

SENATE, No. 3030

STATE OF NEW JERSEY 219th LEGISLATURE

INTRODUCED OCTOBER 8, 2020

Sponsored by:

Senator LORETTA WEINBERG

District 37 (Bergen)

Senator LINDA R. GREENSTEIN

District 14 (Mercer and Middlesex)

Senator VIN GOPAL

District 11 (Monmouth)

Co-Sponsored by:

Senators Ruiz, Singleton, B.Smith, Turner, Codey and Cunningham

SYNOPSIS

“Reproductive Freedom Act.”

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 11/8/2021)

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

4

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

7

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

10

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

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

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

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

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

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

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

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 availability of legal abortion services, and create harmful barriers and
2 delays to care without providing any benefit to patients.

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

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

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

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

46 b. The Legislature, therefore, declares that it is both reasonable
47 and necessary for the State to enable, facilitate, support, and
48 safeguard the provision of high quality, comprehensive reproductive

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

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

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

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

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

21
22 3. (New section) As used in P.L. c. (C.) (pending before
23 the Legislature as this bill):

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

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

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

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

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

43
44 4. (New section) a. Every individual present in the State,
45 including, but not limited to, an individual who is under State control
46 or supervision, shall have the fundamental right to:

47 (1) choose or refuse contraception or sterilization; and

1 (2) choose whether to carry a pregnancy, to give birth, or to have
2 an abortion.

3 b. A physician or other health care professional, acting within
4 the professional's lawful scope of practice and in compliance with all
5 generally applicable regulations, shall be authorized to provide
6 abortion care in this State.

7 c. A fertilized egg, embryo, or fetus shall not have independent
8 rights under the laws of this State.

9 d. No public entity shall, in the regulation or provision of
10 benefits, facilities, services, or information, deny or interfere with an
11 individual's fundamental reproductive rights under subsection a. of
12 this section or discriminate against an individual on the basis of the
13 individual's exercise of fundamental reproductive rights under
14 subsection a. of this section.

15 e. No individual shall be subject to prosecution or otherwise
16 deprived of the individual's constitutional rights for:

17 (1) terminating or attempting to terminate the individual's own
18 pregnancy; or

19 (2) acting or failing to act in any manner, with respect to the
20 individual's own pregnancy, based on the potential or actual impact
21 on the individual's own health or pregnancy.

22 f. In protecting or enforcing the fundamental reproductive rights
23 established pursuant to this section, a public entity shall not
24 discriminate on the basis of: sex, including, but not limited to, sex
25 stereotypes, sexual orientation, perceived sexual orientation, gender
26 identity or expression, or perceived gender identity or expression;
27 disability; race; ethnicity; age; national origin; immigration status;
28 religion; incarceration status; or economic status.

29 g. (1) This section shall apply to all public entity actions in the
30 State and to all State laws, rules, regulations, ordinances, policies,
31 procedures, and practices, whether established by statute or
32 otherwise and whether adopted before or after the effective date of
33 P.L. , c. (C.) (pending before the Legislature as this bill).

34 (2) Notwithstanding any other law, rule, or regulation to the
35 contrary, no public entity shall enact or enforce any law, rule,
36 regulation, ordinance, resolution, standard, or other provision having
37 the force and effect of law that conflicts or is otherwise inconsistent
38 with the provisions of, or the purposes or policies expressed or
39 implied in, P.L. , c. (C.) (pending before the Legislature as
40 this bill).

41 (3) The following rules and regulations are declared to be void,
42 and shall be given no force or effect following the effective date of
43 P.L. , c. (C.) (pending before the Legislature as this bill):

44 (a) all rules and regulations promulgated by the Board of Medical
45 Examiners as of the effective date of P.L. , c. (C.) (pending
46 before the Legislature as this bill), or parts thereof, which specifically
47 regulate and apply exclusively to the termination of pregnancy or are
48 otherwise inconsistent or in conflict with the provisions or express or

1 implied purposes of P.L. , c. (C.) (pending before the
2 Legislature as this bill), including, but not limited to, N.J.A.C.13:35-
3 4.2 in its entirety;

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

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

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

22
23 5. (New section) a. The New Jersey Department of Human
24 Services shall establish and administer a program to reimburse the
25 cost of prenatal, labor, and delivery care, as well as the cost of
26 abortion care and contraceptives described in sections 7 and 18 of
27 P.L. , c. (C.) (pending before the Legislature as this bill), for
28 individuals who can become pregnant and would be eligible for
29 medical assistance if not for the provisions of 8 U.S.C. s.1611 or 8
30 U.S.C. s.1612. This program shall incorporate any existing programs
31 and funding streams that provide coverage or reimbursement for
32 prenatal, labor, and delivery care provided to such individuals.

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

41 c. The State Legislature shall annually appropriate the amount
42 necessary to pay the reasonable and necessary expenses associated
43 with the operation of the program established under this section,
44 which expenses shall be determined by the department.

45
46 6. (New section) a. The provisions of P.L. , c. (C.)
47 (pending before the Legislature as this bill) shall be liberally

1 construed to effectuate the purposes specified in section 1 of
2 P.L. , c. (C.) (pending before the Legislature as this bill).

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

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

19

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

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

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

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

47 e. A religious employer may request, and a hospital service
48 corporation shall grant, an exclusion under the contract for the coverage

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

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

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

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

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

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

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

8
9 9. (New section) a. Every individual or group health service
10 corporation contract that provides hospital or medical expense benefits
11 and is delivered, issued, executed, or renewed in this State pursuant to
12 P.L.1985, c.236 (C.17:48E-1 et seq.) or is approved for issuance or
13 renewal in this State by the Commissioner of Banking and Insurance,
14 on or after the effective date of P.L. , c. (C.) (pending before
15 the Legislature as this bill), shall provide coverage for abortion, as
16 defined by section 3 of P.L. , c. (C.) (pending before the
17 Legislature as this bill).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

41
42 12. (New section) a. Every individual health benefits plan that
43 provides hospital or medical expense benefits and is delivered, issued,
44 executed, or renewed in this State pursuant to P.L.1992, c.161
45 (C.17B:27A-2 et seq.) or is approved for issuance or renewal in this
46 State by the Commissioner of Banking and Insurance, on or after the
47 effective date of P.L. , c. (C.) (pending before the Legislature

1 as this bill), shall provide benefits for abortion, as defined by section 3
2 of P.L. , c. (C.) (pending before the Legislature as this bill).

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

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

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

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

36
37 13. (New section) a. Every small employer health benefits plan that
38 provides hospital or medical expense benefits and is delivered, issued,
39 executed, or renewed in this State pursuant to P.L.1992, c.162
40 (C.17B:27A-17 et seq.) or is approved for issuance or renewal in this
41 State by the Commissioner of Banking and Insurance, on or after the
42 effective date of P.L. , c. (C.) (pending before the Legislature
43 as this bill), shall provide benefits for abortion, as defined by section 3
44 of P.L. , c. (C.) (pending before the Legislature as this bill).

45 b. A health benefits plan subject to this section shall not impose a
46 deductible, coinsurance, copayment, or any other cost-sharing
47 requirement on the coverage required under this section. For a
48 qualifying high-deductible health plan for a health savings account, the

1 carrier shall establish the plan's cost-sharing for the coverage provided
2 pursuant to this section at the minimum level necessary to preserve the
3 covered person's ability to claim tax-exempt contributions and
4 withdrawals from the covered person's health savings account under
5 26 U.S.C. s.223.

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

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

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

30
31 14. (New section) a. Every enrollee agreement that is delivered,
32 issued, executed, or renewed in this State pursuant to P.L.1973, c.337
33 (C.26:2J-1 et seq.) or is approved for issuance or renewal in this State
34 by the Commissioner of Banking and Insurance, on or after the effective
35 date of P.L. , c. (C.) (pending before the Legislature as this bill),
36 shall provide health care services for abortion, as defined by section 3
37 of P.L. , c. (C.) (pending before the Legislature as this bill).

38 b. A contract subject to this section shall not impose a deductible,
39 coinsurance, copayment, or any other cost-sharing requirement on the
40 coverage required under this section. For a qualifying high-deductible
41 health plan for a health savings account, the health maintenance
42 organization shall establish the plan's cost-sharing for the coverage
43 provided pursuant to this section at the minimum level necessary to
44 preserve the enrollee's ability to claim tax-exempt contributions and
45 withdrawals from the enrollee's health savings account under
46 26 U.S.C. s.223.

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

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

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

25
26 15. (New section) a. The State Health Benefits Commission shall
27 ensure that every contract providing hospital or medical expense
28 benefits, which is purchased by the commission on or after the effective
29 date of P.L. , c. (C.) (pending before the Legislature as this bill),
30 provides coverage for abortion, as defined by section 3 of
31 P.L. , c. (C.) (pending before the Legislature as this bill).

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

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

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

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

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

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

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

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

41
42 17. (New section) a. The School Employees' Health Benefits
43 Commission shall ensure that every contract providing hospital or
44 medical expense benefits, which is purchased by the commission on
45 or after the effective date of P.L. , c. (C.) (pending before
46 the Legislature as this bill), provides benefits for expenses incurred
47 in the purchase of contraceptives and the following services, drugs,
48 devices, products, and procedures, on an in-network basis:

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

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

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

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

17 (2) Voluntary male and female sterilization.

18 (3) Patient education and counseling on contraception.

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

22 (a) Management of side effects;

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

24 (c) Device insertion and removal;

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

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

30 b. The coverage provided under this section shall include
31 prescriptions for dispensing contraceptives for a single dispensing
32 unit of up to a 13-unit supply of prescription contraceptives, intended
33 to last over a 12-month period, regardless of whether coverage under
34 the contract was in effect at the time of the first dispensing, except
35 that an entity subject to this section may provide coverage for a
36 supply of contraceptives that is for less than a 12-month period if a
37 12-month period would extend beyond the terms of the contract. The
38 contraceptives may be furnished over the course of the 12-month
39 period at the discretion of the health care provider.

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

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 Code
48 (26 U.S.C. s.223).

1 d. 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 provisions
6 of 42 U.S.C. 300gg-13.

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

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

29

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

32 1. The consent to the performance of medical or surgical care
33 and **procedure** procedures by a hospital or by a **physician licensed**
34 **to practice medicine and surgery** health care professional, as defined
35 by section 3 of P.L. , c. (C.) (pending before the Legislature
36 as this bill), which consent is executed by a married person who is a
37 minor, or by a pregnant **woman** person who is a minor, on **his or**
38 **her** the minor's behalf or on behalf of any of **his or her** the minor's
39 children, shall be valid and binding, and, for such purposes, a married
40 person who is a minor or a pregnant **woman** person who is a minor
41 shall be deemed to have the same legal capacity to act and shall have
42 the same powers and obligations as **has** a person of legal age.
43 Notwithstanding any other provision of the law, an unmarried,
44 pregnant minor may give consent to the furnishing of hospital,
45 medical, and surgical care related to **her** the minor's pregnancy or
46 **her** the minor's child, although prior notification of a parent may
47 be required pursuant to P.L.1999, c.145 (C.9:17A-1.1 et al.) **and**

1 such consent shall not be subject to disaffirmance because of
2 minority. The consent of the parent or parents of an unmarried,
3 pregnant minor shall not be necessary in order to authorize hospital,
4 medical, and surgical care related to **her** the minor's pregnancy or
5 **her** the minor's child.

6 (cf: P.L.1999, c.145, s.1)

7

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

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

1 b. The coverage provided under this section shall include
2 prescriptions for dispensing contraceptives for

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

5 (2) a six-month period for any subsequent dispensing of the same
6 contraceptive, regardless of whether coverage under the contract was
7 in effect at the time of the first dispensing, except that an entity
8 subject to this section may provide coverage for a supply of
9 contraceptives that is for less than a six-month period, if a six-month
10 period would extend beyond the term of the contract **】** a single
11 dispensing unit of up to a 13-unit supply of prescription
12 contraceptives, intended to last over a 12-month period, regardless of
13 whether coverage under the contract was in effect at the time of the
14 first dispensing, except that an entity subject to this section may
15 provide coverage for a supply of contraceptives that is for less than a
16 12-month period if a 12-month period would extend beyond the terms
17 of the contract. The contraceptives may be furnished over the course
18 of the 12-month period at the discretion of the health care provider.

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

25 (2) In the case of a high deductible health plan, benefits for male
26 sterilization or male contraceptives shall be provided at the lowest
27 deductible and other cost-sharing permitted for a high deductible
28 health plan under section 223(c)(2)(A) of the Internal Revenue Code
29 (26 U.S.C. s.223).

30 d. This section shall apply to those contracts in which the
31 hospital service corporation has reserved the right to change the
32 premium.

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

39 f. A religious employer may request, and a hospital service
40 corporation shall grant, an exclusion under the contract for the
41 coverage required by this section if the required coverage conflicts
42 with the religious employer's bona fide religious beliefs and
43 practices. A religious employer that obtains such an exclusion shall
44 provide written notice thereof to subscribers and prospective
45 subscribers, which notice shall list the contraceptive health care
46 services that the employer refuses to cover for religious reasons. The
47 hospital service corporation shall provide notice of the exclusion to
48 the Commissioner of Banking and Insurance in such form and

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

9 g. Except as otherwise authorized under this section, a hospital
10 service corporation shall not impose any restrictions or delays on,
11 and shall not require prior authorization for, the coverage required
12 under this section.

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

14
15 20. Section 2 of P.L.2005, c.251 (C.17:48A-7bb) is amended to
16 read as follows:

17 2. a. A medical service corporation that provides hospital or
18 medical expense benefits shall provide coverage₂ under every
19 contract that is delivered, issued, executed₂ or renewed in this State
20 or approved for issuance or renewal in this State by the
21 Commissioner of Banking and Insurance, on or after the effective
22 date of this **[act]** section, for expenses incurred in the purchase of
23 **[prescription female]** contraceptives**[,]** and the following services,
24 drugs, devices, products, and procedures₂ on an in-network basis:

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

28 (a) If there is a therapeutic equivalent of a contraceptive drug,
29 device₂ or product approved by the United States Food and Drug
30 Administration, coverage shall be provided for either the requested
31 contraceptive drug, device₂ or product or for one or more therapeutic
32 equivalents of the requested drug, device₂ or product.

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

36 (c) Coverage shall be provided without any infringement upon a
37 subscriber's choice of contraception₂ and medical necessity shall be
38 determined by the provider for covered contraceptive drugs, devices₂
39 or other products approved by the United States Food and Drug
40 Administration.

41 (2) Voluntary male and female sterilization.

42 (3) Patient education and counseling on contraception.

43 (4) Services related to the administration and monitoring of
44 drugs, devices, products₂ and services required under this section,
45 including but not limited to:

46 (a) Management of side effects;

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

48 (c) Device insertion and removal;

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

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

6 b. The coverage provided under this section shall include
7 prescriptions for dispensing contraceptives for¹:

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

10 (2) a six-month period for any subsequent dispensing of the same
11 contraceptive, regardless of whether coverage under the contract was
12 in effect at the time of the first dispensing, except that an entity
13 subject to this section may provide coverage for a supply of
14 contraceptives that is for less than a six-month period, if a six-month
15 period would extend beyond the term of the contract² a single
16 dispensing unit of up to a 13-unit supply of prescription
17 contraceptives, intended to last over a 12-month period, regardless of
18 whether coverage under the contract was in effect at the time of the
19 first dispensing, except that an entity subject to this section may
20 provide coverage for a supply of contraceptives that is for less than a
21 12-month period if a 12-month period would extend beyond the terms
22 of the contract. The contraceptives may be furnished over the course
23 of the 12-month period at the discretion of the health care provider.

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

30 (2) In the case of a high deductible health plan, benefits for male
31 sterilization or male contraceptives shall be provided at the lowest
32 deductible and other cost-sharing permitted for a high deductible
33 health plan under section 223(c)(2)(A) of the Internal Revenue Code
34 (26 U.S.C. s.223).

35 d. This section shall apply to those contracts in which the
36 medical service corporation has reserved the right to change the
37 premium.

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

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

1 provide written notice thereof to subscribers and prospective
2 subscribers, which notice shall list the contraceptive health care
3 services that the employer refuses to cover for religious reasons. The
4 medical service corporation shall provide notice of the exclusion to
5 the Commissioner of Banking and Insurance in such form and
6 manner as may be determined by the commissioner. The provisions
7 of this subsection shall not be construed as authorizing a medical
8 service corporation to exclude coverage for care that is necessary to
9 preserve the life or health of a subscriber. For the purposes of this
10 subsection, “religious employer” means an organization that is
11 organized and operates as a nonprofit entity and is referred to in
12 section 6033(a)(3)(A)(i) or (iii) of the Internal Revenue Code of 1986
13 (26 U.S.C. s.6033), as amended.

14 g. Except as otherwise authorized under this section, a medical
15 service corporation shall not impose any restrictions or delays on,
16 and shall not require prior authorization for, the coverage required
17 under this section.

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

19

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

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

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

33 (a) If there is a therapeutic equivalent of a contraceptive drug,
34 device₂ or product approved by the United States Food and Drug
35 Administration, coverage shall be provided for either the requested
36 contraceptive drug, device₂ or product or for one or more therapeutic
37 equivalents of the requested drug, device₂ or product.

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

41 (c) Coverage shall be provided without any infringement upon a
42 subscriber's choice of contraception₂ and medical necessity shall be
43 determined by the provider for covered contraceptive drugs, devices,
44 or other products approved by the United States Food and Drug
45 Administration.

46 (2) Voluntary male and female sterilization.

47 (3) Patient education and counseling on contraception.

- 1 (4) Services related to the administration and monitoring of
2 drugs, devices, products, and services required under this section,
3 including but not limited to:
- 4 (a) Management of side effects;
 - 5 (b) Counseling for continued adherence to a prescribed regimen;
 - 6 (c) Device insertion and removal;
 - 7 (d) Provision of alternative contraceptive drugs, devices, or
8 products deemed medically appropriate in the judgment of the
9 subscriber's health care provider; and
 - 10 (e) Diagnosis and treatment services provided pursuant to, or as
11 a follow-up to, a service required under this section.
- 12 b. The coverage provided under this section shall include
13 prescriptions for dispensing contraceptives for:
- 14 (1) a three-month period for the first dispensing of the
15 contraceptive; and
 - 16 (2) a six-month period for any subsequent dispensing of the same
17 contraceptive, regardless of whether coverage under the contract was
18 in effect at the time of the first dispensing, except that an entity
19 subject to this section may provide coverage for a supply of
20 contraceptives that is for less than a six-month period, if a six-month
21 period would extend beyond the term of the contract **】** a single
22 dispensing unit of up to a 13-unit supply of prescription
23 contraceptives, intended to last over a 12-month period, regardless of
24 whether coverage under the contract was in effect at the time of the
25 first dispensing, except that an entity subject to this section may
26 provide coverage for a supply of contraceptives that is for less than a
27 12-month period if a 12-month period would extend beyond the terms
28 of the contract. The contraceptives may be furnished over the course
29 of the 12-month period at the discretion of the health care provider.
- 30 c. (1) Except as provided in paragraph (2) of this subsection,
31 the benefits provided under this section shall be provided to the same
32 extent as for any other service, drug, device, product, or procedure
33 under the contract, except that no deductible, coinsurance,
34 copayment, or any other cost-sharing requirement on the coverage
35 shall be imposed.
- 36 (2) In the case of a high deductible health plan, benefits for male
37 sterilization or male contraceptives shall be provided at the lowest
38 deductible and other cost-sharing permitted for a high deductible
39 health plan under section 223(c)(2)(A) of the Internal Revenue Code
40 (26 U.S.C. s.223).
- 41 d. This section shall apply to those contracts in which the health
42 service corporation has reserved the right to change the premium.
- 43 e. Nothing in this section shall limit coverage of any additional
44 preventive service for women, as identified or recommended by the
45 United States Preventive Services Task Force or the Health
46 Resources and Services Administration of the United States
47 Department of Health and Human Services pursuant to the provisions
48 of 42 U.S.C. 300gg-13.

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

19 g. Except as otherwise authorized under this section, a health
20 service corporation shall not impose any restrictions or delays on,
21 and shall not require prior authorization for, the coverage required
22 under this section.

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

24
25 22. Section 9 of P.L.2005, c.251 (C.17:48F-13.2) is amended to
26 read as follows:

27 9. a. A prepaid prescription service organization shall provide
28 coverage, on an in-network basis, under every contract delivered,
29 issued, executed, or renewed in this State or approved for issuance or
30 renewal in this State by the Commissioner of Banking and
31 Insurance **[,]** on or after the effective date of this **[act]** section**[,]** for
32 expenses incurred in the purchase of **[prescription female]**
33 **contraceptives****[,]** and the services, drugs, devices, products, and
34 procedures **[on an in-network basis as determined to be]** required **[to**
35 **be covered]** by the commissioner to be covered pursuant to
36 subsection b. of this section.

37 b. The Commissioner of Banking and Insurance shall determine,
38 in the commissioner's discretion, which provisions of the coverage
39 requirements applicable to insurers pursuant to P.L.2019, c.361 shall
40 apply to prepaid prescription organizations, and shall adopt
41 regulations in accordance with the commissioner's determination.

42 c. The coverage provided under this section shall include
43 prescriptions for dispensing contraceptives for **[]**:

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

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

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

13 d. (1) Except as provided in paragraph (2) of this subsection,
14 the benefits provided under this section shall be provided to the same
15 extent as for any other service, drug, device, product, or procedure
16 under the contract, except that no deductible, coinsurance,
17 copayment, or any other cost-sharing requirement on the coverage
18 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 Code
23 (26 U.S.C. s.223).

24 e. This section shall apply to those prepaid prescription
25 contracts in which the prepaid prescription service organization has
26 reserved the right to change the premium.

27 f. 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 provisions
32 of 42 U.S.C. 300gg-13.

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

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

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

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

8

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

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

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

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

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

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

35 (2) Voluntary male and female sterilization.

36 (3) Patient education and counseling on contraception.

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

40 (a) Management of side effects;

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

42 (c) Device insertion and removal;

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

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

1 b. The coverage provided under this section shall include
2 prescriptions for dispensing contraceptives for

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

5 (2) a six-month period for any subsequent dispensing of the same
6 contraceptive, regardless of whether coverage under the contract was
7 in effect at the time of the first dispensing, except that an entity
8 subject to this section may provide coverage for a supply of
9 contraceptives that is for less than a six-month period, if a six-month
10 period would extend beyond the term of the contract] a single
11 dispensing unit of up to a 13-unit supply of prescription
12 contraceptives, intended to last over a 12-month period, regardless of
13 whether coverage under the policy was in effect at the time of the
14 first dispensing, except that an entity subject to this section may
15 provide coverage for a supply of contraceptives that is for less than a
16 12-month period if a 12-month period would extend beyond the terms
17 of the policy. The contraceptives may be furnished over the course
18 of the 12-month period at the discretion of the health care provider.

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

25 (2) In the case of a high deductible health plan, benefits for male
26 sterilization or male contraceptives shall be provided at the lowest
27 deductible and other cost-sharing permitted for a high deductible
28 health plan under section 223(c)(2)(A) of the Internal Revenue Code
29 (26 U.S.C. s.223).

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

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

38 f. A religious employer may request, and an individual health
39 insurer shall grant, an exclusion under the policy for the coverage
40 required by this section if the required coverage conflicts with the
41 religious employer's bona fide religious beliefs and practices. A
42 religious employer that obtains such an exclusion shall provide
43 written notice thereof to insureds and prospective insureds, which
44 notice shall list the contraceptive health care services that the
45 employer refuses to cover for religious reasons. The individual
46 health insurer shall provide notice of the exclusion to the
47 Commissioner of Banking and Insurance in such form and manner as
48 may be determined by the commissioner. The provisions of this

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

8 g. Except as otherwise authorized under this section, an
9 individual health insurer shall not impose any restrictions or delays
10 on, and shall not require prior authorization for, the coverage
11 required under this section.

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

13

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

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

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

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

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

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

40 (2) Voluntary male and female sterilization.

41 (3) Patient education and counseling on contraception.

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

45 (a) Management of side effects;

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

47 (c) Device insertion and removal;

- 1 (d) Provision of alternative contraceptive drugs, devices, or
2 products deemed medically appropriate in the judgment of the
3 **【subscriber's】 insured's** health care provider; and
- 4 (e) Diagnosis and treatment services provided pursuant to, or as
5 a follow-up to, a service required under this section.
- 6 b. The coverage provided under this section shall include
7 prescriptions for dispensing contraceptives for**【**:
- 8 (1) a three-month period for the first dispensing of the
9 contraceptive; and
- 10 (2) a six-month period for any subsequent dispensing of the same
11 contraceptive, regardless of whether coverage under the contract was
12 in effect at the time of the first dispensing, except that an entity
13 subject to this section may provide coverage for a supply of
14 contraceptives that is for less than a six-month period, if a six-month
15 period would extend beyond the term of the contract**】** a single
16 dispensing unit of up to a 13-unit supply of prescription
17 contraceptives, intended to last over a 12-month period, regardless of
18 whether coverage under the policy was in effect at the time of the
19 first dispensing, except that an entity subject to this section may
20 provide coverage for a supply of contraceptives that is for less than a
21 12-month period if a 12-month period would extend beyond the terms
22 of the policy. The contraceptives may be furnished over the course
23 of the 12-month period at the discretion of the health care provider.
- 24 c. (1) Except as provided in paragraph (2) of this subsection,
25 the benefits provided under this section shall be provided to the same
26 extent as for any other service, drug, device, product, or procedure
27 under the policy, except that no deductible, coinsurance, copayment,
28 or any other cost-sharing requirement on the coverage shall be
29 imposed.
- 30 (2) In the case of a high deductible health plan, benefits for male
31 sterilization or male contraceptives shall be provided at the lowest
32 deductible and other cost-sharing permitted for a high deductible
33 health plan under section 223(c)(2)(A) of the Internal Revenue Code
34 (26 U.S.C. s.223).
- 35 d. This section shall apply to those policies in which the insurer
36 has reserved the right to change the premium.
- 37 e. Nothing in this section shall limit coverage of any additional
38 preventive service for women, as identified or recommended by the
39 United States Preventive Services Task Force or the Health
40 Resources and Services Administration of the United States
41 Department of Health and Human Services pursuant to the provisions
42 of 42 U.S.C. 300gg-13.
- 43 f. A religious employer may request, and a group health insurer
44 shall grant, an exclusion under the policy for the coverage required
45 by this section if the required coverage conflicts with the religious
46 employer's bona fide religious beliefs and practices. A religious
47 employer that obtains such an exclusion shall provide written notice
48 thereof to insureds and prospective insureds, which notice shall list

1 the contraceptive health care services that the employer refuses to
2 cover for religious reasons. The group health insurer shall provide
3 notice of the exclusion to the Commissioner of Banking and
4 Insurance in such form and manner as may be determined by the
5 commissioner. The provisions of this subsection shall not be
6 construed as authorizing a group health insurer to exclude coverage
7 for care that is necessary to preserve the life or health of an insured.
8 For the purposes of this subsection, “religious employer” means an
9 organization that is organized and operates as a nonprofit entity and
10 is referred to in section 6033(a)(3)(A)(i) or (iii) of the Internal
11 Revenue Code of 1986, as amended.

12 g. Except as otherwise authorized under this section, a group
13 health insurer shall not impose any restrictions or delays on, and shall
14 not require prior authorization for, the coverage required under this
15 section.

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

17

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

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

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

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

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

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

41 (2) Voluntary male and female sterilization.

42 (3) Patient education and counseling on contraception.

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

46 (a) Management of side effects;

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

48 (c) Device insertion and removal;

1 (d) Provision of alternative contraceptive drugs, devices, or
2 products deemed medically appropriate in the judgment of the
3 **【subscriber's】 covered person's** health care provider; and

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

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

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

10 (2) a six-month period for any subsequent dispensing of the same
11 contraceptive, regardless of whether coverage under the contract was
12 in effect at the time of the first dispensing, except that an entity
13 subject to this section may provide coverage for a supply of
14 contraceptives that is for less than a six-month period, if a six-month
15 period would extend beyond the term of the contract**】 a single**
16 dispensing unit of up to a 13-unit supply of prescription
17 contraceptives, intended to last over a 12-month period, regardless of
18 whether coverage under the health benefits plan was in effect at the
19 time of the first dispensing, except that an entity subject to this
20 section may provide coverage for a supply of contraceptives that is
21 for less than a 12-month period if a 12-month period would extend
22 beyond the terms of the health benefits plan. The contraceptives may
23 be furnished over the course of the 12-month period at the discretion
24 of the health care provider.

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

31 (2) In the case of a high deductible health plan, benefits for male
32 sterilization or male contraceptives shall be provided at the lowest
33 deductible and other cost-sharing permitted for a high deductible
34 health plan under section 223(c)(2)(A) of the Internal Revenue Code
35 (26 U.S.C. s.223).

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

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

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

1 thereof to covered persons and prospective covered persons, which
2 notice shall list the contraceptive health care services that the
3 employer refuses to cover for religious reasons. The carrier shall
4 provide notice of the exclusion to the Commissioner of Banking and
5 Insurance in such form and manner as may be determined by the
6 commissioner. The provisions of this subsection shall not be
7 construed as authorizing a carrier to exclude coverage for care that is
8 necessary to preserve the life or health of a covered person. For the
9 purposes of this subsection, “religious employer” means an
10 organization that is organized and operates as a nonprofit entity and
11 is referred to in section 6033(a)(3)(A)(i) or (iii) of the Internal
12 Revenue Code of 1986, as amended.

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

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

17

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

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

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

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

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

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

41 (2) Voluntary male and female sterilization.

42 (3) Patient education and counseling on contraception.

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

46 (a) Management of side effects;

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

48 (c) Device insertion and removal;

- 1 (d) Provision of alternative contraceptive drugs, devices, or
2 products deemed medically appropriate in the judgment of the
3 **【subscriber's】 covered person's** health care provider; and
- 4 (e) Diagnosis and treatment services provided pursuant to, or as
5 a follow-up to, a service required under this section.
- 6 b. The coverage provided under this section shall include
7 prescriptions for dispensing contraceptives for**【**:
- 8 (1) a three-month period for the first dispensing of the
9 contraceptive; and
- 10 (2) a six-month period for any subsequent dispensing of the same
11 contraceptive, regardless of whether coverage under the contract was
12 in effect at the time of the first dispensing, except that an entity
13 subject to this section may provide coverage for a supply of
14 contraceptives that is for less than a six-month period, if a six-month
15 period would extend beyond the term of the contract**】 a single**
16 dispensing unit of up to a 13-unit supply of prescription
17 contraceptives, intended to last over a 12-month period, regardless of
18 whether coverage under the health benefits plan was in effect at the
19 time of the first dispensing, except that an entity subject to this
20 section may provide coverage for a supply of contraceptives that is
21 for less than a 12-month period if a 12-month period would extend
22 beyond the terms of the health benefits plan. The contraceptives may
23 be furnished over the course of the 12-month period at the discretion
24 of the health care provider.
- 25 c. (1) Except as provided in paragraph (2) of this subsection,
26 the benefits provided under this section shall be provided to the same
27 extent as for any other service, drug, device, product, or procedure
28 under the health benefits plan, except that no deductible, coinsurance,
29 copayment, or any other cost-sharing requirement on the coverage
30 shall be imposed.
- 31 (2) In the case of a high deductible health plan, benefits for male
32 sterilization or male contraceptives shall be provided at the lowest
33 deductible and other cost-sharing permitted for a high deductible
34 health plan under section 223(c)(2)(A) of the Internal Revenue Code
35 (26 U.S.C. s.223).
- 36 d. This section shall apply to all small employer health benefits
37 plans in which the carrier has reserved the right to change the
38 premium.
- 39 e. Nothing in this section shall limit coverage of any additional
40 preventive service for women, as identified or recommended by the
41 United States Preventive Services Task Force or the Health
42 Resources and Services Administration of the United States
43 Department of Health and Human Services pursuant to the provisions
44 of 42 U.S.C. 300gg-13.
- 45 f. A religious employer may request, and a carrier shall grant,
46 an exclusion under the health benefits plan for the coverage required
47 by this section if the required coverage conflicts with the religious
48 employer's bona fide religious beliefs and practices. A religious

1 employer that obtains such an exclusion shall provide written notice
2 thereof to covered persons and prospective covered persons, which
3 notice shall list the contraceptive health care services that the
4 employer refuses to cover for religious reasons. The carrier shall
5 provide notice of the exclusion to the Commissioner of Banking and
6 Insurance in such form and manner as may be determined by the
7 commissioner. The provisions of this subsection shall not be
8 construed as authorizing a carrier to exclude coverage for care that is
9 necessary to preserve the life or health of a covered person. For the
10 purposes of this subsection, "religious employer" means an
11 organization that is organized and operates as a nonprofit entity and
12 is referred to in section 6033(a)(3)(A)(i) or (iii) of the Internal
13 Revenue Code of 1986, as amended.

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

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

18

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

21 6. a. A certificate of authority to establish and operate a health
22 maintenance organization in this State shall not be issued or
23 continued, on or after the effective date of this [act for a health
24 maintenance organization] section, unless the health maintenance
25 organization provides health care services for prescription female
26 contraceptives[,] and the following services, drugs, devices,
27 products, and procedures, on an in-network basis:

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

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

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

39 (c) Coverage shall be provided without any infringement upon a
40 [subscriber's] enrollee's choice of contraception, and medical
41 necessity shall be determined by the provider for covered
42 contraceptive drugs, devices, or other products approved by the
43 United States Food and Drug Administration.

44 (2) Voluntary male and female sterilization.

45 (3) Patient education and counseling on contraception.

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

- 1 (a) Management of side effects;
- 2 (b) Counseling for continued adherence to a prescribed regimen;
- 3 (c) Device insertion and removal;
- 4 (d) Provision of alternative contraceptive drugs, devices, or
- 5 products deemed medically appropriate in the judgment of the
- 6 **【subscriber's】 enrollee's** health care provider; and
- 7 (e) Diagnosis and treatment services provided pursuant to, or as
- 8 a follow-up to, a service required under this section.
- 9 b. The coverage provided under this section shall include
- 10 prescriptions for dispensing contraceptives for**【**:
- 11 (1) a three-month period for the first dispensing of the
- 12 contraceptive; and
- 13 (2) a six-month period for any subsequent dispensing of the same
- 14 contraceptive, regardless of whether coverage under the contract was
- 15 in effect at the time of the first dispensing, except that an entity
- 16 subject to this section may provide coverage for a supply of
- 17 contraceptives that is for less than a six-month period, if a six-month
- 18 period would extend beyond the term of the contract**】 a single**
- 19 dispensing unit of up to a 13-unit supply of prescription
- 20 contraceptives, intended to last over a 12-month period, regardless of
- 21 whether coverage under the contract was in effect at the time of the
- 22 first dispensing, except that an entity subject to this section may
- 23 provide coverage for a supply of contraceptives that is for less than a
- 24 12-month period if a 12-month period would extend beyond the terms
- 25 of the contract. The contraceptives may be furnished over the course
- 26 of the 12-month period at the discretion of the health care provider.
- 27 c. (1) Except as provided in paragraph (2) of this subsection,
- 28 the health care services provided under this section shall be provided
- 29 to the same extent as for any other service, drug, device, product, or
- 30 procedure under the contract, except that no deductible, coinsurance,
- 31 copayment, or any other cost-sharing requirement on the coverage
- 32 shall be imposed.
- 33 (2) In the case of a high deductible health plan, benefits for male
- 34 sterilization or male contraceptives shall be provided at the lowest
- 35 deductible and other cost-sharing permitted for a high deductible
- 36 health plan under section 223(c)(2)(A) of the Internal Revenue Code
- 37 (26 U.S.C. s.223).
- 38 d. The provisions of this section shall apply to those contracts
- 39 for health care services by health maintenance organizations under
- 40 which the right to change the schedule of charges for enrollee
- 41 coverage is reserved.
- 42 e. Nothing in this section shall limit coverage of any additional
- 43 preventive service for women, as identified or recommended by the
- 44 United States Preventive Services Task Force or the Health
- 45 Resources and Services Administration of the United States
- 46 Department of Health and Human Services pursuant to the provisions
- 47 of 42 U.S.C. 300gg-13.

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

19 g. Except as otherwise authorized under this section, a health
20 maintenance organization shall not impose any restrictions or delays
21 on, and shall not require prior authorization for, the coverage
22 required under this section.

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

24
25 28. Section 10 of P.L.2018, c.62 (C.26:6B-10) is amended to read
26 as follows:

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

33 (1) death where criminal violence appears to have taken place,
34 regardless of the time interval between the incident and death, and
35 regardless of whether the violence appears to have been the
36 immediate cause of death, or a contributory factor thereto;

37 (2) death by accident or unintentional injury, regardless of the
38 time interval between the incident and death, and regardless of
39 whether the injury appears to have been the immediate cause of
40 death[,] or a contributory factor thereto;

41 (3) death under suspicious or unusual circumstances;

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

44 (5) death not caused by readily recognizable diseases, disability,
45 or infirmity;

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

47 (7) suicide;

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

- 1 (9) sudden or unexpected death of an infant or child under three
2 years of age **【**or a fetal death occurring without medical attendance**】**;
- 3 (10) death where suspicion of abuse of a child, family or
4 household member, or elderly or disabled person exists;
- 5 (11) death within 24 hours of admission to a hospital or a nursing
6 home;
- 7 (12) death in custody, in a jail or correctional facility, or in a
8 State or county psychiatric hospital, State developmental center, or
9 other public or private institution or facility for persons with mental
10 illness, developmental disabilities, or brain injury;
- 11 (13) death related to occupational illness or injury;
- 12 (14) death due to thermal, chemical, electrical, or radiation
13 injury;
- 14 (15) death due to toxins, poisons, medicinal or recreational
15 drugs, or a combination thereof;
- 16 (16) known or suspected non-natural death;
- 17 (17) any person found dead under unexplained circumstances;
- 18 (18) the discovery of skeletal remains;
- 19 (19) death for which investigation is in the public interest; or
- 20 (20) **【a】** death occurring under such other circumstances as
21 prescribed by regulation of the Chief State Medical Examiner.
- 22 b. For a death that occurs, or appears to have occurred, for any
23 of the reasons specified in subsection a. of this section:
 - 24 (1) It shall be the duty of any member of the general public having
25 knowledge of the death to notify immediately the local law
26 enforcement agency of the known facts concerning the time, place,
27 manner, and circumstances of that death;
 - 28 (2) It shall be the duty of any attending physician, licensed nurse,
29 hospital administrator, law enforcement officer, Department of
30 Children and Families staff member, or funeral director to notify
31 immediately the county or intercounty medical examiner of the
32 known facts concerning the time, place, manner, and circumstances
33 of that death; and
 - 34 (3) A person who willfully neglects or refuses to report the
35 death**【,】** or who, without an order from the office of the county or
36 intercounty medical examiner or the Office of the Chief State
37 Medical Examiner, willfully touches, removes, or disturbs the
38 decedent's body or touches, removes, or disturbs the clothing upon or
39 near the body, is guilty of a crime of the fourth degree.
- 40 c. In addition to the rules and regulations adopted by the Chief
41 State Medical Examiner establishing uniform procedures for
42 conducting medicolegal death investigations, the procedures
43 concerning the death investigation process as set forth in this
44 subsection shall be followed by the persons specified herein.
 - 45 (1) Upon the death of a person from any of the causes specified
46 in subsection a. of this section, it shall be the duty of the physician in
47 attendance, a law enforcement officer having knowledge of the death,
48 the funeral director, or any other person present, to immediately

1 notify the county or intercounty medical examiner and the county
2 prosecutor of the county in which the death occurred of the known
3 facts concerning the time, place, manner, and circumstances of that
4 death. Upon receipt of that notification, the county or intercounty
5 medical examiner, **[or]** an assistant county or intercounty medical
6 examiner, or a medicolegal death investigator shall immediately
7 proceed to the place where the dead body is located and take charge
8 of the body. A medicolegal death investigator who engages in the
9 investigation of deaths pursuant to this subsection shall obtain
10 certification from the American Board of Medicolegal Death
11 Investigators within three years after the effective date of **[this act]**
12 P.L.2018, c.62 (C.26:6B-1 et al.), or within three years after the
13 person first takes action under this paragraph, whichever is later.

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

18 (3) (a) The medical examiner or medicolegal death investigator,
19 as the case may be, shall: fully investigate the essential facts
20 concerning the medical causes of death and take the names and
21 addresses of as many witnesses thereto as may be practicable to
22 obtain; before leaving the premises, reduce those facts, as the medical
23 examiner may deem necessary, to writing; file those facts in the
24 office of the county or intercounty medical examiner; and make the
25 facts available to the county prosecutor and the Chief State Medical
26 Examiner at their request.

27 (b) The law enforcement officer present at the investigation, or
28 the medical examiner or medicolegal death investigator if no officer
29 is present, shall, in the absence of the next-of-kin of the deceased
30 person: take possession of all property of value found on the
31 decedent; **[make]** include an exact inventory thereof **[on his]** in the
32 medical examiner's or medicolegal death investigator's official
33 report; and deliver the property to the law enforcement agency for
34 the municipality in which the death occurred, which shall surrender
35 the property to the person entitled to its custody or possession.

36 (c) The medical examiner or medicolegal death investigator, as
37 the case may be, shall take possession of any objects or articles that,
38 in **[his]** the opinion of the medical examiner or medicolegal death
39 investigator, may be useful in establishing the cause or manner of
40 death, or which constitute evidence of criminal behavior, and, after
41 cataloging each item, shall deliver them to the county prosecutor.

42 (4) The Chief State Medical Examiner, Deputy Chief State
43 Medical Examiner, county or intercounty medical examiner, assistant
44 county or intercounty medical examiner, or medicolegal death
45 investigator, as the case may be, shall consult with law enforcement
46 officers and agencies, county prosecutors, public health agencies,
47 **[or]** and other appropriate entities in matters within their expertise,

1 when conducting a medicolegal death investigation. The medical
2 examiner, assistant medical examiner, or medicolegal death
3 investigator, as the case may be, shall be provided with an
4 Originating Agency Identification Number~~[,]~~ and access to the
5 State's motor vehicle registries and fingerprint registries~~[,]~~ for the
6 purposes of identifying the remains of a deceased individual under
7 this section.

8 (5) If the cause of death is established within a reasonable degree
9 of medical certainty and no autopsy is deemed necessary, the county
10 or intercounty medical examiner, assistant county or intercounty
11 medical examiner, or medicolegal death investigator, as the case may
12 be, shall reduce the findings to writing and promptly make a full
13 report thereof to the Chief State Medical Examiner and to the county
14 prosecutor in a format to be prescribed by the Chief State Medical
15 Examiner for that purpose.

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

21 (a) the county or intercounty medical examiner or assistant
22 county or intercounty medical examiner, provided that the individual
23 performing the autopsy is under the supervision of a pathologist
24 certified by the American Board of Pathology or the American
25 Osteopathic Board of Pathology;

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

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

30 (7) If, in any case in which the suspected cause of death of a child
31 under one year of age is sudden infant death syndrome~~[,]~~ or the death
32 of a child [is] between one and three years of age ~~[and the death]~~ is
33 sudden and unexpected, and an investigation has been conducted in
34 accordance with the provisions of this section, and ~~[a]~~ the child's
35 parent or legal guardian ~~[of the child]~~ requests an autopsy, an
36 autopsy shall be performed by: (a) the county or intercounty medical
37 examiner or assistant county or intercounty medical examiner,
38 provided that the individual performing the autopsy is under the
39 supervision of a pathologist certified by the American Board of
40 Pathology or the American Osteopathic Board of Pathology; or (b)
41 the Chief State Medical Examiner, at his or her discretion, or the
42 Deputy Chief State Medical Examiner.

43 (a) The medical examiner performing the autopsy shall file a
44 detailed description of the findings and conclusions of the autopsy
45 with the Office of the Chief State Medical Examiner, ~~[and with]~~ the
46 appropriate county or intercounty medical examiner office, and the
47 county prosecutor.

1 (b) Upon the request of a parent or legal guardian of the child, a
2 pediatric pathologist, if available, shall assist in the performance of
3 the autopsy under the direction of a forensic pathologist. The Chief
4 State Medical Examiner or county or intercounty medical examiner
5 shall notify the parent or legal guardian of the child that **【they】** the
6 parent or guardian may request that a pediatric pathologist assist in
7 the performance of the autopsy. The medical examiner shall include
8 any findings and conclusions by the pathologist from the autopsy
9 with the information filed with the Office of the Chief State Medical
10 Examiner, **【and with】** the appropriate county or intercounty medical
11 examiner office, and the county prosecutor, pursuant to subparagraph
12 (a) of this paragraph. The Chief State Medical Examiner or the
13 county or intercounty medical examiner shall make available a copy
14 of these findings and conclusions to the closest surviving relative of
15 the decedent within 120 days of the receipt of a request therefor,
16 unless the death is under active investigation by a law enforcement
17 agency.

18 (c) The medical examiner **【with】** having jurisdiction **【for】** over
19 the investigation shall make the preliminary findings and conclusions
20 of the autopsy available to the child's parent or legal guardian and the
21 department within 48 hours after the medical examiner is notified of
22 the death of the child. The medical examiner shall provide his or her
23 findings and conclusions for each reported case to the department
24 upon completion of the investigation.

25 (8) Notwithstanding the provisions of **【this act】** P.L.2018, c.62
26 (C.26:6B-1 et al.) to the contrary, a county or intercounty medical
27 examiner may request the Chief State Medical Examiner **【or】**,
28 Deputy Chief State Medical Examiner, or other person authorized
29 and designated by the Chief State Medical Examiner**【,】** to conduct
30 an examination or perform an autopsy whenever it is deemed
31 necessary or desirable.

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

1 examiner with information that the person deems relevant to: the
2 circumstances of the resident's death; and whether there is a need to
3 perform a dissection or autopsy of the decedent.

4 d. Upon the request of a decedent's legal representative, or upon
5 the request of the person who, pursuant to section 22 of P.L.2003,
6 c.261 (C.45:27-22), is in control of the decedent's funeral, the Chief
7 State Medical Examiner shall provide the legal representative or
8 person in control of the funeral with all available documentation
9 related to the decedent's autopsy and the medical investigation of the
10 decedent's death.

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

12

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

15 10. a. The State Health Benefits Commission shall ensure that
16 every contract purchased by the commission on or after the effective
17 date of this **act shall provide** section provides benefits for expenses
18 incurred in the purchase of **prescription female** contraceptives**,**
19 and the following services, drugs, devices, products, and procedures,
20 on 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** covered person's choice of contraception, and medical
34 necessity shall be determined by the provider for covered
35 contraceptive drugs, devices, or other products approved by the
36 United States Food and Drug 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** covered person'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 under this section shall include
4 prescriptions for dispensing contraceptives for【:

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

7 (2) a six-month period for any subsequent dispensing of the same
8 contraceptive, regardless of whether coverage under the contract was
9 in effect at the time of the first dispensing, except that an entity
10 subject to this section may provide coverage for a supply of
11 contraceptives that is for less than a six-month period, if a six-month
12 period would extend beyond the term of the contract】 a single
13 dispensing unit of up to a 13-unit supply of prescription
14 contraceptives, intended to last over a 12-month period, regardless of
15 whether coverage under the contract was in effect at the time of the
16 first dispensing, except that an entity subject to this section may
17 provide coverage for a supply of contraceptives that is for less than a
18 12-month period if a 12-month period would extend beyond the terms
19 of the contract. The contraceptives may be furnished over the course
20 of the 12-month period at the discretion of the health care provider.

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

25 (2) In the case of a high deductible health plan, benefits for male
26 sterilization or male contraceptives shall be provided at the lowest
27 deductible and other cost-sharing permitted for a high deductible
28 health plan under section 223(c)(2)(A) of the Internal Revenue Code
29 (26 U.S.C. s.223).

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

36 e. Except as otherwise authorized by this section, the State
37 Health Benefits Commission shall not impose any restrictions or
38 delays on, and shall not require prior authorization for, the coverage
39 required under this section.

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

41

42 30. The following sections are repealed:

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

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

1 This bill would make it express, within the State's statutory law,
2 that every individual in the State, regardless of whether they are
3 domiciled in the State, and regardless of whether or not the individual
4 is under State control, has a fundamental right to: 1) choose or refuse
5 contraception or sterilization; and 2) choose whether to carry a
6 pregnancy, to give birth, or to have an abortion. Under the bill's
7 provisions, no individual would be subject to prosecution or
8 otherwise deprived of their individual constitutional rights for
9 terminating or attempting to terminate the individual's own
10 pregnancy or for acting or failing to act, in any manner, with respect
11 to the individual's own pregnancy, based on the potential or actual
12 impact on the individual's own health or pregnancy.

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

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

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

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

47 In addition to recognizing an individual's fundamental rights to
48 reproductive autonomy and choice, the bill also requires all providers

1 of health insurance (including hospital service corporations, medical
2 service corporations, health service corporations, individual and
3 group health insurance carriers, individual and group health benefits
4 plans, the State Health Benefits Commission, and the School
5 Employees' Health Benefits Commission) to provide coverage for
6 abortion. An insurance contract, policy, or plan may not impose any
7 restrictions or delays on, and may not require prior authorization for,
8 the abortion coverage required by the bill. An insurance contract,
9 policy, or plan also may not impose any deductible, coinsurance,
10 copayment, or other cost-sharing requirement on the coverage
11 required by the bill and, for a qualifying high-deductible health plan
12 for a health savings account, the cost-sharing for coverage is to be set
13 at the minimum level necessary to preserve the covered person's
14 ability to claim tax-exempt contributions and withdrawals from the
15 covered person's health savings account under 26 U.S.C. s.223.

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

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

47 Like the bill's provisions pertaining to insurance coverage for
48 abortion, the bill authorizes a religious employer to request and

1 obtain an exclusion from the bill's contraceptive coverage
2 requirements if the required coverage conflicts with the religious
3 employer's bona fide religious beliefs and practices. A religious
4 employer that obtains such an exclusion will need to provide written
5 notice thereof to covered persons and prospective covered persons,
6 which notice is to list the contraceptive health care services that the
7 employer refuses to cover for religious reasons. Nothing in the bill's
8 provisions may be deemed to authorize an insurance carrier to
9 exclude coverage for contraceptive care that is necessary to preserve
10 the life or health of the covered person.

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

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

40 The bill requires both the Commissioner of Human Services and
41 the Commissioner of Banking and Insurance to adopt rules and
42 regulations to implement the bill's provisions. The bill additionally
43 requires each professional licensing board operating under the
44 authority of the Division of Consumer Affairs in the Department of
45 Law and Public Safety to adopt rules and regulations, pursuant to the
46 "Administrative Procedure Act, P.L.1968, c.410 (C.52:14B-
47 1 et seq.), with respect to the health care professionals under each
48 licensing board's respective jurisdiction, as may be necessary to

1 implement the bill's provisions. The rules and regulations adopted
2 by the Commissioner of Human Services under the bill are to include,
3 but need not be limited to, rules and regulations permitting electronic
4 billing for abortion services, which rules and regulations are to be
5 promulgated by January 1, 2022.

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

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