

ASSEMBLY, No. 3591

STATE OF NEW JERSEY 222nd LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2026 SESSION

Sponsored by:

Assemblyman LOUIS D. GREENWALD

District 6 (Burlington and Camden)

Assemblywoman SHANIQUE SPEIGHT

District 29 (Essex and Hudson)

Assemblywoman CAROL A. MURPHY

District 7 (Burlington)

Co-Sponsored by:

Assemblywomen Donlon and Peterpaul

SYNOPSIS

Requires NJ FamilyCare reimbursement for comprehensive medication management services provided for certain children by licensed pharmacist.

CURRENT VERSION OF TEXT

As reported by the Assembly Health Committee with technical review.



(Sponsorship Updated As Of: 9/24/2026)

1 AN ACT concerning medication management services for certain NJ
2 FamilyCare enrollees and amending P.L.1968, c.413 and
3 P.L.2003, c.280.
4

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

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

10 6. a. Subject to the requirements of Title XIX of the federal
11 Social Security Act, the limitations imposed by this act, and by the
12 rules and regulations promulgated pursuant thereto, the department
13 shall provide medical assistance to qualified applicants, including
14 authorized services within each of the following classifications:

15 (1) Inpatient hospital services;

16 (2) Outpatient hospital services;

17 (3) Other laboratory and X-ray services;

18 (4) (a) Skilled nursing or intermediate care facility services;

19 (b) Early and periodic screening and diagnosis of individuals
20 who are eligible under the program and are under age 21, to
21 ascertain their physical or mental health status and the health care,
22 treatment, and other measures to correct or ameliorate defects and
23 chronic conditions discovered thereby, as may be provided in
24 regulation of the Secretary of the federal Department of Health and
25 Human Services and approved by the commissioner;

26 (5) Physician's services furnished in the office, the patient's
27 home, a hospital, a skilled nursing or intermediate care facility, or
28 elsewhere.

29 As used in this subsection, "laboratory and X-ray services"
30 includes HIV drug resistance testing, including, but not limited to,
31 genotype assays that have been cleared or approved by the federal
32 Food and Drug Administration, laboratory-developed genotype
33 assays, phenotype assays, and other assays using phenotype
34 prediction with genotype comparison, for persons diagnosed with
35 HIV infection or AIDS.

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

40 (1) Medical care not included in paragraph (5) of subsection a.
41 above, or any other type of remedial care recognized under State
42 law, furnished by licensed practitioners within the scope of their
43 practice, as defined by State law;

44 (2) Home health care services;

45 (3) Clinic services;

**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 (4) Dental services;
- 2 (5) Physical therapy and related services;
- 3 (6) Prescribed drugs, dentures, and prosthetic devices; and
- 4 eyeglasses prescribed by a physician skilled in diseases of the eye
- 5 or by an optometrist, whichever the individual may select;
- 6 (7) Optometric services;
- 7 (8) Podiatric services;
- 8 (9) Chiropractic services;
- 9 (10) Psychological services;
- 10 (11) Inpatient psychiatric hospital services for individuals under
- 11 21 years of age, or under age 22 if they are receiving such services
- 12 immediately before attaining age 21;
- 13 (12) Other diagnostic, screening, preventative, and rehabilitative
- 14 services, and other remedial care;
- 15 (13) Inpatient hospital services, nursing facility services, and
- 16 immediate care facility services for individuals 65 years of age or
- 17 over in an institution for mental diseases;
- 18 (14) Intermediate care facility services;
- 19 (15) Transportation services;
- 20 (16) Services in connection with the inpatient or outpatient
- 21 treatment or care of substance use disorder, when the treatment is
- 22 prescribed by a physician and provided in a licensed hospital or in a
- 23 narcotic and substance use disorder treatment center approved by
- 24 the Department of Health pursuant to P.L.1970, c.334 (C.26:2G-21
- 25 et. seq.) and whose staff includes a medical director, and limited
- 26 those services eligible for federal financial participation under Title
- 27 XIX of the federal Social Security Act;
- 28 (17) Any other medical care and any other type of remedial care
- 29 recognized under State law, specified by the Secretary of the federal
- 30 Department of Health and Human Services, and approved by the
- 31 commissioner;
- 32 (18) Comprehensive maternity care, which may include: the
- 33 basic number of prenatal and postpartum visits recommended by the
- 34 American College of Obstetrics and Gynecology; additional
- 35 prenatal and postpartum visits that are medically necessary;
- 36 necessary laboratory, nutritional assessment and counseling, health
- 37 education, personal counseling, managed care, outreach, and
- 38 follow-up services; treatment of conditions which may complicate
- 39 pregnancy; doula care; and physician or certified nurse midwife
- 40 delivery services. For the purposes of this paragraph, "doula"
- 41 means a trained professional who provides continuous physical,
- 42 emotional, and informational support to a mother before, during,
- 43 and shortly after childbirth, to help her to achieve the healthiest,
- 44 most satisfying experience possible;
- 45 (19) Comprehensive pediatric care, which may include:
- 46 ambulatory, preventive, and primary care health services. The
- 47 preventive services shall include, at a minimum, the basic number

1 of preventive visits recommended by the American Academy of
2 Pediatrics;

3 (20) Services provided by a hospice which is participating in the
4 Medicare program established pursuant to Title XVIII of the Social
5 Security Act, Pub.L.89-97 (42 U.S.C. s.1395 et seq.). Hospice
6 services shall be provided subject to approval of the Secretary of
7 the federal Department of Health and Human Services for federal
8 reimbursement;

9 (21) Mammograms, subject to approval of the Secretary of the
10 federal Department of Health and Human Services for federal
11 reimbursement, including one baseline mammogram for women
12 who are at least 35 but less than 40 years of age; one mammogram
13 examination every two years or more frequently, if recommended
14 by a physician, for women who are at least 40 but less than 50 years
15 of age; and one mammogram examination every year for women
16 age 50 and over;

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

21 (a) Expenses for diabetes self-management education or training
22 to ensure that a person with diabetes, gestational diabetes, or pre-
23 diabetes can optimize metabolic control, prevent and manage
24 complications, and maximize quality of life. Diabetes self-
25 management education shall be provided by an in-State provider
26 who is:

27 (i) a licensed, registered, or certified health care professional
28 who is certified by the National Certification Board of Diabetes
29 Educators as a Certified Diabetes Educator, or certified by the
30 American Association of Diabetes Educators with a Board
31 Certified-Advanced Diabetes Management credential, including, but
32 not limited to: a physician, an advanced practice or registered nurse,
33 a physician assistant, a pharmacist, a chiropractor, a dietitian
34 registered by a nationally recognized professional association of
35 dietitians, or a nutritionist holding a certified nutritionist specialist
36 (CNS) credential from the Board for Certification of Nutrition
37 Specialists; or

38 (ii) an entity meeting the National Standards for Diabetes Self-
39 Management Education and Support, as evidenced by a recognition
40 by the American Diabetes Association or accreditation by the
41 American Association of Diabetes Educators;

42 (b) Expenses for medical nutrition therapy as an effective
43 component of the person's overall treatment plan upon a: diagnosis
44 of diabetes, gestational diabetes, or pre-diabetes; change in the
45 beneficiary's medical condition, treatment, or diagnosis; or
46 determination of a physician, advanced practice nurse, or physician
47 assistant that reeducation or refresher education is necessary.
48 Medical nutrition therapy shall be provided by an in-State provider

1 who is a dietitian registered by a nationally recognized professional
2 association of dietitians, or a nutritionist holding a certified
3 nutritionist specialist (CNS) credential from the Board for
4 Certification of Nutrition Specialists, who is familiar with the
5 components of diabetes medical nutrition therapy;

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

11 (d) Expenses for any medically appropriate and necessary
12 supplies and equipment recommended or prescribed by a physician,
13 advanced practice nurse, or physician assistant for the management
14 and treatment of diabetes, gestational diabetes, or pre-diabetes,
15 including, but not limited to: equipment and supplies for self-
16 management of blood glucose; insulin pens; insulin pumps and
17 related supplies; and other insulin delivery devices;

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

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

23 (i) is a site accredited by the Centering Healthcare Institute, or is
24 a site engaged in an active implementation contract with the
25 Centering Healthcare Institute, that utilizes the Centering Pregnancy
26 model; and

27 (ii) incorporates the applicable information outlined in any best
28 practices manual for prenatal and postpartum maternal care
29 developed by the Department of Health into the curriculum for each
30 group prenatal visit;

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

34 (c) no more than 10 group prenatal care visits occur per
35 pregnancy. As used in this paragraph, "group prenatal care
36 services" means a series of prenatal care visits provided in a group
37 setting which are based upon the Centering Pregnancy model
38 developed by the Centering Healthcare Institute and which include
39 health assessments, social and clinical support, and educational
40 activities;

41 (24) Expenses incurred for the provision of pasteurized donated
42 human breast milk, which shall include human milk fortifiers if
43 indicated in a medical order provided by a licensed medical
44 practitioner, to an infant under the age of six months; provided that
45 the milk is obtained from a human milk bank that meets quality
46 guidelines established by the Department of Health and a licensed
47 medical practitioner has issued a medical order for the infant under
48 at least one of the following circumstances:

1 (a) the infant is medically or physically unable to receive
2 maternal breast milk or participate in breast feeding, or the infant's
3 mother is medically or physically unable to produce maternal breast
4 milk in sufficient quantities or participate in breast feeding despite
5 optimal lactation support; or

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

7 (i) a body weight below healthy levels, as determined by the
8 licensed medical practitioner issuing the medical order for the
9 infant;

10 (ii) the infant has a congenital or acquired condition that places
11 the infant at a high risk for development of necrotizing
12 enterocolitis; or

13 (iii) the infant has a congenital or acquired condition that may
14 benefit from the use of donor breast milk and human milk fortifiers,
15 as determined by the Department of Health;

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

27 (a) Information regarding the availability of the tobacco
28 cessation services described in this paragraph shall be provided to
29 all individuals authorized to receive the tobacco cessation services
30 pursuant to this paragraph at the following times: no later than 90
31 days after the effective date of P.L.2019, c.473: upon the
32 establishment of an individual's eligibility for medical assistance;
33 and upon the redetermination of an individual's eligibility for
34 medical assistance;

35 (b) The following conditions shall not be imposed on any
36 tobacco cessation services provided pursuant to this paragraph:
37 copayments or any other forms of cost-sharing, including
38 deductibles; counseling requirements for medication; stepped care
39 therapy or similar restrictions requiring the use of one service prior
40 to another; limits on the duration of services; or annual or lifetime
41 limits on the amount, frequency, or cost of services, including, but
42 not limited to, annual or lifetime limits on the number of covered
43 attempts to quit; and

44 (c) Prior authorization requirements shall not be imposed on any
45 tobacco cessation services provided pursuant to this paragraph
46 except in the following circumstances where prior authorization
47 may be required: for a treatment that exceeds the duration
48 recommended by the most recently published United States Public

1 Health Service clinical practice guidelines on treating tobacco use
2 and dependence; or for services associated with more than two
3 attempts to quit within a 12-month period;

4 (26) Provided that there is federal financial participation
5 available, benefits for expenses incurred in conducting a colorectal
6 cancer screening in accordance with United States Preventive
7 Services Task Force recommendations. The method and frequency
8 of screening to be utilized shall be in accordance with the most
9 recent published recommendations of the United States Preventive
10 Services Task Force and as determined medically necessary by the
11 covered person's physician, in consultation with the covered person.

12 No deductible, coinsurance, copayment, or any other cost-
13 sharing requirement shall be imposed for a colonoscopy performed
14 following a positive result on a non-colonoscopy, colorectal cancer
15 screening test recommended by the United States Preventive
16 Services Task Force;

17 (27) (a) Within 24 months of the effective date of P.L.2023,
18 c.187 (C.30:4D-6u et al.), and conditional on the receipt of all
19 necessary federal approvals and the securing of federal financial
20 participation pursuant to section 2 of P.L.2023, c.187 (C.30:4D-6u),
21 community-based palliative care benefits which shall include, but
22 not be limited to, all of the following:

23 (i) specialized medical care and emotional and spiritual support
24 for beneficiaries with serious advanced illnesses;

25 (ii) relief of symptoms, pain, and stress of serious illness;

26 (iii) improvement of quality of life for both the beneficiary and
27 the beneficiary's family; and

28 (iv) appropriate care for any age and for any stage of serious
29 illness, along with curative treatment.

30 (b) Benefits provided under this paragraph shall include, but
31 shall not be limited to, services provided by a hospice pursuant to
32 paragraph (20) of subsection b. of this section, provided that:

33 (i) hospice services may be provided at the same time that
34 curative treatment is available, to the extent that services are not
35 duplicative;

36 (ii) hospice services may be provided to beneficiaries whose
37 conditions may result in death, regardless of the estimated length of
38 the beneficiary's remaining period of life; and

39 (iii) the Division of Medical Assistance and Health Services in
40 the Department of Human Services may include any other service
41 deemed appropriate under the benefits provided under this
42 paragraph.

43 (c) Providers authorized to deliver benefits provided under this
44 paragraph shall include Medicaid-approved licensed hospice
45 agencies, Medicaid-approved home health agencies licensed to
46 provide hospice care, and other Medicaid-approved licensed health
47 care providers.

1 (d) Nothing in this paragraph shall be construed to result in the
2 elimination or reduction of covered benefits or services under the
3 Medicaid program.

4 (e) This paragraph shall not affect a beneficiary's eligibility to
5 receive, concurrently with services provided for in this paragraph,
6 any services, including home health services, for which the
7 beneficiary would have been eligible in the absence of this
8 paragraph, to the extent that services are not duplicative; **[and]**

9 (28) (a) medically necessary treatment for women with a
10 diagnosis of perimenopause, menopause, and symptoms associated
11 with perimenopause and menopause, including, but not limited to:

12 (i) hormonal therapies such as hormone replacement therapy and
13 bioidentical hormone treatments;

14 (ii) non-hormonal treatments, including medications to manage
15 menopausal symptoms;

16 (iii) behavioral health care services;

17 (iv) pelvic floor physical therapy;

18 (v) bone health treatments, including screenings and
19 medications due to hormonal changes related to perimenopause and
20 menopause;

21 (vi) preventative services that have a rating of "A" or "B" in the
22 current recommendations of the United States Preventive Services
23 Task Force for early detection and treatment of health conditions
24 related to perimenopause and menopause such as osteoporosis and
25 cancer; and

26 (vii) counseling and education regarding menopause
27 management.

28 (b) Individuals receiving medical assistance shall be provided
29 with clear and accessible information regarding covered
30 perimenopause and menopause related treatments.

31 (c) As used in this paragraph:

32 "Menopause" means the permanent end of a female's menstrual
33 cycle, diagnosed by a licensed medical provider after 12
34 consecutive months without a menstrual period.

35 "Perimenopause" means the transitional period leading to
36 menopause, marked by fluctuating hormone levels and changes in
37 menstrual cycles; and

38 (29) (a) Comprehensive medication management services for a
39 medically complex pediatric patient when provided by a licensed
40 clinical pharmacist, which services shall include:

41 (i) comprehensive reviews, conducted on a schedule to be
42 determined in collaboration with the patient's team of healthcare
43 providers, of the patient's prescription medications, over-the-
44 counter medications, vitamins, and nutritional supplements;

45 (ii) development and implementation of patient-specific
46 medication action plans;

47 (iii) ongoing monitoring of the patient's adherence to the patient-
48 specific medication action plan;

1 (iv) follow-up consultations and services as needed to ensure the
2 efficacy and safety of the patient-specific medication action plan;
3 and

4 (v) any other comprehensive medication management services
5 deemed necessary by the division and the Board of Pharmacy for
6 the appropriate care of a medically complex pediatric patient.

7 (b) The division and the Board of Pharmacy shall designate the
8 educational, training, and credentialing requirements that licensed
9 clinical pharmacists shall satisfy in order to be authorized to
10 provide comprehensive medication management services under this
11 paragraph.

12 (c) Notwithstanding the provisions of P.L.2003, c.280 (C.45:14-
13 40 et seq.), a licensed clinical pharmacist who satisfies the
14 requirements of this paragraph shall not be required to enter into a
15 written agreement with a licensed physician in order to provide
16 comprehensive medication management services for a medically
17 complex pediatric patient.

18 (d) The division shall enter into value-based reimbursement
19 contracts with licensed clinical pharmacists for the provision of
20 comprehensive medication management services for medically
21 complex pediatric patients;

22 (e) The division shall establish a quality assurance program in
23 order to monitor and evaluate the outcomes and efficacy of the
24 comprehensive medication management services provided for
25 medically complex pediatric patients, and ensure that the services
26 provided align with the division's value-based payment strategies.

27 (f) As used in this paragraph:

28 "Board of Pharmacy" means the New Jersey State Board of
29 Pharmacy of the Division of Consumer Affairs in the Department of
30 Law and Public Safety.

31 "Clinical pharmacist" means a licensed pharmacist who has
32 completed a clinical residency or a Board of Pharmacy Specialties
33 certification to acquire expertise in the therapeutic use of
34 medications to ensure optimal patient health outcomes. Clinical
35 pharmacists work as part of a patient's healthcare professional team
36 to provide medication therapy evaluations and recommendations to
37 patients and healthcare professionals.

38 "Comprehensive medication management services" means a
39 standard of care that ensures that a patient's medications, including
40 prescription and nonprescription medications, vitamins, or
41 nutritional supplements, are individually assessed to determine
42 whether each medication is: appropriate for the patient, effective for
43 the patient's medical condition, safe given the patient's
44 comorbidities and other medications being taken, and able to be
45 taken by the patient as intended. Comprehensive medication
46 management services are provided by a clinical pharmacist as part
47 of a patient's healthcare professional team.

1 “Division” means the Division of Medical Assistance and Health
2 Services in the Department of Human Services .

3 c. Payments for the foregoing services, goods, and supplies
4 furnished pursuant to this act shall be made to the extent authorized
5 by this act, the rules and regulations promulgated pursuant thereto,
6 and, where applicable, subject to the agreement of insurance
7 provided for under this act. The payments shall constitute payment
8 in full to the provider on behalf of the recipient. Every provider
9 making a claim for payment pursuant to this act shall certify in
10 writing on the claim submitted that no additional amount will be
11 charged to the recipient, the recipient's family, the recipient's
12 representative, or others on the recipient's behalf for the services,
13 goods, and supplies furnished pursuant to this act.

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

23 d. Any individual eligible for medical assistance (including
24 drugs) may obtain such assistance from any person qualified to
25 perform the service or services required (including an organization
26 which provides such services or arranges for their availability on a
27 prepayment basis), who undertakes to provide the individual such
28 services.

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

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

35 (1) Is an inmate of a public institution (except as a patient in a
36 medical institution); provided, however, that an individual who is
37 otherwise eligible may continue to receive services for the month in
38 which he becomes an inmate, should the commissioner determine to
39 expand the scope of Medicaid eligibility to include such an
40 individual, subject to the limitations imposed by federal law and
41 regulations, or

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

44 (3) Is over 21 years of age and who is receiving inpatient
45 psychiatric hospital services in a psychiatric facility; provided,
46 however, that an individual who was receiving such services
47 immediately prior to attaining age 21 may continue to receive such
48 services until the individual reaches age 22. Nothing in this

1 subsection shall prohibit the commissioner from extending medical
2 assistance to all eligible persons receiving inpatient psychiatric
3 services; provided that there is federal financial participation
4 available.

5 f. (1) A third party as defined in section 3 of P.L.1968, c.413
6 (C.30:4D-3) shall not consider a person's eligibility for Medicaid in
7 this or another state when determining the person's eligibility for
8 enrollment or the provision of benefits by that third party.

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

17 (3) Notwithstanding any provision of law to the contrary, the
18 provisions of paragraph (2) of this subsection shall not apply to a
19 trust agreement that is established pursuant to 42 U.S.C.
20 s.1396p(d)(4)(A) or (C) to supplement and augment assistance
21 provided by government entities to a person who is disabled as
22 defined in section 1614(a)(3) of the federal Social Security Act (42
23 31 U.S.C. s.1382c (a)(3)).

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

26 (1) Pregnant women shall be provided prenatal care and delivery
27 services and postpartum care, including the services cited in
28 paragraphs (1), (3), and (5) of subsection a. of this section and
29 paragraphs (1) through (10), (12), (15), and (17) of subsection b. of
30 this section, and nursing facility services cited in paragraph (13) of
31 subsection b. of this section.

32 (2) Dependent children shall be provided with services cited in
33 paragraphs (3) and (5) of subsection a. of this section and
34 paragraphs (1), (2), (3), (4), (5), (6), (7), (10), (12), (15), and (17) of
35 subsection b. of this section, and nursing facility services cited in
36 paragraph (13) of subsection b. of this section.

37 (3) Individuals who are 65 years of age or older shall be
38 provided with services cited in paragraphs (3) and (5) of subsection
39 a. of this section and paragraphs (1) through (5), (6) excluding
40 prescribed drugs, (7), (8), (10), (12), (15), and (17) of subsection b.
41 of this section, and nursing facility services cited in paragraph (13)
42 of subsection b. of this section.

43 (4) Individuals who are blind or disabled shall be provided with
44 services cited in paragraphs (3) and (5) of subsection a. of this
45 section and paragraphs (1) through (5), (6) excluding prescribed
46 drugs, (7), (8), (10), (12), (15), and (17) of subsection b. of this
47 section, and nursing facility services cited in paragraph (13) of
48 subsection b. of this section.

1 (5) (a) Inpatient hospital services, paragraph (1) of subsection a.
2 of this section, shall only be provided to eligible medically needy
3 individuals, other than pregnant women, if the federal Department
4 of Health and Human Services discontinues the State's waiver to
5 establish inpatient hospital reimbursement rates for the Medicare
6 and Medicaid programs under the authority of section 601(c)(3) of
7 the Social Security Act Amendments of 1983, Pub.L.98-21 (42
8 U.S.C. s.1395ww(c)(5)). Inpatient hospital services may be
9 extended to other eligible medically needy individuals if the federal
10 Department of Health and Human Services directs that these
11 services be included.

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

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

27 h. In the case of a qualified disabled and working individual
28 pursuant to section h6408 of Pub.L.101-239 (42 U.S.C. s.1396d),
29 the only medical assistance provided under this act shall be the
30 payment of premiums for Medicare part A under 42 U.S.C.
31 ss.1395i-2 and 1395r.

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

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

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

1 1. As used in paragraph (12) of subsection b. of this section,
2 preventative care includes, but is not limited to, immunizations that
3 have in effect a recommendation from the Department of Health,
4 which shall in making its recommendations consider the
5 recommendations of the Advisory Committee on Immunization
6 Practices of the Centers for Disease Control and Prevention in the
7 federal Department of Health and Human Services and, as
8 appropriate, the recommendations of the American Academy of
9 Pediatrics, the American Academy of Family Physicians, the
10 American College of Obstetricians and Gynecologists, and the
11 American College of Physicians.
12 (cf: P.L.2025, c.283, s.18)

13
14 2. Section 9 of P.L.2003, c.280 (C.45:14-48) is amended to
15 read as follows:

16 9. a. The board shall be responsible for the control and
17 regulation of the practice of pharmacy in this State including, but
18 not limited to, the following:

19 (1) The licensing by examination or by license transfer of
20 applicants who are qualified to engage in the practice of pharmacy
21 under the provisions of this act;

22 (2) The renewal of licenses to engage in the practice of
23 pharmacy;

24 (3) The establishment and enforcement of professional standards
25 and rules of conduct of pharmacists engaged in the practice of
26 pharmacy;

27 (4) The establishment of requirements for pharmacists to engage
28 in collaborative practice;

29 (5) The establishment of requirements jointly promulgated with
30 the State Board of Medical Examiners for pharmacists to administer
31 drugs directly to patients;

32 (6) The enforcement of those provisions of this act relating to
33 the conduct or competence of pharmacists practicing in this State,
34 and the suspension, revocation, failure to renew or restriction of
35 licenses to engage in the practice of pharmacy pursuant to the
36 provisions of P.L.1978, c.73 (C.45:1-14 et seq.);

37 (7) The regulation of pharmacy practiced through any
38 technological means;

39 (8) The regulation and control of automated medication systems
40 and automated medication devices within or outside of pharmacy
41 practice sites;

42 (9) The right to seize any drugs and devices found by the board
43 to constitute an imminent danger to the public health and welfare;

44 (10) The establishment of minimum specifications for record
45 keeping, prescription and patient profile record maintenance,
46 pharmacy practice sites including, but not limited to, the physical
47 premises, technical equipment, environment, supplies, personnel

1 and procedures for the storage, compounding and dispensing of
2 drugs or devices, and for the monitoring of drug therapy;

3 (11) The inspection of any pharmacy practice site at all
4 reasonable hours for the purpose of determining if any provisions of
5 the laws governing the legal distribution of drugs or devices or the
6 practice of pharmacy are being violated. The board, its officers,
7 inspectors and representatives shall cooperate with all agencies
8 charged with the enforcement of the laws of the United States, of
9 this State, and of all other states relating to drugs, devices and the
10 practice of pharmacy;

11 (12) The inspection of prescription files and the prescription
12 records of a pharmacy and the removal from the files and taking
13 possession of any original prescription, providing that the
14 authorized agent removing or taking possession of an original
15 prescription shall place in the file from which it was removed a
16 copy certified by that person to be a true copy of the original
17 prescription removed; provided further, that the original copy shall
18 be returned by the board to the file from which it was removed after
19 it has served the purpose for which it was removed;

20 (13) The establishment of requirements for patient counseling,
21 patient profiles and drug utilization reviews;

22 (14) The establishment of regulations to protect the health and
23 safety of pharmacy patients; **[and]**

24 (15) The prescribing or changing of the fees for examinations,
25 certifications, licensures, renewals and other services performed
26 pursuant to P.L.1974, c.46 (C.45:1-3.1 et seq.) and this act; and

27 (16) (a) Together with the Division of Medical Assistance and
28 Health Services in the Department of Human Services, the
29 establishment of educational, training, and credentialing
30 requirements for pharmacists to engage in comprehensive
31 medication management services for medically complex pediatric
32 patients who are enrolled in the NJ FamilyCare program;

33 (b) As used in this paragraph:

34 “Clinical pharmacist” means a licensed pharmacist who has
35 completed a clinical residency to acquire expertise in the
36 therapeutic use of medications to ensure optimal patient health
37 outcomes. Clinical pharmacists work as part of a patient’s
38 healthcare professional team to provide medication therapy
39 evaluations and recommendations to patients and healthcare
40 professionals.

41 “Comprehensive medication management services” means a
42 standard of care that ensures that a patient’s medications, including
43 prescription and nonprescription medications, vitamins, or
44 nutritional supplements, are individually assessed to determine
45 whether each medication is: appropriate for the patient, effective for
46 the patient’s medical condition, safe given the patient’s
47 comorbidities and other medications being taken, and able to be
48 taken by the patient as intended. Comprehensive medication

1 management services are provided by a clinical pharmacist as part
2 of a patient's healthcare professional team.

3 "NJ FamilyCare" means the program established pursuant to
4 P.L.2005, c.156 (C.30:4J-8 et al.), which includes the State's
5 Medicaid Program and the Children's Health Insurance Program .

6 b. The board shall have those other duties, powers and
7 authority as may be necessary to the enforcement of this act and to
8 the enforcement of rules and regulations of the board, which may
9 include, but not be limited to, the following:

10 (1) The determination and issuance of standards, recognition
11 and approval of degree programs of schools and colleges of
12 pharmacy whose graduates shall be eligible for licensure in this
13 State, and the specifications and enforcement of requirements for
14 practical training, including internships;

15 (2) The registration of externs, interns, pharmacy preceptors and
16 pharmacy technicians;

17 (3) The regulation of the training, qualifications and conduct of
18 applicants, externs, interns, pharmacy preceptors and pharmacy
19 technicians;

20 (4) The collection of professional demographic data;

21 (5) The joining with those professional organizations and
22 associations organized to promote the improvement of the standards
23 of the practice of pharmacy for the protection of the health and
24 welfare of the public or whose activities assist and facilitate the
25 work of the board;

26 (6) The establishment of a bill of rights for patients concerning
27 the health care services a patient may expect in regard to
28 pharmaceutical care;

29 (7) The engagement in activities to educate consumers, to assist
30 them in obtaining information necessary to make decisions about
31 medication issues;

32 (8) The establishment of standards for the continuing education
33 of registered pharmacists;

34 (9) The establishment of rules and regulations for extraordinary
35 emergency situations that interfere with the ability to practice under
36 the current rules and regulations;

37 (10) The establishment of guidelines for board approved pilot
38 programs. The guidelines shall be complied with to implement a
39 program that may not be presently acknowledged in this act or its
40 rules or regulations; and

41 (11) The assurance that any credentialing or certification of a
42 pharmacist is not misleading to the public.

43 c. (1) The board may place under seal all drugs, biologicals,
44 radio pharmaceuticals or devices that are owned by or in the
45 possession, custody or control of a licensee or permit holder at the
46 time his license or permit is suspended or revoked or at the time the
47 board refused to renew his license. Except as otherwise provided in
48 this section, drugs, biologicals, radio pharmaceuticals or devices

1 that are sealed pursuant to this paragraph shall not be disposed of
2 until appeal rights under the "Administrative Procedure Act,"
3 P.L.1968, c.410 (C.52:14B-1 et seq.) have expired, or an appeal
4 filed pursuant to that act has been determined. The court, involved
5 in an appeal filed pursuant to the "Administrative Procedure Act,"
6 may order the board, during the pendency of the appeal, to sell
7 sealed drugs, biologicals and radio pharmaceuticals that are
8 perishable. The proceeds of a sale shall be deposited with the court.

9 (2) Notwithstanding any provisions of this act to the contrary,
10 whenever a duly authorized representative of the board finds, or has
11 probable cause to believe, that any drug or device is outdated,
12 adulterated or misbranded within the meaning of the "Federal Food,
13 Drug, and Cosmetic Act," 21 U.S.C.s.301 et seq., the representative
14 shall affix to that drug or device a tag or other appropriate marking
15 giving notice that the article is or is suspected of being outdated,
16 adulterated or misbranded, had been detained or embargoed, and
17 warning all persons not to remove or dispose of the article by sale
18 or otherwise until provision for removing or disposal is given by the
19 board, its agent or the court. No person shall remove or dispose of
20 an embargoed drug or device by sale or otherwise without the
21 permission of the board or its agent or, after summary proceedings
22 have been instituted, without permission of the court.

23 (3) When a drug or device detained or embargoed under
24 paragraph (2) of this subsection c. has been declared by the
25 representative to be outdated, adulterated or misbranded, the board
26 shall, as soon as practical thereafter, petition the judge of the court
27 in which jurisdiction the article is detained or embargoed for an
28 order for condemnation of that article. If the judge determines that
29 this drug or device so detained or embargoed is not adulterated,
30 outdated or misbranded, the board shall direct the immediate
31 removal of the tag or other marking.

32 (4) If the court finds that a detained or embargoed drug or
33 device is adulterated, outdated or misbranded, that drug or device,
34 after entry of the decree, shall be destroyed at the expense of the
35 owner under the supervision of a board representative and all court
36 costs and fees, storage and other proper expenses shall be borne by
37 the owner of that drug or device. When the outdating, adulteration
38 or misbranding can be corrected by proper labeling or processing of
39 the drug or device, the court, after entry of the decree and after the
40 costs, fees and expenses have been paid and a good and sufficient
41 bond has been posted, may direct that the drug or device be
42 delivered to the owner thereof for labeling or processing under the
43 supervision of a board representative. Expense of that supervision
44 shall be paid by the owner. The bond shall be returned to the owner
45 of the drug or device on representation to the court by the board that
46 the drug or device is no longer in violation of the embargo and the
47 expense of supervision has been paid.

1 d. Except as otherwise provided to the contrary, the board shall
2 exercise all of its duties, powers and authority in accordance with
3 the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et
4 seq.).

5 (cf: P.L.2003, c.280, s.9)

6
7 3. Section 25 of P.L.2003, c.280 (C.45:14-64) is amended to
8 read as follows:

9 25. The provisions of this act regulating collaborative drug
10 therapy management shall not apply to :

11 a. any pharmacist practicing in a hospital, provided that
12 prescribing within these institutions takes place under the guidance
13 of a pharmacy and therapeutics committee in accordance with
14 procedures as determined by regulations jointly promulgated by the
15 board and the State Board of Medical Examiners ; and

16 b. a clinical pharmacist authorized to provide comprehensive
17 medication management to a medically complex pediatric patient,
18 pursuant to the provisions of P.L. , c. (C.) (pending before
19 the Legislature as this bill).

20 (cf: P.L.2003, c.280, s.25)

21
22 4. (New section) The Commissioner of Human Services shall
23 apply for such State plan amendments or waivers as may be
24 necessary to implement the provisions of section 1 of P.L. , c.
25 (C.) (pending before the Legislature as this bill) and to secure
26 federal reimbursement for State Medicaid expenditures under the
27 federal Medicaid program.

28
29 5. (New section) The Commissioner of Human Services and
30 the New Jersey State Board of Pharmacy shall, in accordance with
31 the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et
32 seq.), adopt rules and regulations as necessary to implement this
33 act.

34
35 6. This act shall take effect on the first day of the six month next
36 following the date of enactment.