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

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

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

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

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

38 (2) Voluntary male and female sterilization.

39 (3) Patient education and counseling on contraception.

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

43 (a) Management of side effects;

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

45 (c) Device insertion and removal;

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

- 1 (e) Diagnosis and treatment services provided pursuant to, or as
2 a follow-up to, a service required under this section.
- 3 b. The coverage provided shall include prescriptions for
4 dispensing contraceptives for:
- 5 (1) **[a three-month period for the first dispensing of the**
6 **contraceptive; and]** (Deleted by amendment, P.L. , c.)(pending
7 before the Legislature as this bill)
- 8 (2) up to a [six-month] 12 month period [for any subsequent
9 dispensing of the same contraceptive, regardless of whether
10 coverage under the contract was in effect at the time of the first
11 dispensing, except that an entity subject to this section may provide
12 coverage for a supply of contraceptives that is for less than a six-
13 month period, if a six-month period would extend beyond the term
14 of the contract] at one time.
- 15 c. (1) Except as provided in paragraph (2) of this subsection,
16 the benefits shall be provided to the same extent as for any other
17 service, drug, device, product, or procedure under the contract,
18 except no deductible, coinsurance, copayment, or any other cost-
19 sharing requirement on the coverage shall be imposed.
- 20 (2) In the case of a high deductible health plan, benefits for
21 male sterilization or male contraceptives shall be provided at the
22 lowest deductible and other cost-sharing permitted for a high
23 deductible health plan under section 223(c)(2)(A) of the Internal
24 Revenue Code (26 U.S.C. s.223).
- 25 d. This section shall apply to those contracts in which the
26 health service corporation has reserved the right to change the
27 premium.
- 28 e. Nothing in this section shall limit coverage of any additional
29 preventive service for women, as identified or recommended by the
30 United States Preventive Services Task Force or the Health
31 Resources and Services Administration of the United States
32 Department of Health and Human Services pursuant to the
33 provisions of 42 U.S.C. 300gg-13.
34 (cf: P.L.2019, c.361, s.3)
- 35
- 36 4. Section 4 of P.L.2005, c.251 (C.17B:27-46.1ee) is amended
37 to read as follows:
- 38 4. a. A group health insurer that provides hospital or medical
39 expense benefits shall provide coverage under every policy
40 delivered, issued, executed or renewed in this State or approved for
41 issuance or renewal in this State by the Commissioner of Banking
42 and Insurance, on or after the effective date of this act, for expenses
43 incurred in the purchase of prescription female contraceptives, and
44 the following services, drugs, devices, products, and procedures on
45 an in-network basis:
- 46 (1) Any contraceptive drug, device or product approved by the
47 United States Food and Drug Administration, which coverage shall
48 be subject to all of the following conditions:

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

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

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

14 (2) Voluntary male and female sterilization.

15 (3) Patient education and counseling on contraception.

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

19 (a) Management of side effects;

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

21 (c) Device insertion and removal;

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

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

27 b. The coverage provided shall include prescriptions for
28 dispensing contraceptives for:

29 (1) **【a three-month period for the first dispensing of the**
30 **contraceptive; and】** (Deleted by amendment, P.L. , c.)(pending
31 before the Legislature as this bill)

32 (2) up to a 【six-month】 12 month period 【for any subsequent
33 dispensing of the same contraceptive, regardless of whether
34 coverage under the contract was in effect at the time of the first
35 dispensing, except that an entity subject to this section may provide
36 coverage for a supply of contraceptives that is for less than a six-
37 month period, if a six-month period would extend beyond the term
38 of the contract】 at one time.

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

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

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

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

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

10

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

13 5. a. An individual health insurer that provides hospital or
14 medical expense benefits shall provide coverage under every policy
15 delivered, issued, executed or renewed in this State or approved for
16 issuance or renewal in this State by the Commissioner of Banking
17 and Insurance, on or after the effective date of this act, for expenses
18 incurred in the purchase of prescription female contraceptives, and
19 the following services, drugs, devices, products, and procedures on
20 an in-network basis:

21 (1) Any contraceptive drug, device or product approved by the
22 United States Food and Drug Administration, which coverage shall
23 be

24 subject to all of the following conditions:

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

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

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

38 (2) Voluntary male and female sterilization.

39 (3) Patient education and counseling on contraception.

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

43 (a) Management of side effects;

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

45 (c) Device insertion and removal;

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

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

3 b. The coverage provided shall include prescriptions for
4 dispensing contraceptives for:

5 (1) **【a three-month period for the first dispensing of the**
6 **contraceptive; and】** (Deleted by amendment, P.L. , c.)(pending
7 before the Legislature as this bill)

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

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

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

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

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

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

34

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

37 6. a. A certificate of authority to establish and operate a health
38 maintenance organization in this State shall not be issued or
39 continued on or after the effective date of this act for a health
40 maintenance organization, unless the health maintenance
41 organization provides health care services for prescription female
42 contraceptives, and the following services, drugs, devices, products,
43 and procedures on an in-network basis:

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

47 (a) If there is a therapeutic equivalent of a contraceptive drug,
48 device or product approved by the United States Food and Drug

1 Administration, coverage shall be provided for either the requested
2 contraceptive drug, device or product or for one or more therapeutic
3 equivalents of the requested drug, device or product.

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

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

12 (2) Voluntary male and female sterilization.

13 (3) Patient education and counseling on contraception.

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

17 (a) Management of side effects;

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

19 (c) Device insertion and removal;

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

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

25 b. The coverage provided shall include prescriptions for
26 dispensing contraceptives for:

27 (1) **[a three-month period for the first dispensing of the**
28 **contraceptive; and]** (Deleted by amendment, P.L. , c.)(pending
29 before the Legislature as this bill)

30 (2) up to a [six-month] 12 month period **[for any subsequent**
31 **dispensing of the same contraceptive, regardless of whether**
32 **coverage under the contract was in effect at the time of the first**
33 **dispensing, except that an entity subject to this section may provide**
34 **coverage for a supply of contraceptives that is for less than a six-**
35 **month period, if a six-month period would extend beyond the term**
36 **of the contract]** at one time.

37 c. (1) Except as provided in paragraph (2) of this subsection,
38 the health care services shall be provided to the same extent as for
39 any other service, drug, device, product, or procedure under the
40 contract, except no deductible, coinsurance, copayment, or any
41 other cost-sharing requirement on the coverage shall be imposed.

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

47 d. The provisions of this section shall apply to those contracts
48 for health care services by health maintenance organizations under

1 which the right to change the schedule of charges for enrollee
2 coverage is reserved.

3 e. Nothing in this section shall limit coverage of any additional
4 preventive service for women, as identified or recommended by the
5 United States Preventive Services Task Force or the Health
6 Resources and Services Administration of the United States
7 Department of Health and Human Services pursuant to the
8 provisions of 42 U.S.C. 300gg-13.
9 (cf: P.L.2019, c.361, s.6)

10

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

13 7. a. An individual health benefits plan required pursuant to
14 section 3 of P.L.1992, c.161 (C.17B:27A-4) shall provide coverage
15 for expenses incurred in the purchase of prescription female
16 contraceptives, and the following services, drugs, devices, products,
17 and procedures on an in-network basis:

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

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

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

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

34 (2) Voluntary male and female sterilization.

35 (3) Patient education and counseling on contraception.

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

39 (a) Management of side effects;

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

41 (c) Device insertion and removal;

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

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

47 b. The coverage provided shall include prescriptions for
48 dispensing contraceptives for:

1 (1) **【a three-month period for the first dispensing of the**
2 **contraceptive; and】** (Deleted by amendment, P.L. , c.)(pending
3 before the Legislature as this bill)

4 (2) up to a 【six-month】 12 month period 【for any subsequent
5 dispensing of the same contraceptive, regardless of whether
6 coverage under the contract was in effect at the time of the first
7 dispensing, except that an entity subject to this section may provide
8 coverage for a supply of contraceptives that is for less than a six-
9 month period, if a six-month period would extend beyond the term
10 of the contract】 at one time.

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

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

21 d. This section shall apply to all individual health benefits
22 plans in which the carrier has reserved the right to change the
23 premium.

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

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

31
32 8. Section 8 of P.L.2005, c.251 (C.17B:27A-19.15) is amended
33 to read as follows:

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

39 (1) Any contraceptive drug, device 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 device or product approved by the United States Food and Drug
44 Administration, coverage shall be provided for either the requested
45 contraceptive drug, device or product or for one or more therapeutic
46 equivalents of the requested drug, device 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, devices
7 or other products approved by the United States Food and Drug
8 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 shall include prescriptions for
23 dispensing contraceptives for:
- 24 (1) **[a three-month period for the first dispensing of the**
25 **contraceptive; and]** (Deleted by amendment, P.L. , c.)(pending
26 before the Legislature as this bill)
- 27 (2) up to a [six-month] 12 month period [for any subsequent
28 dispensing of the same contraceptive, regardless of whether
29 coverage under the contract was in effect at the time of the first
30 dispensing, except that an entity subject to this section may provide
31 coverage for a supply of contraceptives that is for less than a six-
32 month period, if a six-month period would extend beyond the term
33 of the contract] at one time.
- 34 c. (1) Except as provided in paragraph (2) of this subsection,
35 the benefits shall be provided to the same extent as for any other
36 service, drug, device, product, or procedure under the health
37 benefits plan, except no deductible, coinsurance, copayment, or any
38 other cost-sharing requirement on 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 all small employer health benefits
45 plans in which the carrier 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 (cf: P.L.2019, c.361, s.8)

6
7 9. Section 9 of P.L.2005, c.251 (C.17:48F-13.2) is amended to
8 read as follows:

9 9. a. A prepaid prescription service organization shall provide
10 coverage under every contract delivered, issued, executed or
11 renewed in this State or approved for issuance or renewal in this
12 State by the Commissioner of Banking and Insurance, on or after
13 the effective date of this act, for expenses incurred in the purchase
14 of prescription female contraceptives, and the services, drugs,
15 devices, products, and procedures on an in-network basis as
16 determined to be required to be covered by the commissioner
17 pursuant to subsection b. of this section.

18 b. The Commissioner of Banking and Insurance shall
19 determine, in the commissioner's discretion, which provisions of the
20 coverage requirements applicable to insurers pursuant to P.L.2019,
21 c.361 shall apply to prepaid prescription organizations, and shall
22 adopt regulations in accordance with the commissioner's
23 determination.

24 c. The coverage provided shall include prescriptions for
25 dispensing contraceptives for:

26 (1) **[a three-month period for the first dispensing of the**
27 **contraceptive; and]** ~~(Deleted by amendment, P.L. , c.)(pending~~
28 ~~before the Legislature as this bill)~~

29 (2) **up to a [six-month] 12 month period [for any subsequent**
30 **dispensing of the same contraceptive, regardless of whether**
31 **coverage under the contract was in effect at the time of the first**
32 **dispensing, except that an entity subject to this section may provide**
33 **coverage for a supply of contraceptives that is for less than a six-**
34 **month period, if a six-month period would extend beyond the term**
35 **of the contract] at one time.**

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

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

46 e. This section shall apply to those prepaid prescription
47 contracts in which the prepaid prescription service organization has
48 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 (cf: P.L.2019, c.361, s.9)

8
9 10. Section 10 of P.L.2005, c.251 (C.52:14-17.29j) is amended
10 to read as follows:

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

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

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

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

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

33 (2) Voluntary male and female sterilization.

34 (3) Patient education and counseling on contraception.

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

38 (a) Management of side effects;

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

40 (c) Device insertion and removal;

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

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

46 b. The coverage provided shall include prescriptions for
47 dispensing contraceptives for:

1 (1) **[a three-month period for the first dispensing of the**
2 **contraceptive; and]** (Deleted by amendment, P.L. , c.)(pending
3 before the Legislature as this bill)

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

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

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

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

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

27
28 11. (New Section) Coverage for family planning services
29 under the State Medicaid program shall include prescriptions for
30 dispensing contraceptives for up to a 12-month period at one time.
31 The Commissioner of Human Services shall apply for such State
32 plan amendments or waivers as may be necessary to implement the
33 provisions of this section and to secure federal financial
34 participation for State Medicare expenditures under the federal
35 Medicaid program.

36
37 12. This act shall take effect on the 90th day next following
38 enactment and shall apply to policies and contracts delivered,
39 issued, executed or renewed on or after the effective date of this act.

40
41
42 STATEMENT

43
44 This bill, as amended, requires health insurers and the State
45 Medicaid program to provide coverage for the dispensing of
46 prescription contraceptives for to up to 12 months at one time. The
47 bill applies to hospital, medical, and health service corporations,
48 commercial, individual, small employer and group health insurers,

1 health maintenance organizations, prepaid prescription service
2 organizations, the State Health Benefits Program, and the State
3 Medicaid program. With respect to the Medicaid program, the bill
4 requires the Commissioner of Human Services to apply for any
5 necessary waivers from the federal government to secure federal
6 financial participation to implement the bill.