

[First Reprint]

SENATE COMMITTEE SUBSTITUTE FOR  
**SENATE, No. 413**

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

ADOPTED DECEMBER 6, 2021

**Sponsored by:**

**Senator SHIRLEY K. TURNER**

**District 15 (Hunterdon and Mercer)**

**Senator M. TERESA RUIZ**

**District 29 (Essex)**

**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:**

**Senators Greenstein, Lagana, Singleton, Assemblyman Benson,  
Assemblywomen Reynolds-Jackson, Jimenez, Downey, Lampitt and  
Assemblyman Calabrese**

**SYNOPSIS**

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

**CURRENT VERSION OF TEXT**

As reported by the Assembly Health Committee on January 3, 2022, with amendments.

(Sponsorship Updated As Of: 1/10/2022)

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

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

Matter underlined **thus** is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

<sup>1</sup>Assembly AHE committee amendments adopted January 3, 2022.

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

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

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

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

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

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

33

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

36 2. a. A medical service corporation that provides hospital or  
37 medical expense benefits shall provide coverage under every  
38 contract delivered, issued, executed or renewed in this State or  
39 approved for issuance or renewal in this State by the Commissioner  
40 of Banking and Insurance, on or after the effective date of this act,  
41 for expenses incurred in the purchase of 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 benefits shall be provided to the same extent as for any other  
39 service, drug, device, product, or procedure under the contract,  
40 except no deductible, coinsurance, copayment, or any other cost-  
41 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).

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 subject to all of the following conditions:

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

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

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

37 (2) Voluntary male and female sterilization.

38 (3) Patient education and counseling on contraception.

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

42 (a) Management of side effects;

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

44 (c) Device insertion and removal;

45 (d) Provision of alternative contraceptive drugs, devices or  
46 products deemed medically appropriate in the judgment of the  
47 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 under  
29 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, issued,  
39 executed or renewed on or after <sup>1</sup>**【the effective date of this act】**  
40 January 1, 2023<sup>1</sup> .