

# ASSEMBLY, No. 4627

## STATE OF NEW JERSEY 220th LEGISLATURE

INTRODUCED SEPTEMBER 22, 2022

**Sponsored by:**

**Assemblywoman ANGELA V. MCKNIGHT**

**District 31 (Hudson)**

**Assemblywoman SHANIQUE SPEIGHT**

**District 29 (Essex)**

**SYNOPSIS**

Requires DOH to maintain emergency stockpile of insulin and authorizes dispensing of emergency supply of insulin to certain patients.

**CURRENT VERSION OF TEXT**

As introduced.



(Sponsorship Updated As Of: 9/22/2022)

1 AN ACT concerning insulin, supplementing Title 26 and Title 45 of  
2 the Revised Statutes, and amending various parts of the statutory  
3 law.

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

7  
8 1. (New section) a. Notwithstanding any law or regulation to  
9 the contrary, the Department of Health shall maintain an adequate  
10 emergency stockpile of insulin as shall be necessary to meet the  
11 emergency needs of persons in New Jersey whose insulin supply  
12 has or will run out before the person's next prescription may be  
13 filled. At a minimum, the emergency stockpile shall include the 10  
14 most common brands and types of insulin used by New Jersey  
15 residents. The Commissioner of Health shall collaborate with the  
16 Commissioner of Banking and Insurance to determining which  
17 brands and types of insulin are most commonly used in New Jersey.

18 b. In determining the quantity of insulin the department will  
19 need to maintain in order to meet the requirements of this section,  
20 the department shall:

21 (1) take into account prevailing conditions in the State that may  
22 affect the need for and availability of insulin;

23 (2) take into account anticipated surges, over the next 90 days,  
24 in the need for emergency supplies of insulin;

25 (3) take into consideration the current state of the supply chain  
26 of insulin in the State, including, but not limited to, unit cost, recent  
27 price increases, overall availability, and delays in shipping times;  
28 and

29 (4) utilize any other tool as the department may designate for  
30 use in determining the anticipated need for emergency insulin.

31 c. The Department of Health shall reevaluate the adequacy of  
32 its emergency stockpile of insulin at least quarterly, and shall  
33 acquire such additional supplies of insulin, and such additional  
34 brands and types of insulin, as it determines are necessary to meet  
35 the need for emergency insulin in New Jersey.

36 d. (1) The Department of Health shall develop a program  
37 under which the department will furnish emergency insulin, at cost,  
38 to any person whose insulin supply has or will run out before the  
39 person's next prescription may be filled. Subject to the provisions  
40 of paragraph (3) of this subsection, the department may seek  
41 reimbursement for emergency insulin dispensed by the department  
42 from the person's health benefits plan, if any, or accept cash  
43 payment from the person.

44 (2) Except as provided in paragraph (3) of this subsection, a  
45 person shall not obtain more than one emergency 30-day supply of

**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 insulin from the department, or from a pharmacist pursuant to  
2 section 2 of P.L. , c. (C. ) (pending before the Legislature  
3 as this bill), in a 12-month period.

4 (3) Notwithstanding the provisions of paragraph (2) of this  
5 subsection, the department may furnish additional emergency  
6 supplies of insulin to a person based on demonstrated need;  
7 provided that nothing in this paragraph shall be construed to require  
8 a person's health benefits plan carrier, if any, to provide coverage  
9 for more than one emergency 30-day supply of insulin in a 12-  
10 month period.

11 (4) The department may establish standards and procedures to  
12 verify whether a person's insulin supply has or will run out before  
13 the person's next prescription may be filled.

14 e. The department shall develop a sourcing protocol to acquire  
15 insulin for its emergency stockpile that maximizes the cost  
16 effectiveness of the program and secures the best available  
17 consumer price for each insulin product.

18 f. The department shall report each emergency 30-day supply  
19 of insulin furnished pursuant to subsection d. of this section to the  
20 prescription monitoring database maintained pursuant to P.L.2007,  
21 c.244 (C.45:1-44 et al.) and shall, prior to furnishing an emergency  
22 30-day supply of insulin, review the person's prescription  
23 monitoring information to determine whether the person was  
24 furnished an emergency 30-day supply of insulin by the department  
25 or dispensed an emergency 30-day supply of insulin by a pharmacy  
26 within the preceding 12 months. To the extent possible, the  
27 information reported by the department concerning an emergency  
28 30-day supply of insulin furnished by the department shall include  
29 the information required under subsection b. of section 25 of  
30 P.L.2007, c.244 (C.45:1-45).

31

32 2. (New section) a. Notwithstanding any other law or  
33 regulation to the contrary, a pharmacist may, no more than once  
34 every 12 months, dispense an emergency 30-day supply of insulin  
35 to a person whose insulin supply has or will run out before the  
36 person's next prescription may be filled, which emergency supply  
37 of insulin may be dispensed pursuant to a standing order issued by a  
38 prescriber or pursuant to the standing order issued pursuant to  
39 subsection b. of this section, provided that:

40 (1) the pharmacist has a record of a previous prescription for  
41 insulin for that person, which prescription was dispensed within the  
42 past year;

43 (2) the pharmacist is unable to obtain authorization for an  
44 additional supply of insulin from an authorized prescriber; and

45 (3) the amount of insulin dispensed in the 30-day supply does  
46 not exceed the amount that was dispensed under the most recent  
47 prescription for insulin dispensed by the pharmacy to that person.

1       b. The Commissioner of Health, or, if the commissioner is not  
2 a duly licensed physician, the Deputy Commissioner for Public  
3 Health Services, shall issue a standing order authorizing all licensed  
4 pharmacists in the State to dispense emergency 30-day supplies of  
5 insulin pursuant to subsection a. of this section. The Commissioner  
6 of Health shall provide a copy of the standing order to the Board of  
7 Pharmacy, which shall post a copy of the standing order on the  
8 board's Internet website and transmit a copy of the standing order to  
9 all licensed pharmacists in such a manner as the board deems  
10 appropriate.

11       c. A pharmacist shall report each emergency 30-day supply of  
12 insulin dispensed pursuant to this section to the prescription  
13 monitoring database maintained pursuant to P.L.2007, c.244  
14 (C.45:1-44 et al.) and shall, prior to dispensing an emergency 30-  
15 day supply of insulin, review the person's prescription monitoring  
16 information to determine whether the person was dispensed an  
17 emergency 30-day supply of insulin by the Department of Health or  
18 by a pharmacy in the preceding 12 months.

19

20       3. Section 1 of P.L.1995, c.331 (C.17:48-6n) is amended to  
21 read as follows:

22       1. a. Every individual or group hospital service corporation  
23 contract providing hospital or medical expense benefits that is  
24 delivered, issued, executed or renewed in this State pursuant to  
25 P.L.1938, c.366 (C.17:48-1 et seq.) or approved for issuance or  
26 renewal in this State by the Commissioner of Banking and  
27 Insurance on or after the effective date of this act shall provide  
28 benefits to any subscriber or other person covered thereunder for  
29 expenses incurred for the following equipment and supplies for the  
30 treatment of diabetes, if recommended or prescribed by a physician  
31 or nurse practitioner/clinical nurse specialist: blood glucose  
32 monitors and blood glucose monitors for the legally blind; test  
33 strips for glucose monitors and visual reading and urine testing  
34 strips; insulin; injection aids; cartridges for the legally blind;  
35 syringes; insulin pumps and appurtenances thereto; insulin infusion  
36 devices; and oral agents for controlling blood sugar. The contract  
37 shall additionally provide benefits to any subscriber or other person  
38 covered thereunder for expenses incurred for one emergency 30-day  
39 supply of insulin dispensed pursuant to section 1 or section 2 of  
40 P.L. , c. (C. or C. ) (pending before the Legislature as  
41 this bill) in each 12-month period.

42       b. Each individual or group hospital service corporation  
43 contract shall also provide benefits for expenses incurred for  
44 diabetes self-management education to ensure that a person with  
45 diabetes is educated as to the proper self-management and treatment  
46 of **【their】** the person's diabetic condition, including information on  
47 proper diet. Benefits provided for self-management education and  
48 education relating to diet shall be limited to visits medically

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

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

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

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

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

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

31

32 4. Section 2 of P.L.1995, c.331 (C.17:48A-71) is amended to  
33 read as follows:

34 2. a. Every individual or group medical service corporation  
35 contract providing hospital or medical expense benefits that is  
36 delivered, issued, executed or renewed in this State pursuant to  
37 P.L.1940, c.74 (C.17:48A-1 et seq.) or approved for issuance or  
38 renewal in this State by the Commissioner of Banking and  
39 Insurance on or after the effective date of this act shall provide  
40 benefits to any subscriber or other person covered thereunder for  
41 expenses incurred for the following equipment and supplies for the  
42 treatment of diabetes, if recommended or prescribed by a physician  
43 or nurse practitioner/clinical nurse specialist: blood glucose  
44 monitors and blood glucose monitors for the legally blind; test  
45 strips for glucose monitors and visual reading and urine testing  
46 strips; insulin; injection aids; cartridges for the legally blind;  
47 syringes; insulin pumps and appurtenances thereto; insulin infusion  
48 devices; and oral agents for controlling blood sugar. The contract

1 shall additionally provide benefits to any subscriber or other person  
2 covered thereunder for expenses incurred for one emergency 30-day  
3 supply of insulin dispensed pursuant to section 1 or section 2 of  
4 P.L. , c. (C. or C. ) (pending before the Legislature as  
5 this bill) in each 12-month period.

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

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

29 d. This section shall apply to all medical service corporation  
30 contracts in which the medical service corporation has reserved the  
31 right to change the premium.

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

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

42 (cf: P.L.1995, c.331, s.2)

43  
44 5. Section 3 of P.L.1995, c.331 (C.17:48E-35.11) is amended  
45 to read as follows:

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

1 P.L.1985, c.236 (C.17:48E-1 et seq.) or approved for issuance or  
2 renewal in this State by the Commissioner of Banking and  
3 Insurance on or after the effective date of this act shall provide  
4 benefits to any subscriber or other person covered thereunder for  
5 expenses incurred for the following equipment and supplies for the  
6 treatment of diabetes, if recommended or prescribed by a physician  
7 or nurse practitioner/clinical nurse specialist: blood glucose  
8 monitors and blood glucose monitors for the legally blind; test  
9 strips for glucose monitors and visual reading and urine testing  
10 strips; insulin; injection aids; cartridges for the legally blind;  
11 syringes; insulin pumps and appurtenances thereto; insulin infusion  
12 devices; and oral agents for controlling blood sugar. The contract  
13 shall additionally provide benefits to any subscriber or other person  
14 covered thereunder for expenses incurred for one emergency 30-day  
15 supply of insulin dispensed pursuant to section 1 or section 2 of  
16 P.L. , c. (C. or C. ) (pending before the Legislature as  
17 this bill) in each 12-month period.

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

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

41 d. This section shall apply to all health service corporation  
42 contracts in which the health service corporation has reserved the  
43 right to change the premium.

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

47 f. The Commissioner of Banking and Insurance may, in  
48 consultation with the Commissioner of Health, pursuant to the

1 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et  
2 seq.), promulgate and periodically update a list of additional  
3 diabetes equipment and related supplies that are medically  
4 necessary for the treatment of diabetes and for which benefits shall  
5 be provided according to the provisions of this section.

6 (cf: P.L.1995, c.331, s.3)

7

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

10 4. a. Every individual health insurance policy providing  
11 hospital or medical expense benefits that is delivered, issued,  
12 executed or renewed in this State pursuant to Chapter 26 of Title  
13 17B of the New Jersey Statutes or approved for issuance or renewal  
14 in this State by the Commissioner of Banking and Insurance on or  
15 after the effective date of this act shall provide benefits to any  
16 person covered thereunder for expenses incurred for the following  
17 equipment and supplies for the treatment of diabetes, if  
18 recommended or prescribed by a physician or nurse  
19 practitioner/clinical nurse specialist: blood glucose monitors and  
20 blood glucose monitors for the legally blind; test strips for glucose  
21 monitors and visual reading and urine testing strips; insulin;  
22 injection aids; cartridges for the legally blind; syringes; insulin  
23 pumps and appurtenances thereto; insulin infusion devices; and oral  
24 agents for controlling blood sugar. The contract shall additionally  
25 provide benefits to any subscriber or other person covered  
26 thereunder for expenses incurred for one emergency 30-day supply  
27 of insulin dispensed pursuant to section 1 or section 2 of P.L. ,  
28 c. (C. or C. ) (pending before the Legislature as this bill)  
29 in each 12-month period.

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

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

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

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

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

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

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

19

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

22 5. a. Every group health insurance policy providing hospital or  
23 medical expense benefits that is delivered, issued, executed or  
24 renewed in this State pursuant to Chapter 27 of Title 17B of the  
25 New Jersey Statutes or approved for issuance or renewal in this  
26 State by the Commissioner of Banking and Insurance on or after the  
27 effective date of this act shall provide benefits to any person  
28 covered thereunder for expenses incurred for the following  
29 equipment and supplies for the treatment of diabetes, if  
30 recommended or prescribed by a physician or nurse  
31 practitioner/clinical nurse specialist: blood glucose monitors and  
32 blood glucose monitors for the legally blind; test strips for glucose  
33 monitors and visual reading and urine testing strips; insulin;  
34 injection aids; cartridges for the legally blind; syringes; insulin  
35 pumps and appurtenances thereto; insulin infusion devices; and oral  
36 agents for controlling blood sugar. The group health policy shall  
37 additionally provide benefits to any subscriber or other person  
38 covered thereunder for expenses incurred for one emergency 30-day  
39 supply of insulin dispensed pursuant to section 1 or section 2 of  
40 P.L. , c. (C. or C. ) (pending before the Legislature as  
41 this bill) in each 12-month period.

42 b. Each group health insurance policy shall also provide  
43 benefits for expenses incurred for diabetes self-management  
44 education to ensure that a person with diabetes is educated as to the  
45 proper self-management and treatment of **【their】** the person's  
46 diabetic condition, including information on proper diet. Benefits  
47 provided for self-management education and education relating to  
48 diet shall be limited to visits medically necessary upon the

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

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

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

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

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

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

30

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

33 6. a. Every contract for health care services that is delivered,  
34 issued, executed or renewed in this State pursuant to P.L.1973,  
35 c.337 (C.26:2J-1 et seq.) or approved for issuance or renewal in this  
36 State on or after the effective date of this act shall provide health  
37 care services to any enrollee or other person covered thereunder for  
38 the following equipment and supplies for the treatment of diabetes,  
39 if recommended or prescribed by a participating physician or  
40 participating nurse practitioner/clinical nurse specialist: blood  
41 glucose monitors and blood glucose monitors for the legally blind;  
42 test strips for glucose monitors and visual reading and urine testing  
43 strips; insulin; injection aids; cartridges for the legally blind;  
44 syringes; insulin pumps and appurtenances thereto; insulin infusion  
45 devices; and oral agents for controlling blood sugar. The contract  
46 shall additionally provide benefits to any subscriber or other person  
47 covered thereunder for expenses incurred for one emergency 30-day  
48 supply of insulin dispensed pursuant to section 1 or section 2 of

1 P.L. , c. (C. or C. ) (pending before the Legislature as  
2 this bill) in each 12-month period.

3 b. Each contract shall also provide health care services for  
4 diabetes self-management education to ensure that a person with  
5 diabetes is educated as to the proper self-management and treatment  
6 of ~~【their】~~ the person's diabetic condition, including information on  
7 proper diet. Health care services provided for self-management  
8 education and education relating to diet shall be limited to visits  
9 medically necessary upon the diagnosis of diabetes; upon diagnosis  
10 by a participating physician or participating nurse  
11 practitioner/clinical nurse specialist of a significant change in the  
12 enrollee's or other covered person's symptoms or conditions which  
13 necessitate changes in that person's self-management; and upon  
14 determination of a participating physician or participating nurse  
15 practitioner/clinical nurse specialist that reeducation or refresher  
16 education is necessary. Diabetes self-management education shall  
17 be provided by a participating dietitian registered by a nationally  
18 recognized professional association of dietitians or a health care  
19 professional recognized as a Certified Diabetes Educator by the  
20 American Association of Diabetes Educators or, pursuant to section  
21 6 of P.L.1993, c.378 (C.26:2J-4.7), a registered pharmacist in the  
22 State qualified with regard to management education for diabetes by  
23 any institution recognized by the board of pharmacy of the State of  
24 New Jersey.

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

28 d. This section shall apply to all contracts in which the health  
29 maintenance organization has reserved the right to change the  
30 schedule of charges.

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

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

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

42

43 9. Section 6 of P.L.1968, c.413 (C.30:4D-6) is amended to read  
44 as follows:

45 6. a. Subject to the requirements of Title XIX of the federal  
46 Social Security Act, the limitations imposed by this act and by the  
47 rules and regulations promulgated thereto, the department

1 shall provide medical assistance to qualified applicants, including  
2 authorized services within each of the following classifications:

- 3 (1) Inpatient hospital services;
- 4 (2) Outpatient hospital services;
- 5 (3) Other laboratory and X-ray services;
- 6 (4) (a) Skilled nursing or intermediate care facility services;
- 7 (b) Early and periodic screening and diagnosis of individuals  
8 who are eligible under the program and are under age 21, to  
9 ascertain their physical or mental health status and the health care,  
10 treatment, and other measures to correct or ameliorate defects and  
11 chronic conditions discovered thereby, as may be provided in  
12 regulations of the Secretary of the federal Department of Health and  
13 Human Services and approved by the commissioner;
- 14 (5) Physician's services furnished in the office, the patient's  
15 home, a hospital, a skilled nursing, or intermediate care facility or  
16 elsewhere.

17 As used in this subsection, "laboratory and X-ray services"  
18 includes HIV drug resistance testing, including, but not limited to,  
19 genotype assays that have been cleared or approved by the federal  
20 Food and Drug Administration, laboratory developed genotype  
21 assays, phenotype assays, and other assays using phenotype  
22 prediction with genotype comparison, for persons diagnosed with  
23 HIV infection or AIDS.

24 b. Subject to the limitations imposed by federal law, by this  
25 act, and by the rules and regulations promulgated pursuant thereto,  
26 the medical assistance program may be expanded to include  
27 authorized services within each of the following classifications:

- 28 (1) Medical care not included in subsection a.(5) above, or any  
29 other type of remedial care recognized under State law, furnished  
30 by licensed practitioners within the scope of their practice, as  
31 defined by State law;
- 32 (2) Home health care services;
- 33 (3) Clinic services;
- 34 (4) Dental services;
- 35 (5) Physical therapy and related services;
- 36 (6) Prescribed drugs, dentures, and prosthetic devices; and  
37 eyeglasses prescribed by a physician skilled in diseases of the eye  
38 or by an optometrist, whichever the individual may select;
- 39 (7) Optometric services;
- 40 (8) Podiatric services;
- 41 (9) Chiropractic services;
- 42 (10) Psychological services;
- 43 (11) Inpatient psychiatric hospital services for individuals under  
44 21 years of age, or under age 22 if they are receiving such services  
45 immediately before attaining age 21;
- 46 (12) Other diagnostic, screening, preventive, and rehabilitative  
47 services, and other remedial care;

- 1 (13) Inpatient hospital services, nursing facility services, and  
2 intermediate care facility services for individuals 65 years of age or  
3 over in an institution for mental diseases;
- 4 (14) Intermediate care facility services;
- 5 (15) Transportation services;
- 6 (16) Services in connection with the inpatient or outpatient  
7 treatment or care of substance use disorder, when the treatment is  
8 prescribed by a physician and provided in a licensed hospital or in a  
9 narcotic and substance use disorder treatment center approved by  
10 the Department of Health pursuant to P.L.1970, c.334 (C.26:2G-21  
11 et seq.) and whose staff includes a medical director, and limited to  
12 those services eligible for federal financial participation under Title  
13 XIX of the federal Social Security Act;
- 14 (17) Any other medical care and any other type of remedial care  
15 recognized under State law, specified by the Secretary of the federal  
16 Department of Health and Human Services, and approved by the  
17 commissioner;
- 18 (18) Comprehensive maternity care, which may include: the  
19 basic number of prenatal and postpartum visits recommended by the  
20 American College of Obstetricians and Gynecologists; additional  
21 prenatal and postpartum visits that are medically necessary;  
22 necessary laboratory, nutritional assessment and counseling, health  
23 education, personal counseling, managed care, outreach, and  
24 follow-up services; treatment of conditions which may complicate  
25 pregnancy; doula care and physician or certified nurse-midwife  
26 delivery services. For the purposes of this paragraph, "doula"  
27 means a trained professional who provides continuous physical,  
28 emotional, and informational support to a mother before, during,  
29 and shortly after childbirth, to help her to achieve the healthiest,  
30 most satisfying experience possible;
- 31 (19) Comprehensive pediatric care, which may include:  
32 ambulatory, preventive, and primary care health services. The  
33 preventive services shall include, at a minimum, the basic number  
34 of preventive visits recommended by the American Academy of  
35 Pediatrics;
- 36 (20) Services provided by a hospice which is participating in the  
37 Medicare program established pursuant to Title XVIII of the Social  
38 Security Act, Pub.L.89-97 (42 U.S.C. s.1395 et seq.). Hospice  
39 services shall be provided subject to approval of the Secretary of  
40 the federal Department of Health and Human Services for federal  
41 reimbursement;
- 42 (21) Mammograms, subject to approval of the Secretary of the  
43 federal Department of Health and Human Services for federal  
44 reimbursement, including one baseline mammogram for women  
45 who are at least 35 but less than 40 years of age; one mammogram  
46 examination every two years or more frequently, if recommended  
47 by a physician, for women who are at least 40 but less than 50 years

1 of age; and one mammogram examination every year for women  
2 age 50 and over;

3 (22) Upon referral by a physician, advanced practice nurse, or  
4 physician assistant of a person who has been diagnosed with  
5 diabetes, gestational diabetes, or pre-diabetes, in accordance with  
6 standards adopted by the American Diabetes Association:

7 (a) Expenses for diabetes self-management education or training  
8 to ensure that a person with diabetes, gestational diabetes, or pre-  
9 diabetes can optimize metabolic control, prevent and manage  
10 complications, and maximize quality of life. Diabetes self-  
11 management education shall be provided by an in-State provider  
12 who is:

13 (i) a licensed, registered, or certified health care professional  
14 who is certified by the National Certification Board of Diabetes  
15 Educators as a Certified Diabetes Educator, or certified by the  
16 American Association of Diabetes Educators with a Board  
17 Certified-Advanced Diabetes Management credential, including, but  
18 not limited to: a physician, an advanced practice or registered nurse,  
19 a physician assistant, a pharmacist, a chiropractor, a dietitian  
20 registered by a nationally recognized professional association of  
21 dietitians, or a nutritionist holding a certified nutritionist specialist  
22 (CNS) credential from the Board for Certification of Nutrition  
23 Specialists; or

24 (ii) an entity meeting the National Standards for Diabetes Self-  
25 Management Education and Support, as evidenced by a recognition  
26 by the American Diabetes Association or accreditation by the  
27 American Association of Diabetes Educators;

28 (b) Expenses for medical nutrition therapy as an effective  
29 component of the person's overall treatment plan upon a: diagnosis  
30 of diabetes, gestational diabetes, or pre-diabetes; change in the  
31 beneficiary's medical condition, treatment, or diagnosis; or  
32 determination of a physician, advanced practice nurse, or physician  
33 assistant that reeducation or refresher education is necessary.  
34 Medical nutrition therapy shall be provided by an in-State provider  
35 who is a dietitian registered by a nationally-recognized professional  
36 association of dietitians, or a nutritionist holding a certified  
37 nutritionist specialist (CNS) credential from the Board for  
38 Certification of Nutrition Specialists, who is familiar with the  
39 components of diabetes medical nutrition therapy;

40 (c) For a person diagnosed with pre-diabetes, items and services  
41 furnished under an in-State diabetes prevention program that meets  
42 the standards of the National Diabetes Prevention Program, as  
43 established by the federal Centers for Disease Control and  
44 Prevention; and

45 (d) Expenses for any medically appropriate and necessary  
46 supplies and equipment recommended or prescribed by a physician,  
47 advanced practice nurse, or physician assistant for the management  
48 and treatment of diabetes, gestational diabetes, or pre-diabetes,

1 including, but not limited to: equipment and supplies for self-  
2 management of blood glucose; insulin pens; insulin pumps and  
3 related supplies; and other insulin delivery devices;

4 (23) Expenses incurred for the provision of group prenatal care  
5 services to a pregnant woman, provided that:

6 (a) the provider of such services, which shall include, but not be  
7 limited to, a federally qualified health center or a community health  
8 center operating in the State :

9 (i) is a site accredited by the Centering Healthcare Institute, or  
10 is a site engaged in an active implementation contract with the  
11 Centering Healthcare Institute, that utilizes the Centering Pregnancy  
12 model; and

13 (ii) incorporates the applicable information outlined in any best  
14 practices manual for prenatal and postpartum maternal care  
15 developed by the Department of Health into the curriculum for each  
16 group prenatal visit;

17 (b) each group prenatal care visit is at least 1.5 hours in  
18 duration, with a minimum of two women and a maximum of 20  
19 women in participation; and

20 (c) no more than 10 group prenatal care visits occur per  
21 pregnancy.

22 As used in this paragraph, "group prenatal care services" means a  
23 series of prenatal care visits provided in a group setting which are  
24 based upon the Centering Pregnancy model developed by the  
25 Centering Healthcare Institute and which include health  
26 assessments, social and clinical support, and educational activities;

27 (24) Expenses incurred for the provision of pasteurized donated  
28 human breast milk, which shall include human milk fortifiers if  
29 indicated in a medical order provided by a licensed medical  
30 practitioner, to an infant under the age of six months; provided that  
31 the milk is obtained from a human milk bank that meets quality  
32 guidelines established by the Department of Health and a licensed  
33 medical practitioner has issued a medical order for the infant under  
34 at least one of the following circumstances:

35 (a) the infant is medically or physically unable to receive  
36 maternal breast milk or participate in breast feeding, or the infant's  
37 mother is medically or physically unable to produce maternal breast  
38 milk in sufficient quantities or participate in breast feeding despite  
39 optimal lactation support; or

40 (b) the infant meets any of the following conditions:

41 (i) a body weight below healthy levels, as determined by the  
42 licensed medical practitioner issuing the medical order for the  
43 infant;

44 (ii) the infant has a congenital or acquired condition that places  
45 the infant at a high risk for development of necrotizing  
46 enterocolitis; or

1 (iii) the infant has a congenital or acquired condition that may  
2 benefit from the use of donor breast milk and human milk fortifiers,  
3 as determined by the Department of Health; **[and]**

4 (25) Comprehensive tobacco cessation benefits to an individual  
5 who is 18 years of age or older, or who is pregnant. Coverage shall  
6 include: brief and high intensity individual counseling, brief and  
7 high intensity group counseling, and telemedicine as defined by  
8 section 1 of P.L.2017, c.117 (C.45:1-61); all medications approved  
9 for tobacco cessation by the U.S. Food and Drug Administration;  
10 and other tobacco cessation counseling recommended by the  
11 Treating Tobacco Use and Dependence Clinical Practice Guideline  
12 issued by the U.S. Public Health Service. Notwithstanding the  
13 provisions of any other law, rule, or regulation to the contrary, and  
14 except as otherwise provided in this section:

15 (a) Information regarding the availability of the tobacco  
16 cessation services described in this paragraph shall be provided to  
17 all individuals authorized to receive the tobacco cessation services  
18 pursuant to this paragraph at the following times: no later than 90  
19 days after the effective date of P.L.2019, c.473; upon the  
20 establishment of an individual's eligibility for medical assistance;  
21 and upon the redetermination of an individual's eligibility for  
22 medical assistance;

23 (b) The following conditions shall not be imposed on any  
24 tobacco cessation services provided pursuant to this paragraph:  
25 copayments or any other forms of cost-sharing, including  
26 deductibles; counseling requirements for medication; stepped care  
27 therapy or similar restrictions requiring the use of one service prior  
28 to another; limits on the duration of services; or annual or lifetime  
29 limits on the amount, frequency, or cost of services, including, but  
30 not limited to, annual or lifetime limits on the number of covered  
31 attempts to quit; and

32 (c) Prior authorization requirements shall not be imposed on any  
33 tobacco cessation services provided pursuant to this paragraph  
34 except in the following circumstances where prior authorization  
35 may be required: for a treatment that exceeds the duration  
36 recommended by the most recently published United States Public  
37 Health Service clinical practice guidelines on treating tobacco use  
38 and dependence; or for services associated with more than two  
39 attempts to quit within a 12-month period; and

40 (26) Expenses incurred for one emergency 30-day supply of  
41 insulin dispensed pursuant to section 1 or section 2 of P.L. \_\_\_\_\_,  
42 c. (C. \_\_\_\_\_ or C. \_\_\_\_\_) (pending before the Legislature as this bill)  
43 in each 12-month period.

44 c. Payments for the foregoing services, goods, and supplies  
45 furnished pursuant to this act shall be made to the extent authorized  
46 by this act, the rules and regulations promulgated pursuant thereto  
47 and, where applicable, subject to the agreement of insurance  
48 provided for under this act. The payments shall constitute payment

1 in full to the provider on behalf of the recipient. Every provider  
2 making a claim for payment pursuant to this act shall certify in  
3 writing on the claim submitted that no additional amount will be  
4 charged to the recipient, the recipient's family, the recipient's  
5 representative or others on the recipient's behalf for the services,  
6 goods, and supplies furnished pursuant to this act.

7 No provider whose claim for payment pursuant to this act has  
8 been denied because the services, goods, or supplies were  
9 determined to be medically unnecessary shall seek reimbursement  
10 from the recipient, his family, his representative or others on his  
11 behalf for such services, goods, and supplies provided pursuant to  
12 this act; provided, however, a provider may seek reimbursement  
13 from a recipient for services, goods, or supplies not authorized by  
14 this act, if the recipient elected to receive the services, goods or  
15 supplies with the knowledge that they were not authorized.

16 d. Any individual eligible for medical assistance (including  
17 drugs) may obtain such assistance from any person qualified to  
18 perform the service or services required (including an organization  
19 which provides such services, or arranges for their availability on a  
20 prepayment basis), who undertakes to provide the individual such  
21 services.

22 No copayment or other form of cost-sharing shall be imposed on  
23 any individual eligible for medical assistance, except as mandated  
24 by federal law as a condition of federal financial participation.

25 e. Anything in this act to the contrary notwithstanding, no  
26 payments for medical assistance shall be made under this act with  
27 respect to care or services for any individual who:

28 (1) Is an inmate of a public institution (except as a patient in a  
29 medical institution); provided, however, that an individual who is  
30 otherwise eligible may continue to receive services for the month in  
31 which he becomes an inmate, should the commissioner determine to  
32 expand the scope of Medicaid eligibility to include such an  
33 individual, subject to the limitations imposed by federal law and  
34 regulations, or

35 (2) Has not attained 65 years of age and who is a patient in an  
36 institution for mental diseases, or

37 (3) Is over 21 years of age and who is receiving inpatient  
38 psychiatric hospital services in a psychiatric facility; provided,  
39 however, that an individual who was receiving such services  
40 immediately prior to attaining age 21 may continue to receive such  
41 services until the individual reaches age 22. Nothing in this  
42 subsection shall prohibit the commissioner from extending medical  
43 assistance to all eligible persons receiving inpatient psychiatric  
44 services; provided that there is federal financial participation  
45 available.

46 f. (1) A third party as defined in section 3 of P.L.1968, c.413  
47 (C.30:4D-3) shall not consider a person's eligibility for Medicaid in

1 this or another state when determining the person's eligibility for  
2 enrollment or the provision of benefits by that third party.

3 (2) In addition, any provision in a contract of insurance, health  
4 benefits plan, or other health care coverage document, will, trust,  
5 agreement, court order, or other instrument which reduces or  
6 excludes coverage or payment for health care-related goods and  
7 services to or for an individual because of that individual's actual or  
8 potential eligibility for or receipt of Medicaid benefits shall be null  
9 and void, and no payments shall be made under this act as a result  
10 of any such provision.

11 (3) Notwithstanding any provision of law to the contrary, the  
12 provisions of paragraph (2) of this subsection shall not apply to a  
13 trust agreement that is established pursuant to 42 U.S.C.  
14 s.1396p(d)(4)(A) or (C) to supplement and augment assistance  
15 provided by government entities to a person who is disabled as  
16 defined in section 1614(a)(3) of the federal Social Security Act (42  
17 U.S.C. s.1382c (a)(3)).

18 g. The following services shall be provided to eligible  
19 medically needy individuals as follows:

20 (1) Pregnant women shall be provided prenatal care and delivery  
21 services and postpartum care, including the services cited in  
22 subsection a.(1), (3), and (5) of this section and subsection b.(1)-  
23 (10), (12), (15), and (17) of this section, and nursing facility  
24 services cited in subsection b.(13) of this section.

25 (2) Dependent children shall be provided with services cited in  
26 subsections a.(3) and (5) of this section and subsections b.(1), (2),  
27 (3), (4), (5), (6), (7), (10), (12), (15), and (17) of this section, and  
28 nursing facility services cited in subsection b.(13) of this section.

29 (3) Individuals who are 65 years of age or older shall be  
30 provided with services cited in subsections a.(3) and (5) of this  
31 section and subsections b.(1)-(5), (6) excluding prescribed drugs,  
32 (7), (8), (10), (12), (15), and (17) of this section, and nursing  
33 facility services cited in subsection b.(13) of this section.

34 (4) Individuals who are blind or disabled shall be provided with  
35 services cited in subsections a.(3) and (5) of this section and  
36 subsections b.(1)-(5), (6) excluding prescribed drugs, (7), (8), (10),  
37 (12), (15), and (17) of this section, and nursing facility services  
38 cited in subsection b.(13) of this section.

39 (5) (a) Inpatient hospital services, subsection a.(1) of this  
40 section, shall only be provided to eligible medically needy  
41 individuals, other than pregnant women, if the federal Department  
42 of Health and Human Services discontinues the State's waiver to  
43 establish inpatient hospital reimbursement rates for the Medicare  
44 and Medicaid programs under the authority of section 601(c)(3) of  
45 the Social Security Act Amendments of 1983, Pub.L.98-21 (42  
46 U.S.C. s.1395ww(c)(5)). Inpatient hospital services may be  
47 extended to other eligible medically needy individuals if the federal

1 Department of Health and Human Services directs that these  
2 services be included.

3 (b) Outpatient hospital services, subsection a.(2) of this section,  
4 shall only be provided to eligible medically needy individuals if the  
5 federal Department of Health and Human Services discontinues the  
6 State's waiver to establish outpatient hospital reimbursement rates  
7 for the Medicare and Medicaid programs under the authority of  
8 section 601(c)(3) of the Social Security Amendments of 1983,  
9 Pub.L.98-21 (42 U.S.C. s.1395ww(c)(5)). Outpatient hospital  
10 services may be extended to all or to certain medically needy  
11 individuals if the federal Department of Health and Human Services  
12 directs that these services be included. However, the use of  
13 outpatient hospital services shall be limited to clinic services and to  
14 emergency room services for injuries and significant acute medical  
15 conditions.

16 (c) The division shall monitor the use of inpatient and outpatient  
17 hospital services by medically needy persons.

18 h. In the case of a qualified disabled and working individual  
19 pursuant to section 6408 of Pub.L.101-239 (42 U.S.C. s.1396d), the  
20 only medical assistance provided under this act shall be the  
21 payment of premiums for Medicare part A under 42 U.S.C.  
22 ss.1395i-2 and 1395r.

23 i. In the case of a specified low-income Medicare beneficiary  
24 pursuant to 42 U.S.C. s.1396a(a)10(E)iii, the only medical  
25 assistance provided under this act shall be the payment of premiums  
26 for Medicare part B under 42 U.S.C. s.1395r as provided for in 42  
27 U.S.C. s.1396d(p)(3)(A)(ii).

28 j. In the case of a qualified individual pursuant to 42 U.S.C.  
29 s.1396a(aa), the only medical assistance provided under this act  
30 shall be payment for authorized services provided during the period  
31 in which the individual requires treatment for breast or cervical  
32 cancer, in accordance with criteria established by the commissioner.

33 k. In the case of a qualified individual pursuant to 42 U.S.C.  
34 s.1396a(ii), the only medical assistance provided under this act shall  
35 be payment for family planning services and supplies as described  
36 at 42 U.S.C. s.1396d(a)(4)(C), including medical diagnosis and  
37 treatment services that are provided pursuant to a family planning  
38 service in a family planning setting.

39 (cf: P.L.2019, c.473, s.1)

40

41 10. Section 25 of P.L.2007, c.244 (C.45:1-45) is amended to  
42 read as follows:

43 25. Prescription Monitoring Program; requirements.

44 a. There is established the Prescription Monitoring Program in  
45 the Division of Consumer Affairs in the Department of Law and  
46 Public Safety. The program shall consist of an electronic system  
47 for monitoring controlled dangerous substances that are dispensed  
48 in or into the State by a pharmacist in an outpatient setting.

1       b. Each pharmacy permit holder shall submit, or cause to be  
2 submitted, to the division, by electronic means in a format and at  
3 such intervals as are specified by the director, information about  
4 each prescription for a controlled dangerous substance dispensed by  
5 the pharmacy, and each emergency 30-day supply of insulin  
6 dispensed by the pharmacy pursuant to section 2 of P.L. \_\_\_\_\_,  
7 c. (C. \_\_\_\_\_) (pending before the Legislature as this bill), that  
8 includes:

9       (1) The surname, first name, and date of birth of the patient for  
10 whom the medication is intended;

11       (2) The street address and telephone number of the patient;

12       (3) The date that the medication is dispensed;

13       (4) The number or designation identifying the prescription and  
14 the National Drug Code of the drug dispensed;

15       (5) The pharmacy permit number of the dispensing pharmacy;

16       (6) The prescribing practitioner's name and Drug Enforcement  
17 Administration registration number;

18       (7) The name, strength, and quantity of the drug dispensed, the  
19 number of refills ordered, and whether the drug was dispensed as a  
20 refill or a new prescription;

21       (8) The date that the prescription was issued by the practitioner;

22       (9) The source of payment for the drug dispensed;

23       (10) Identifying information for any individual, other than the  
24 patient for whom the prescription was written, who picks up a  
25 prescription, if the pharmacist has a reasonable belief that the  
26 person picking up the prescription may be seeking a controlled  
27 dangerous substance, in whole or in part, for any reason other than  
28 delivering the substance to the patient for the treatment of an  
29 existing medical condition; and

30       (11) Such other information, not inconsistent with federal law,  
31 regulation, or funding eligibility requirements, as the director  
32 determines necessary.

33       The pharmacy permit holder shall submit the information to the  
34 division with respect to the prescriptions dispensed during the  
35 reporting period not less frequently than every seven days.

36       c. The division may grant a waiver of electronic submission to  
37 any pharmacy permit holder for good cause, including financial  
38 hardship, as determined by the director. The waiver shall state the  
39 format in which the pharmacy permit holder shall submit the  
40 required information.

41       d. The requirements of this act shall not apply to: the direct  
42 administration of a controlled dangerous substance to the body of  
43 an ultimate user; or the administration or dispensing of a controlled  
44 dangerous substance that is otherwise exempted as determined by  
45 the Secretary of Health and Human Services pursuant to the  
46 "National All Schedules Prescription Electronic Reporting Act of  
47 2005," Pub.L.109-60.

1 e. The provisions of paragraph (10) of subsection b. of this  
2 section shall not take effect until the director determines that the  
3 Prescription Monitoring Program has the technical capacity to  
4 accept the information required by that paragraph.

5 (cf: P.L.2015, c.74, s.3)

6  
7 11. Section 26 of P.L.2007, c.244 (C.45:1-46) is amended to  
8 read as follows:

9 26. Access to prescription information.

10 a. The division shall maintain procedures to ensure privacy and  
11 confidentiality of patients and that patient information collected,  
12 recorded, transmitted, and maintained is not disclosed, except as  
13 permitted in this section, including, but not limited to, the use of a  
14 password-protected system for maintaining this information and  
15 permitting access thereto as authorized under sections 25 through  
16 30 of P.L.2007, c.244 (C.45:1-45 through C.45:1-50), and a  
17 requirement that a person as listed in subsection h. or i. of this  
18 section provide affirmation of the person's intent to comply with the  
19 provisions of sections 25 through 30 of P.L.2007, c.244 (C.45:1-45  
20 through C.45:1-50) as a condition of accessing the information.

21 b. The prescription monitoring information submitted to the  
22 division shall be confidential and not be subject to public disclosure  
23 under P.L.1963, c.73 (C.47:1A-1 et seq.), or P.L.2001, c.404  
24 (C.47:1A-5 et al.).

25 c. The division shall review the prescription monitoring  
26 information provided by a pharmacy permit holder pursuant to  
27 sections 25 through 30 of P.L.2007, c.244 (C.45:1-45 through  
28 C.45:1-50). The review shall include, but not be limited to:

29 (1) a review to identify whether any person is obtaining a  
30 prescription in a manner that may be indicative of misuse, abuse, or  
31 diversion of a controlled dangerous substance. The director shall  
32 establish guidelines regarding the terms "misuse," "abuse," and  
33 "diversion" for the purposes of this review. When an evaluation of  
34 the information indicates that a person may be obtaining a  
35 prescription for the same or a similar controlled dangerous  
36 substance from multiple practitioners or pharmacists during the  
37 same time period, the division may provide prescription monitoring  
38 information about the person to practitioners and pharmacists; and

39 (2) a review to identify whether a violation of law or regulation  
40 or a breach of the applicable standards of practice by any person  
41 may have occurred, including, but not limited to, diversion of a  
42 controlled dangerous substance. If the division determines that  
43 such a violation or breach may have occurred, the division shall  
44 notify the appropriate law enforcement agency or professional  
45 licensing board, and provide the prescription monitoring  
46 information required for an investigation.

47 d. (Deleted by amendment, P.L.2015, c.74)

48 e. (Deleted by amendment, P.L.2015, c.74)

1 f. (Deleted by amendment, P.L.2015, c.74)

2 g. (Deleted by amendment, P.L.2015, c.74)

3 h. (1) A practitioner shall register to access prescription  
4 monitoring information upon initial application for, or renewal of,  
5 the practitioner's CDS registration.

6 (2) (a) The division shall provide to a pharmacist who is  
7 employed by a current pharmacy permit holder online access to  
8 prescription monitoring information for the purpose of providing  
9 health care to a current patient or verifying information with respect  
10 to a patient or a prescriber.

11 (b) The division shall provide online access to prescription  
12 monitoring information to such staff of the Department of Health,  
13 or to such other persons as may be designated by the department,  
14 for the purpose of determining whether a person was dispensed an  
15 emergency 30-day supply of insulin within the preceding 12 months  
16 pursuant to section 1 or section 2 of P.L. , c. (C. or C. )  
17 (pending before the Legislature as this bill).

18 (3) The division shall provide to a practitioner who has a current  
19 CDS registration online access to prescription monitoring  
20 information for the purpose of providing health care to a current  
21 patient or verifying information with respect to a patient or a  
22 prescriber. The division shall also grant online access to  
23 prescription monitoring information to as many licensed health care  
24 professionals as are authorized by a practitioner to access that  
25 information and for whom the practitioner is responsible for the use  
26 or misuse of that information, subject to a limit on the number of  
27 such health care professionals as deemed appropriate by the  
28 division for that particular type and size of professional practice, in  
29 order to minimize the burden to practitioners to the extent  
30 practicable while protecting the confidentiality of the prescription  
31 monitoring information obtained. The director shall establish, by  
32 regulation, the terms and conditions under which a practitioner may  
33 delegate that authorization, including procedures for authorization  
34 and termination of authorization, provisions for maintaining  
35 confidentiality, and such other matters as the division may deem  
36 appropriate.

37 (4) The division shall provide online access to prescription  
38 monitoring information to as many medical or dental residents as  
39 are authorized by a faculty member of a medical or dental teaching  
40 facility to access that information and for whom the practitioner is  
41 responsible for the use or misuse of that information. The director  
42 shall establish, by regulation, the terms and conditions under which  
43 a faculty member of a medical or dental teaching facility may  
44 delegate that authorization, including procedures for authorization  
45 and termination of authorization, provisions for maintaining  
46 confidentiality, provisions regarding the duration of a medical or  
47 dental resident's authorization to access prescription monitoring

1 information, and such other matters as the division may deem  
2 appropriate.

3 (5) (a) The division shall provide online access to prescription  
4 monitoring information to :

5 (i) as many certified medical assistants as are authorized by a  
6 practitioner to access that information and for whom the  
7 practitioner is responsible for the use or misuse of that information ;

8 (ii) as many medical scribes working in a hospital's emergency  
9 department as are authorized by a practitioner to access that  
10 information and for whom the practitioner is responsible for the use  
11 or misuse of that information; and

12 (iii) as many licensed athletic trainers working in a clinical  
13 setting as are authorized by a practitioner to access that information  
14 and for whom the practitioner is responsible for the use or misuse of  
15 that information.

16 (b) The director shall establish, by regulation, the terms and  
17 conditions under which a practitioner may delegate authorization  
18 pursuant to subparagraph (a) of this paragraph , including  
19 procedures for authorization and termination of authorization,  
20 provisions for maintaining confidentiality, provisions regarding the  
21 duration of a certified medical assistant's , medical scribe's, or  
22 licensed athletic trainer's authorization to access prescription  
23 monitoring information, and provisions addressing such other  
24 matters as the division may deem appropriate.

25 (6) The division shall provide online access to prescription  
26 monitoring information to as many registered dental assistants as  
27 are authorized by a licensed dentist to access that information and  
28 for whom the licensed dentist is responsible for the use or misuse of  
29 that information. The director shall establish, by regulation, the  
30 terms and conditions under which a licensed dentist may delegate  
31 that authorization, including procedures for authorization and  
32 termination of authorization, provisions for maintaining  
33 confidentiality, provisions regarding the duration of a registered  
34 dental assistant's authorization to access prescription monitoring  
35 information, and such other matters as the division may deem  
36 appropriate.

37 (7) A person listed in this subsection, as a condition of  
38 accessing prescription monitoring information pursuant thereto,  
39 shall certify that the request is for the purpose of providing health  
40 care to a current patient or verifying information with respect to a  
41 patient or practitioner. Such certification shall be furnished through  
42 means of an online statement or alternate means authorized by the  
43 director, in a form and manner prescribed by rule or regulation  
44 adopted by the director. If the information is being accessed by an  
45 authorized person using an electronic system authorized pursuant to  
46 subsection q. of this section, the certification may be furnished  
47 through the electronic system.

- 1 i. The division may provide online access to prescription  
2 monitoring information, or may provide access to prescription  
3 monitoring information through any other means deemed  
4 appropriate by the director, to the following persons:
  - 5 (1) authorized personnel of the division or a vendor or  
6 contractor responsible for maintaining the Prescription Monitoring  
7 Program;
  - 8 (2) authorized personnel of the division responsible for  
9 administration of the provisions of P.L.1970, c.226 (C.24:21-1 et  
10 seq.);
  - 11 (3) the State Medical Examiner, a county medical examiner, a  
12 deputy or assistant county medical examiner, or a qualified  
13 designated assistant thereof, who certifies that the request is for the  
14 purpose of investigating a death pursuant to P.L.1967, c.234  
15 (C.52:17B-78 et seq.);
  - 16 (4) a controlled dangerous substance monitoring program in  
17 another state with which the division has established an  
18 interoperability agreement, or which participates with the division  
19 in a system that facilitates the secure sharing of information  
20 between states;
  - 21 (5) a designated representative of the State Board of Medical  
22 Examiners, New Jersey State Board of Dentistry, State Board of  
23 Nursing, New Jersey State Board of Optometrists, State Board of  
24 Pharmacy, State Board of Veterinary Medical Examiners, or any  
25 other board in this State or another state that regulates the practice  
26 of persons who are authorized to prescribe or dispense controlled  
27 dangerous substances, as applicable, who certifies that the  
28 representative is engaged in a bona fide specific investigation of a  
29 designated practitioner or pharmacist whose professional practice  
30 was or is regulated by that board;
  - 31 (6) a State, federal, or municipal law enforcement officer who is  
32 acting pursuant to a court order and certifies that the officer is  
33 engaged in a bona fide specific investigation of a designated  
34 practitioner, pharmacist, or patient. A law enforcement agency that  
35 obtains prescription monitoring information shall comply with  
36 security protocols established by the director by regulation;
  - 37 (7) a designated representative of a state Medicaid or other  
38 program who certifies that the representative is engaged in a bona  
39 fide investigation of a designated practitioner, pharmacist, or  
40 patient;
  - 41 (8) a properly convened grand jury pursuant to a subpoena  
42 properly issued for the records; and
  - 43 (9) a licensed mental health practitioner providing treatment for  
44 substance abuse to patients at a residential or outpatient substance  
45 abuse treatment center licensed by the Division of Mental Health  
46 and Addiction Services in the Department of Human Services, who  
47 certifies that the request is for the purpose of providing health care  
48 to a current patient or verifying information with respect to a patient

1 or practitioner, and who furnishes the division with the written  
2 consent of the patient for the mental health practitioner to obtain  
3 prescription monitoring information about the patient. The director  
4 shall establish, by regulation, the terms and conditions under which  
5 a mental health practitioner may request and receive prescription  
6 monitoring information. Nothing in sections 25 through 30 of  
7 P.L.2007, c.244 (C.45:1-45 through C.45:1-50) shall be construed  
8 to require or obligate a mental health practitioner to access or check  
9 the prescription monitoring information in the course of treatment  
10 beyond that which may be required as part of the mental health  
11 practitioner's professional practice.

12 j. A person listed in subsection i. of this section, as a condition  
13 of obtaining prescription monitoring information pursuant thereto,  
14 shall certify the reasons for seeking to obtain that information.  
15 Such certification shall be furnished through means of an online  
16 statement or alternate means authorized by the director, in a form  
17 and manner prescribed by rule or regulation adopted by the director.

18 k. The division shall offer an online tutorial for those persons  
19 listed in subsections h. and i. of this section, which shall, at a  
20 minimum, include: how to access prescription monitoring  
21 information; the rights of persons who are the subject of this  
22 information; the responsibilities of persons who access this  
23 information; a summary of the other provisions of sections 25  
24 through 30 of P.L.2007, c.244 (C.45:1-45 through C.45:1-50) and  
25 the regulations adopted pursuant thereto, regarding the permitted  
26 uses of that information and penalties for violations thereof; and a  
27 summary of the requirements of the federal health privacy rule set  
28 forth at 45 CFR Parts 160 and 164 and a hypertext link to the  
29 federal Department of Health and Human Services website for  
30 further information about the specific provisions of the privacy rule.

31 l. The division may request and receive prescription  
32 monitoring information from prescription monitoring programs in  
33 other states and may use that information for the purposes of  
34 sections 25 through 30 of P.L.2007, c.244 (C.45:1-45 through  
35 C.45:1-50). When sharing data with programs in another state, the  
36 division shall not be required to obtain a memorandum of  
37 understanding unless required by the other state.

38 m. The director may provide nonidentifying prescription drug  
39 monitoring information to public or private entities for statistical,  
40 research, or educational purposes, in accordance with the provisions  
41 of sections 25 through 30 of P.L.2007, c.244 (C.45:1-45 through  
42 C.45:1-50).

43 n. Nothing shall be construed to prohibit the division from  
44 obtaining unsolicited automated reports from the program or  
45 disseminating such reports to pharmacists, practitioners, mental  
46 health care practitioners, and other licensed health care  
47 professionals.

1 o. (1) A current patient of a practitioner may request from that  
2 practitioner that patient's own prescription monitoring information  
3 that has been submitted to the division pursuant to sections 25  
4 through 30 of P.L.2007, c.244 (C.45:1-45 through C.45:1-50). A  
5 parent or legal guardian of a child who is a current patient of a  
6 practitioner may request from that practitioner the child's  
7 prescription monitoring information that has been submitted to the  
8 division pursuant to sections 25 through 30 of P.L.2007, c.244  
9 (C.45:1-45 through C.45:1-50).

10 (2) Upon receipt of a request pursuant to paragraph (1) of this  
11 subsection, a practitioner or health care professional authorized by  
12 that practitioner may provide the current patient or parent or legal  
13 guardian, as the case may be, with access to or a copy of the  
14 prescription monitoring information pertaining to that patient or  
15 child.

16 (3) The division shall establish a process by which a patient, or  
17 the parent or legal guardian of a child who is a patient, may request  
18 a pharmacy permit holder that submitted prescription monitoring  
19 information concerning a prescription for controlled dangerous  
20 substances for that patient or child to the division pursuant to  
21 sections 25 through 30 of P.L.2007, c.244 (C.45:1-45 through  
22 C.45:1-50) to correct information that the person believes to have  
23 been inaccurately entered into that patient's or child's prescription  
24 profile. Upon confirmation of the inaccuracy of any such entry into  
25 a patient's or child's prescription profile, the pharmacy permit  
26 holder shall be authorized to correct any such inaccuracies by  
27 submitting corrected information to the division pursuant to  
28 sections 25 through 30 of P.L.2007, c.244 (C.45:1-45 through  
29 C.45:1-50). The process shall provide for review by the Board of  
30 Pharmacy of any disputed request for correction, which  
31 determination shall be appealable to the director.

32 p. The division shall take steps to ensure that appropriate  
33 channels of communication exist to enable any licensed health care  
34 professional, licensed pharmacist, mental health practitioner,  
35 pharmacy permit holder, or other practitioner who has online access  
36 to the Prescription Monitoring Program pursuant to this section to  
37 seek or provide information to the division related to the provisions  
38 of this section.

39 q. (1) The division may make prescription monitoring  
40 information available on electronic systems that collect and display  
41 health information, such as an electronic system that connects  
42 hospital emergency departments for the purpose of transmitting and  
43 obtaining patient health data from multiple sources, or an electronic  
44 system that notifies practitioners of information pertaining to the  
45 treatment of overdoses; provided that the division determines that  
46 any such electronic system has appropriate security protections in  
47 place.

1 (2) Practitioners who are required to access prescription  
2 monitoring information pursuant to section 8 of P.L.2015, c.74  
3 (C.45:1-46.1) may discharge that responsibility by accessing one or  
4 more authorized electronic systems into which the prescription  
5 monitoring information maintained by the division has been  
6 integrated.  
7 (cf: P.L.2017, c.341, s.3)

8  
9 12. Section 5 of P.L.1961, c.49 (C.52:14-17.29) is amended to  
10 read as follows:

11 5. (A) The contract or contracts purchased by the commission  
12 pursuant to subsection b. of section 4 of P.L.1961, c.49 (C.52:14-  
13 17.28) shall provide separate coverages or policies as follows:

14 (1) Basic benefits which shall include:

15 (a) Hospital benefits, including outpatient;

16 (b) Surgical benefits;

17 (c) Inpatient medical benefits;

18 (d) Obstetrical benefits; and

19 (e) Services rendered by an extended care facility or by a home  
20 health agency and for specified medical care visits by a physician  
21 during an eligible period of such services, without regard to  
22 whether the patient has been hospitalized, to the extent and subject  
23 to the conditions and limitations agreed to by the commission and  
24 the carrier or carriers.

25 Basic benefits shall be substantially equivalent to those available  
26 on a group remittance basis to employees of the State and their  
27 dependents under the subscription contracts of the New Jersey  
28 "Blue Cross" and "Blue Shield" Plans. Such basic benefits shall  
29 include benefits for:

30 (i) Additional days of inpatient medical service;

31 (ii) Surgery elsewhere than in a hospital;

32 (iii) X-ray, radioactive isotope therapy and pathology services;

33 (iv) Physical therapy services;

34 (v) Radium or radon therapy services;

35 and the extended basic benefits shall be subject to the same  
36 conditions and limitations, applicable to such benefits, as are set  
37 forth in "Extended Outpatient Hospital Benefits Rider," Form 1500,  
38 71(9-66), and in "Extended Benefit Rider" (as amended), Form MS  
39 7050J(9-66) issued by the New Jersey "Blue Cross" and "Blue  
40 Shield" Plans, respectively, and as the same may be amended or  
41 superseded, subject to filing by the Commissioner of Banking and  
42 Insurance; and

43 (2) Major medical expense benefits which shall provide benefit  
44 payments for reasonable and necessary eligible medical expenses  
45 for hospitalization, surgery, medical treatment and other related  
46 services and supplies to the extent they are not covered by basic  
47 benefits. The commission may, by regulation, determine what types  
48 of services and supplies shall be included as "eligible medical

1 services" under the major medical expense benefits coverage as  
2 well as those which shall be excluded from or limited under such  
3 coverage. Benefit payments for major medical expense benefits  
4 shall be equal to a percentage of the reasonable charges for eligible  
5 medical services incurred by a covered employee or an employee's  
6 covered dependent, during a calendar year as exceed a deductible  
7 for such calendar year of \$100.00 subject to the maximums  
8 hereinafter provided and to the other terms and conditions  
9 authorized by this act. The percentage shall be 80% of the first  
10 \$2,000.00 of charges for eligible medical services incurred  
11 subsequent to satisfaction of the deductible and 100% thereafter.  
12 There shall be a separate deductible for each calendar year for (a)  
13 each enrolled employee and (b) all enrolled dependents of such  
14 employee. Not more than \$1,000,000.00 shall be paid for major  
15 medical expense benefits with respect to any one person for the  
16 entire period of such person's coverage under the plan, whether  
17 continuous or interrupted except that this maximum may be  
18 reapplied to a covered person in amounts not to exceed \$2,000.00 a  
19 year. Maximums of \$10,000.00 per calendar year and \$20,000.00  
20 for the entire period of the person's coverage under the plan shall  
21 apply to eligible expenses incurred because of mental illness or  
22 functional nervous disorders, and such may be reapplied to a  
23 covered person, except as provided in P.L.1999, c.441 (C.52:14-  
24 17.29d et al.). The same provisions shall apply for retired  
25 employees and their dependents. Under the conditions agreed upon  
26 by the commission and the carriers as set forth in the contract, the  
27 deductible for a calendar year may be satisfied in whole or in part  
28 by eligible charges incurred during the last three months of the prior  
29 calendar year.

30 Any service determined by regulation of the commission to be an  
31 "eligible medical service" under the major medical expense benefits  
32 coverage which is performed by a duly licensed practicing  
33 psychologist within the lawful scope of his practice shall be  
34 recognized for reimbursement under the same conditions as would  
35 apply were such service performed by a physician.

36 (B) The contract or contracts purchased by the commission  
37 pursuant to subsection c. of section 4 of P.L.1961, c.49 (C.52:14-  
38 17.28) shall include coverage for services and benefits that are at a  
39 level that is equal to or exceeds the level of services and benefits set  
40 forth in this subsection, provided that such services and benefits  
41 shall include only those that are eligible medical services and not  
42 those deemed experimental, investigative or otherwise not eligible  
43 medical services. The determination of whether services or benefits  
44 are eligible medical services shall be made by the commission  
45 consistent with the best interests of the State and participating  
46 employers, employees, and dependents. The following list of  
47 services is not intended to be exclusive or to require that any limits  
48 or exclusions be exceeded.

- 1 Covered services shall include:
- 2 (1) Physician services, including:
- 3 (a) Inpatient services, including:
- 4 (i) medical care including consultations;
- 5 (ii) surgical services and services related thereto; and
- 6 (iii) obstetrical services including normal delivery, cesarean
- 7 section, and abortion.
- 8 (b) Outpatient/out-of-hospital services, including:
- 9 (i) office visits for covered services and care;
- 10 (ii) allergy testing and related diagnostic/therapy services;
- 11 (iii) dialysis center care;
- 12 (iv) maternity care;
- 13 (v) well child care;
- 14 (vi) child immunizations/lead screening;
- 15 (vii) routine adult physicals including pap, mammography, and
- 16 prostate examinations; and
- 17 (viii) annual routine obstetrical/gynecological exam.
- 18 (2) Hospital services, both inpatient and outpatient, including:
- 19 (a) room and board;
- 20 (b) intensive care and other required levels of care;
- 21 (c) semi-private room;
- 22 (d) therapy and diagnostic services;
- 23 (e) surgical services or facilities and treatment related thereto;
- 24 (f) nursing care;
- 25 (g) necessary supplies, medicines, and equipment for care; and
- 26 (h) maternity care and related services.
- 27 (3) Other facility and services, including:
- 28 (a) approved treatment centers for medical
- 29 emergency/accidental injury;
- 30 (b) approved surgical center;
- 31 (c) hospice;
- 32 (d) chemotherapy;
- 33 (e) diagnostic x-ray and lab tests;
- 34 (f) ambulance;
- 35 (g) durable medical equipment;
- 36 (h) prosthetic devices;
- 37 (i) foot orthotics;
- 38 (j) diabetic supplies and education, including expenses incurred
- 39 for one emergency 30-day supply of insulin dispensed pursuant to
- 40 section 1 or section 2 of P.L. , c. (C. or C. ) (pending
- 41 before the Legislature as this bill) in each 12-month period; and
- 42 (k) oxygen and oxygen administration.
- 43 (4) All services for which coverage is required pursuant to
- 44 P.L.1961, c.49 (C.52:14-17.25 et seq.), as amended and
- 45 supplemented. Benefits under the contract or contracts purchased as
- 46 authorized by the State Health Benefits Program shall include those
- 47 for mental health services subject to limits and exclusions

1 consistent with the provisions of the New Jersey State Health  
2 Benefits Program Act.

3 (C) The contract or contracts purchased by the commission  
4 pursuant to subsection c. of section 4 of P.L.1961, c.49 (C.52:14-  
5 17.28) shall include the following provisions regarding  
6 reimbursements and payments:

7 (1) In the successor plan, the co-payment for doctor's office  
8 visits shall be \$10 per visit with a maximum out-of-pocket of \$400  
9 per individual and \$1,000 per family for in-network services for  
10 each calendar year. The out-of-network deductible shall be \$100 per  
11 individual and \$250 per family for each calendar year, and the  
12 participant shall receive reimbursement for out-of-network charges  
13 at the rate of 80% of reasonable and customary charges, provided  
14 that the out-of-pocket maximum shall not exceed \$2,000 per  
15 individual and \$5,000 per family for each calendar year.

16 (2) In the State managed care plan that is required to be included  
17 in a contract entered into pursuant to subsection c. of section 4 of  
18 P.L.1961, c.49 (C.52:14-17.28), the co-payment for doctor's office  
19 visits shall be \$15 per visit. The participant shall receive  
20 reimbursement for out-of-network charges at the rate of 70% of  
21 reasonable and customary charges. The in-network and out-of-  
22 network limits, exclusions, maximums, and deductibles shall be  
23 substantially equivalent to those in the NJ PLUS plan in effect on  
24 June 30, 2007, with adjustments to that plan pursuant to a binding  
25 collective negotiations agreement or pursuant to action by the  
26 commission, in its sole discretion, to apply such adjustments to  
27 State employees for whom there is no majority representative for  
28 collective negotiations purposes.

29 (3) "Reasonable and customary charges" means charges based  
30 upon the 90th percentile of the usual, customary, and reasonable  
31 (UCR) fee schedule determined by the Health Insurance  
32 Association of America or a similar nationally recognized database  
33 of prevailing health care charges.

34 (D) Benefits under the contract or contracts purchased as  
35 authorized by this act may be subject to such limitations,  
36 exclusions, or waiting periods as the commission finds to be  
37 necessary or desirable to avoid inequity, unnecessary utilization,  
38 duplication of services or benefits otherwise available, including  
39 coverage afforded under the laws of the United States, such as the  
40 federal Medicare program, or for other reasons.

41 Benefits under the contract or contracts purchased as authorized  
42 by this act shall include those for the treatment of alcoholism where  
43 such treatment is prescribed by a physician and shall also include  
44 treatment while confined in or as an outpatient of a licensed  
45 hospital or residential treatment program which meets minimum  
46 standards of care equivalent to those prescribed by the Joint  
47 Commission on Hospital Accreditation. No benefits shall be

1 provided beyond those stipulated in the contracts held by the State  
2 Health Benefits Commission.

3 (E) The rates charged for any contract purchased under the  
4 authority of this act shall reasonably and equitably reflect the cost  
5 of the benefits provided based on principles which in the judgment  
6 of the commission are actuarially sound. The rates charged shall be  
7 determined by the carrier on accepted group rating principles with  
8 due regard to the experience, both past and contemplated, under the  
9 contract. The commission shall have the right to particularize  
10 subgroups for experience purposes and rates. No increase in rates  
11 shall be retroactive.

12 (F) The initial term of any contract purchased by the  
13 commission under the authority of this act shall be for such period  
14 to which the commission and the carrier may agree, but permission  
15 may be made for automatic renewal in the absence of notice of  
16 termination by the commission. Subsequent terms for which any  
17 contract may be renewed as herein provided shall each be limited to  
18 a period not to exceed one year.

19 (G) A contract purchased by the commission pursuant to  
20 subsection b. of section 4 of P.L.1961, c.49 (C.52:14-17.28) shall  
21 contain a provision that if basic benefits or major medical expense  
22 benefits of an employee or of an eligible dependent under the  
23 contract, after having been in effect for at least one month in the  
24 case of basic benefits or at least three months in the case of major  
25 medical expense benefits, is terminated, other than by voluntary  
26 cancellation of enrollment, there shall be a 31-day period following  
27 the effective date of termination during which such employee or  
28 dependent may exercise the option to convert, without evidence of  
29 good health, to converted coverage issued by the carriers on a direct  
30 payment basis. Such converted coverage shall include benefits of  
31 the type classified as "basic benefits" or "major medical expense  
32 benefits" in subsection (A) hereof and shall be equivalent to the  
33 benefits which had been provided when the person was covered as  
34 an employee. The provision shall further stipulate that the employee  
35 or dependent exercising the option to convert shall pay the full  
36 periodic charges for the converted coverage which shall be subject  
37 to such terms and conditions as are normally prescribed by the  
38 carrier for this type of coverage.

39 (H) The commission may purchase a contract or contracts to  
40 provide drug prescription and other health care benefits or authorize  
41 the purchase of a contract or contracts to provide drug prescription  
42 and other health care benefits as may be required to implement a  
43 duly executed collective negotiations agreement or as may be  
44 required to implement a determination by a public employer to  
45 provide such benefit or benefits to employees not included in  
46 collective negotiations units.

47 (I) The commission shall take action as necessary, in  
48 cooperation with the School Employees' Health Benefits

1 Commission established pursuant to section 33 of P.L.2007, c.103  
2 (C.52:14-17.46.3), to effectuate the purposes of the School  
3 Employees' Health Benefits Program Act as provided in sections 31  
4 through 41 of P.L.2007, c.103 (C.52:14-17.46.1 through C.52:14-  
5 17.46.11) and to enable the School Employees' Health Benefits  
6 Commission to begin providing coverage to participants pursuant to  
7 the School Employees' Health Benefits Program Act as of July 1,  
8 2008.

9 (J) Beginning January 1, 2012, the State Health Benefits Plan  
10 Design Committee shall provide to employees the option to select  
11 one of at least three levels of coverage each for family, individual,  
12 individual and spouse, and individual and dependent, or equivalent  
13 categories, for each plan offered by the program differentiated by  
14 out of pocket costs to employees including co-payments and  
15 deductibles. Notwithstanding any other provision of law to the  
16 contrary, the committee shall have the sole discretion to set the  
17 amounts for maximums, co-pays, deductibles, and other such  
18 participant costs for all plans in the program. The committee shall  
19 also provide for a high deductible health plan that conforms with  
20 Internal Revenue Code Section 223.

21 There shall be appropriated annually for each State fiscal year,  
22 through the annual appropriations act, such amounts as shall be  
23 necessary as funding by the State as an employer, or as otherwise  
24 required, with regard to employees or retirees who have enrolled in  
25 a high deductible health plan that conforms with Internal Revenue  
26 Code Section 223.

27 (cf: P.L.2011, c.78, s.47)

28

29 13. Section 36 of P.L.2007, c.103 (C.52:14-17.46.6) is amended  
30 to read as follows:

31 36. a. Notwithstanding the provisions of any other law to the  
32 contrary, the commission shall not enter into a contract under the  
33 School Employees' Health Benefits Program Act, sections 31  
34 through 41 of P.L.2007, c.103 (C.52:14-17.46.1 through C.52:14-  
35 17.46.11), for the benefits provided pursuant to the act, unless the  
36 level of benefits provided under the contract entered into is equal to  
37 or exceeds the level of benefits provided in this section, or as  
38 modified pursuant to section 40 of that act (C.52:14-17.46.10). Only  
39 benefits for medically necessary services that are not deemed  
40 experimental, investigative or otherwise not eligible medical  
41 services shall be provided. The determination that services are not  
42 "eligible medical services" shall be made by the commission  
43 consistent with the best interests of the State, participating  
44 employers and those persons covered hereunder. Benefits for  
45 services provided pursuant to the School Employees' Health  
46 Benefits Act shall be subject to limits or exclusions consistent with  
47 those that apply to benefits provided pursuant to the New Jersey  
48 State Health Benefits Program Act. The services provided pursuant

1 to this section shall include all services, subject to applicable limits  
2 and exclusions, provided through the State Health Benefits Program  
3 as of July 1, 2007. The list of services in subsection b. of this  
4 section is not intended to be exclusive or to require that any limits  
5 or exclusions be exceeded.

6 b. The services covered hereunder by the School Employees'  
7 Health Benefits Program shall include:

8 (1) Physician services, including:

9 (a) Inpatient services, including:

10 (i) medical care including consultations;

11 (ii) surgical services and services related thereto; and

12 (iii) obstetrical services including normal delivery, cesarean  
13 section, and abortion.

14 (b) Outpatient/out-of-hospital services, including:

15 (i) office visits for covered services and care;

16 (ii) allergy testing and related diagnostic/therapy services;

17 (iii) dialysis center care;

18 (iv) maternity care;

19 (v) well child care;

20 (vi) child immunizations/lead screening;

21 (vii) routine adult physicals including pap, mammography, and  
22 prostate examinations; and

23 (viii) annual routine obstetrical/gynecological exam.

24 (2) Hospital services, both inpatient and outpatient, including:

25 (a) room and board;

26 (b) intensive care and other required levels of care;

27 (c) semi-private room;

28 (d) therapy and diagnostic services;

29 (e) surgical services or facilities and treatment related thereto;

30 (f) nursing care;

31 (g) necessary supplies, medicines, and equipment for care; and

32 (h) maternity care and related services.

33 (3) Other facility and services, including:

34 (a) approved treatment centers for medical  
35 emergency/accidental injury;

36 (b) approved surgical center;

37 (c) hospice;

38 (d) chemotherapy;

39 (e) diagnostic x-ray and lab tests;

40 (f) ambulance;

41 (g) durable medical equipment;

42 (h) prosthetic devices;

43 (i) foot orthotics;

44 (j) diabetic supplies and education, including expenses incurred

45 for one emergency 30-day supply of insulin dispensed pursuant to

46 section 1 or section 2 of P.L. , c. (C. or C. ) (pending

47 before the Legislature as this bill) in each 12-month period; and

48 (k) oxygen and oxygen administration.

1 c. Benefits under the contract or contracts purchased as  
2 authorized by the School Employees' Health Benefits Program Act  
3 shall include those for the treatment of alcoholism where such  
4 treatment is prescribed by a physician and shall also include  
5 treatment while confined in or as an outpatient of a licensed  
6 hospital or residential treatment program which meets minimum  
7 standards of care equivalent to those prescribed by the Joint  
8 Commission on Hospital Accreditation. No benefits shall be  
9 provided beyond those stipulated in the contracts held by the School  
10 Employees' Health Benefits Commission.

11 d. Benefits under the contract or contracts purchased as  
12 authorized by the School Employees' Health Benefits Program Act  
13 shall include those for mental health services subject to limits and  
14 exclusions consistent with those that apply to benefits for such  
15 services pursuant to the New Jersey State Health Benefits Program  
16 Act. Coverage for biologically-based mental illness, as defined in  
17 section 1 of P.L.1999, c.441 (C.52:14-17.29d), shall be provided in  
18 accordance with section 2 of P.L.1999, c.441 (C.52:14-17.29e).

19 e. Coverage provided under the School Employees' Health  
20 Benefits Program Act shall include coverage for all services for  
21 which coverage is mandated in the State Health Benefits Program  
22 pursuant to P.L.1961, c.49 (C.52:14-17.25 et seq.).

23 f. (1) As used in this subsection:

24 (a) "brand name" means the proprietary or trade name assigned  
25 to a drug product by the manufacturer or distributor of the drug  
26 product.

27 (b) "carrier" means an insurance company, hospital, medical, or  
28 health service corporation, preferred provider organization, or  
29 health maintenance organization under agreement or contract with  
30 the commission to administer the School Employee Prescription  
31 Drug Plan.

32 (c) "School Employee Prescription Drug Plan" means the plan  
33 for providing payment for eligible prescription drug expenses of  
34 members of the School Employees' Health Benefits Program and  
35 their eligible dependents.

36 (d) "generic drug products" means prescription drug products  
37 and insulin approved and designated by the United States Food and  
38 Drug Administration as therapeutic equivalents for reference listed  
39 drug products. The term includes drug products listed in the New  
40 Jersey Generic Formulary by the Drug Utilization Review Council  
41 pursuant to P.L.1977, c.240 (C.24:6E-1 et al.).

42 (e) "mail-order pharmacy" means the mail order program  
43 available through the carrier.

44 (f) "preferred brands" means brand name prescription drug  
45 products and insulin determined by the carrier to be a more cost  
46 effective alternative for prescription drug products and insulin with  
47 comparable therapeutic efficacy within a therapeutic class, as  
48 defined or recognized in the United States Pharmacopeia or the

1 American Hospital Formulary Service Drug Information, or by the  
2 American Society of Health Systems Pharmacists. A drug product  
3 for which there is no other therapeutically equivalent drug product  
4 shall be a preferred brand. Determinations of preferred brands by  
5 the carrier shall be subject to review and modification by the  
6 commission.

7 (g) "retail pharmacy" means a pharmacy, drug store or other  
8 retail establishment in this State at which prescription drugs are  
9 dispensed by a registered pharmacist under the laws of this State, or  
10 a pharmacy, drug store or other retail establishment in another state  
11 at which prescription drug products are dispensed by a registered  
12 pharmacist under the laws of that state if expenses for prescription  
13 drug products dispensed at the pharmacy, drug store, or other retail  
14 establishment are eligible for payment under the School Employee  
15 Prescription Drug Plan.

16 (h) "other brands" means prescription drug products which are  
17 not preferred brands or generic drug products. A new drug product  
18 approved by the United States Food and Drug Administration which  
19 is not a generic drug product shall be included in this category until  
20 the carrier makes a determination concerning inclusion of the drug  
21 product in the list of preferred brands.

22 (2) (a) Employers that participate in the School Employees'  
23 Health Benefits Program may offer to their employees and eligible  
24 dependents:

25 (i) enrollment in the School Employee Prescription Drug Plan,  
26 or

27 (ii) enrollment in another free-standing prescription drug plan,  
28 or

29 (iii) election of prescription drug coverage under their health  
30 care coverage through the School Employees' Health Benefits  
31 Program plan or as otherwise determined by the commission.

32 (b) A co-payment shall be required for each prescription drug  
33 expense if the employer chooses to participate in the School  
34 Employee Prescription Drug Plan. The initial amounts of the co-  
35 payments shall be the same as those in effect on July 1, 2007 for the  
36 employee prescription drug plan offered through the State Health  
37 Benefits Program.

38 (c) If the employer elects to offer a free-standing prescription  
39 drug plan, the employee's share of the cost for this prescription drug  
40 plan may be determined by means of a binding collective  
41 negotiations agreement, including any agreements in force at the  
42 time the employer commences participation in the School  
43 Employees' Health Benefits Program.

44 (d) If an employee declines the employer's offering of a free-  
45 standing prescription drug plan, no reimbursement for prescription  
46 drugs shall be provided under the health care coverage through the  
47 School Employees' Health Benefits Program plan in which the  
48 employee is enrolled.

1 (e) Prescription drug classifications that are not eligible for  
2 coverage under the employer's prescription drug plan shall also not  
3 be eligible for coverage under the health care coverage through the  
4 School Employees' Health Benefits Program plan except as  
5 federally or State mandated.

6 (f) If the employer elects to not offer a free-standing  
7 prescription drug plan, then the employer shall offer prescription  
8 drug coverage under the health care coverage through the School  
9 Employees' Health Benefits Program plan or as determined by the  
10 commission. Any plan that has in-network and out-of-network  
11 coverage shall cover prescription drugs at 90% in-network and at  
12 the out-of-network rate applicable to health care coverage in the  
13 plan. The out-of-pocket amounts paid towards prescription drugs  
14 shall be combined with out-of-pocket medical payments to reach all  
15 out-of-pocket maximums.

16 (g) Health care coverages through the School Employees' Health  
17 Benefits Program that only have in-network benefits shall include a  
18 prescription card with co-payment amounts the same as those in  
19 effect on July 1, 2007 for such coverages offered through the State  
20 Health Benefits Program.

21 (h) In the fifth year following the initial appointment of all of its  
22 members, the commission shall, as part of the fifth year audit and  
23 review undertaken pursuant to section 40 of that act (C.52:14-  
24 17.46.10), review the prescription drug program established in this  
25 subsection and may make changes in the program pursuant to the  
26 terms of section 40 by majority vote of the full authorized  
27 membership of the commission.

28 g. Beginning January 1, 2012, the School Employees' Health  
29 Benefits Plan Design Committee shall provide to employees the  
30 option to select one of at least three levels of coverage each for  
31 family, individual, individual and spouse, and individual and  
32 dependent, or equivalent categories, for each plan offered by the  
33 program differentiated by out of pocket costs to employees  
34 including co-payments and deductibles. Notwithstanding any other  
35 provision of law to the contrary, the committee shall have the sole  
36 discretion to set the amounts for maximums, co-pays, deductibles,  
37 and other such participant costs for all plans in the program. The  
38 committee shall also provide for a high deductible health plan that  
39 conforms with Internal Revenue Code Section 223.

40 There shall be appropriated annually for each State fiscal year,  
41 through the annual appropriations act, such amounts as shall be  
42 necessary as funding by the State with regard to retirees who have  
43 enrolled in a high deductible health plan that conforms with Internal  
44 Revenue Code Section 223.

45 (cf: P.L.2011, c.78, s.48)

46

47 14. (New section) The Commissioner of Human Services shall  
48 apply for such State plan amendments or waivers as may be

1 necessary to implement the provisions of this act and to secure  
2 federal financial participation for State Medicaid expenditures  
3 under the federal Medicaid program.

4  
5 15. (New section) The Commissioner of Health, the  
6 Commissioner of Banking and Insurance, the Board of Medical  
7 Examiners, the Board of Nursing, and the Board of Pharmacy shall  
8 each adopt rules and regulations, pursuant to the “Administrative  
9 Procedure Act,” P.L.1968, c.410 (C.52:14B-1 et seq.), as shall be  
10 necessary to implement the provisions of this bill.

11  
12 16. This act shall take effect on the first day of the third month  
13 next following enactment, except that section 1 of this act shall take  
14 effect 180 days after enactment, and the provisions of sections 3  
15 through 8 and sections 13 and 14 of this act shall apply to contracts  
16 and policies delivered, issued, executed, or renewed, or approved  
17 for issuance or renewal, on or after the effective date of this act.

18

19

20 STATEMENT

21

22 This bill establishes requirements for patients to access  
23 emergency supplies of insulin and provides for insurance coverage  
24 of emergency insulin.

25 Specifically, the bill requires the Department of Health (DOH) to  
26 maintain an adequate emergency stockpile of insulin as is necessary  
27 to meet the emergency needs of people in New Jersey whose insulin  
28 supply has or will run out before the person’s next prescription may  
29 be filled. At a minimum, the emergency stockpile is include the 10  
30 most common brands and types of insulin used by New Jersey  
31 residents. The DOH will be required to collaborate with the  
32 Commissioner of Banking and Insurance to determine which brands  
33 and types of insulin are most commonly used in New Jersey.

34 In determining the quantity of insulin the DOH will need to  
35 maintain under the bill, the DOH will be required to take into  
36 account prevailing conditions in the State that may affect the need  
37 for and availability of insulin; take into account anticipated surges,  
38 over the next 90 days, in the need for emergency supplies of  
39 insulin; take into consideration the current state of the supply chain  
40 of insulin in the State, including, but not limited to, unit cost, recent  
41 price increases, overall availability, and delays in shipping times;  
42 and utilize any other tool as the DOH designates for use in  
43 determining the anticipated need for emergency insulin. The DOH  
44 will be required to reevaluate the adequacy of its emergency  
45 stockpile of insulin at least quarterly and acquire such additional  
46 supplies of insulin, and such additional brands and types of insulin,  
47 as it determines are necessary to meet the need for emergency  
48 insulin in New Jersey.

1 The DOH will be required to develop a sourcing protocol to  
2 acquire insulin for its emergency stockpile that maximizes the cost  
3 effectiveness of the program and secures the best available  
4 consumer price for each insulin product.

5 The DOH will be required to develop a program under which the  
6 DOH will furnish emergency insulin, at cost, to individuals whose  
7 insulin supply has or will run out before the person's next  
8 prescription may be filled. The DOH will be authorized to seek  
9 reimbursement for the emergency insulin from the person's health  
10 benefits plan, if any, or accept cash payment from the person. The  
11 department may establish standards and procedures to verify  
12 whether a person's insulin supply has or will run out before the  
13 person's next prescription may be filled.

14 The bill additionally authorizes pharmacists to dispense an  
15 emergency 30-day supply of insulin once every 12 months, which  
16 emergency supply of insulin may be dispensed pursuant to a  
17 standing order issued by a prescriber or pursuant to the standing  
18 order issued by the DOH under the bill. In order to dispense  
19 emergency insulin to a person under the bill, the pharmacist will  
20 need to: have a record of a previous prescription for insulin for that  
21 person, which prescription was dispensed within the past year; have  
22 been unable to obtain authorization for an additional supply of  
23 insulin from an authorized prescriber; and ensure the amount of  
24 insulin dispensed in the emergency 30-day supply does not exceed  
25 the amount that was dispensed under the most recent prescription  
26 for insulin dispensed by the pharmacy to that person.

27 The Commissioner of Health, or, if the commissioner is not a  
28 duly licensed physician, the Deputy Commissioner for Public  
29 Health Services, will be required to issue a standing order  
30 authorizing all licensed pharmacists in the State to dispense  
31 emergency insulin under the bill. The Commissioner of Health is to  
32 provide a copy of the standing order to the Board of Pharmacy,  
33 which will post a copy of the standing order on the board's Internet  
34 website and transmit a copy of the standing order to all licensed  
35 pharmacists in such a manner as the board deems appropriate.

36 In general, individuals may not receive more than one emergency  
37 30-day supply of insulin in a given 12-month period, regardless of  
38 whether the emergency insulin was dispensed by the DOH or a  
39 pharmacist. However, the bill authorizes the DOH to furnish  
40 additional emergency supplies of insulin to a person based on  
41 demonstrated need. The bill specifies that additional emergency  
42 supplies dispensed by the DOH over an emergency 30-day supply  
43 will not be subject to the insurance coverage requirements of the  
44 bill.

45 The DOH and pharmacists will be required to report each  
46 emergency 30-day supply of insulin dispensed under the bill to the  
47 prescription monitoring database maintained pursuant to P.L.2007,  
48 c.244 (C.45:1-44 et al.) and will be required, prior to dispensing an

1 emergency 30-day supply of insulin, to review the person's  
2 prescription monitoring information to determine whether the  
3 person was dispensed an emergency 30-day supply of insulin by the  
4 DOH or by a pharmacy in the preceding 12 months.

5 The bill requires health insurers, Medicaid, the State Health  
6 Benefits Program, and the School Employees' Health Benefits  
7 Program to provide coverage for emergency 30-day supplies of  
8 insulin dispensed under the bill at least once every 12 months. The  
9 coverage requirement includes the health benefits plan of a hospital,  
10 medical or health service corporation, individual, small employer,  
11 large group commercial insurer, and health maintenance organization.