

ASSEMBLY, No. 4697

STATE OF NEW JERSEY 219th LEGISLATURE

INTRODUCED SEPTEMBER 21, 2020

Sponsored by:

Assemblywoman VALERIE VAINIERI HUTTLE
District 37 (Bergen)

Co-Sponsored by:

Assemblyman Benson

SYNOPSIS

Requires health insurance coverage for services and drugs related to contraception and reproductive health; repeals conflicting laws.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 10/8/2020)

1 **AN ACT** concerning contraception and reproductive health and
2 revising and supplementing various part of the statutory law and
3 repealing P.L.2005, c.251.

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

7
8 1. a. A hospital service corporation that provides hospital or
9 medical expense benefits shall provide coverage under every such
10 contract delivered, issued, executed or renewed in this State or
11 approved for issuance or renewal in this State by the Commissioner
12 of Banking and Insurance, on or after the effective date of this act,
13 for expenses incurred in the purchase of prescription female
14 contraceptives and all of the following services, drugs, devices,
15 products and procedures:

16 (1) Well-woman care, including screenings, assessments and
17 counseling.

18 (2) Pregnancy-related services, including pregnancy tests,
19 preconception care, and prenatal care.

20 (3) Abortion procedures.

21 (4) Counseling for sexually transmitted infections, including but
22 not limited to human immunodeficiency virus and acquired immune
23 deficiency syndrome.

24 (5) Screening for:

25 (a) chlamydia;

26 (b) gonorrhea;

27 (c) hepatitis B;

28 (d) hepatitis C;

29 (e) human immunodeficiency virus and acquired immune
30 deficiency syndrome;

31 (f) human papillomavirus;

32 (g) syphilis;

33 (h) anemia;

34 (i) urinary tract infection;

35 (j) Rh incompatibility;

36 (k) gestational diabetes; and

37 (l) osteoporosis.

38 (6) Screening for cervical cancer, which coverage shall include
39 expenses incurred for Pap smears, confirmatory tests, and
40 associated laboratory costs as required to be provided by certain
41 health benefits policies, contracts, and plans pursuant to the
42 provisions of P.L.1995, c.415 (C.17:48E-35.12 et al.).

43 (7) Screening and appropriate counseling or interventions for:

44 (a) tobacco use; and

45 (b) domestic and interpersonal violence.

46 (8) Folic acid supplements.

47 (9) Comprehensive breastfeeding support, counseling and
48 supplies.

- 1 (10) (a) Screening to determine whether genetic counseling
2 related to the BRCA1 or BRCA2 genetic mutations is indicated;
3 (b) genetic counseling; and
4 (c) if indicated, BRCA testing.
- 5 (11) Screening for breast cancer, which coverage shall include
6 expenses incurred for mammography examinations as required to be
7 provided by certain health benefits policies, contracts, and plans
8 pursuant to the provisions of P.L.1991, c.279 (C.17:48-6g et al.).
- 9 (12) Breast cancer chemoprevention counseling.
- 10 (13) Any contraceptive drug, device or product approved by the
11 United States Food and Drug Administration, which coverage shall
12 be subject to all of the following conditions:
- 13 (a) If there is a therapeutic equivalent of a contraceptive drug,
14 device or product approved by the United States Food and Drug
15 Administration, coverage shall be provided for either the requested
16 contraceptive drug, device or product or for one or more therapeutic
17 equivalents of the requested drug, device or product.
- 18 (b) If a contraceptive drug, device or product is covered but is
19 deemed medically inadvisable by the subscriber's health care
20 provider, coverage shall be provided for an alternative contraceptive
21 drug, device or product prescribed by the health care provider.
- 22 (c) Coverage shall be provided without a prescription for all
23 contraceptive drugs available for over-the-counter sale that are
24 approved by the United States Food and Drug Administration.
- 25 (d) Coverage shall be provided without any infringement upon a
26 subscriber's choice of contraception and shall not require prior
27 authorization, step therapy or other utilization management review
28 process for covered contraceptive drugs, devices or other products
29 approved by the United States Food and Drug Administration.
- 30 (14) Voluntary sterilization.
- 31 (15) Patient education and counseling on contraception.
- 32 (16) Services related to the administration and monitoring of
33 drugs, devices, products and services required under this section,
34 including but not limited to:
- 35 (a) Management of side effects;
36 (b) Counseling for continued adherence to a prescribed regimen;
37 (c) Device insertion and removal;
38 (d) Provision of alternative contraceptive drugs, devices or
39 products deemed medically appropriate in the judgment of the
40 subscriber's health care provider; and
41 (e) Diagnosis and treatment services provided pursuant to, or as
42 a follow-up to, a service required under this section.
- 43 (17) Any additional preventive service for women, as identified
44 or recommended by the United States Preventive Services Task
45 Force or the Health Resources and Services Administration of the
46 United States Department of Health and Human Services pursuant
47 to the provisions of 42 U.S.C. 300gg-13.

1 b. (1) A subscriber shall not be charged a deductible,
2 coinsurance, copayment or any other cost-sharing for the coverage
3 required by this section.

4 (2) A health care provider shall be reimbursed for providing the
5 services described in this section without any deduction for a
6 deductible, coinsurance, copayment, or any other cost-sharing
7 amounts.

8 c. Except as authorized under this section, a contract shall not
9 impose any restrictions or delays on the coverage required by this
10 section.

11 d. Coverage shall be provided for the services, drugs, devices,
12 products and procedures required by this section regardless of
13 whether the services, drugs, devices, products and procedures are
14 provided in the course of, or as a follow-up to, other covered
15 services and the cost of the service, drug, device, product or
16 procedure shall be reimbursed separately from any bundled
17 payment for other covered services.

18 e. This section shall not be construed to exclude coverage for
19 contraceptive drugs, devices or products prescribed by a health care
20 provider, acting within the provider's scope of practice, for:

21 (1) Reasons other than contraceptive purposes, such as
22 decreasing the risk of ovarian cancer or eliminating symptoms of
23 menopause; or

24 (2) Contraception that is necessary to preserve the life or health
25 of a subscriber.

26 f. This section shall not be construed to require coverage for:

27 (1) Experimental or investigational treatments;

28 (2) Clinical trials or demonstration projects;

29 (3) Treatments that do not conform to acceptable and customary
30 standards of medical practice; or

31 (4) Treatments for which there is insufficient data to determine
32 efficacy.

33 g. If services, drugs, devices, products or procedures required
34 by this section are provided under a managed care plan by an out-
35 of-network provider, coverage shall be provided without imposing
36 any cost-sharing requirement on the subscriber if:

37 (1) There is no in-network provider to furnish the service, drug,
38 device, product or procedure that is geographically accessible or
39 accessible in a reasonable amount of time; or

40 (2) An in-network provider is unable or unwilling to provide the
41 service, drug, device, product or procedure in a timely manner.

42 h. A hospital service corporation shall make readily accessible
43 to subscribers and potential subscribers, in a consumer-friendly
44 format, information about the coverage of contraceptives by each
45 contract and the coverage of other services, drugs, devices, products
46 and procedures described in this section. The hospital service
47 corporation shall provide the information:

48 (1) On its website;

1 (2) In writing to a subscriber in a summary of benefits and
2 coverage and no later than 14 days after a request by a subscriber;
3 and

4 (3) In written materials about benefits or coverage that are
5 provided to subscribers and potential subscribers.

6 i. A religious employer shall request, and a hospital service
7 corporation shall grant, an exclusion for the coverage for
8 contraceptives or abortion procedures required by this section if the
9 required coverage conflicts with the religious employer's bona fide
10 religious beliefs and practices. A religious employer that obtains
11 such an exclusion shall provide written notice thereof to prospective
12 subscribers and subscribers. The provisions of this section shall not
13 be construed as authorizing the exclusion of coverage for
14 prescription drugs that are prescribed for reasons other than
15 contraceptive purposes or for prescription female contraceptives
16 that are necessary to preserve the life or health of a subscriber. For
17 the purposes of this section, "religious employer" means an
18 employer that is a church, convention or association of churches or
19 an elementary or secondary school that is controlled, operated or
20 principally supported by a church or by a convention or association
21 of churches as defined in 26 U.S.C.s.3121(w)(3)(A), and that
22 qualifies as a tax-exempt organization under 26 U.S.C.s.501(c)(3).

23 j. The benefits required to be covered pursuant to this section
24 shall be provided to the same extent as for any other medical
25 condition under the contract.

26 k. This section shall apply to those contracts in which the
27 hospital service corporation has reserved the right to change the
28 premium.

29

30 2. a. A medical service corporation that provides hospital or
31 medical expense benefits shall provide coverage under every such
32 contract delivered, issued, executed or renewed in this State or
33 approved for issuance or renewal in this State by the Commissioner
34 of Banking and Insurance, on or after the effective date of this act,
35 for expenses incurred in the purchase of prescription female
36 contraceptives and all of the following services, drugs, devices,
37 products and procedures:

38 (1) Well-woman care, including screenings, assessments and
39 counseling.

40 (2) Pregnancy-related services, including pregnancy tests,
41 preconception care, and prenatal care.

42 (3) Abortion procedures.

43 (4) Counseling for sexually transmitted infections, including but
44 not limited to human immunodeficiency virus and acquired immune
45 deficiency syndrome.

46 (5) Screening for:

47 (a) chlamydia;

48 (b) gonorrhea;

- 1 (c) hepatitis B;
- 2 (d) hepatitis C;
- 3 (e) human immunodeficiency virus and acquired immune
- 4 deficiency syndrome;
- 5 (f) human papillomavirus;
- 6 (g) syphilis;
- 7 (h) anemia;
- 8 (i) urinary tract infection;
- 9 (j) Rh incompatibility;
- 10 (k) gestational diabetes; and
- 11 (l) osteoporosis.
- 12 (6) Screening for cervical cancer, which coverage shall include
- 13 expenses incurred for Pap smears, confirmatory tests, and
- 14 associated laboratory costs as required to be provided by certain
- 15 health benefits policies, contracts, and plans pursuant to the
- 16 provisions of P.L.1995, c.415 (C.17:48E-35.12 et al.).
- 17 (7) Screening and appropriate counseling or interventions for:
- 18 (a) tobacco use; and
- 19 (b) domestic and interpersonal violence.
- 20 (8) Folic acid supplements.
- 21 (9) Comprehensive breastfeeding support, counseling and
- 22 supplies.
- 23 (10) (a) screening to determine whether genetic counseling
- 24 related to the BRCA1 or BRCA2 genetic mutations is indicated;
- 25 (b) genetic counseling; and
- 26 (c) if indicated, BRCA testing.
- 27 (11) Screening for breast cancer, which coverage shall include
- 28 expenses incurred for mammography examinations as required to be
- 29 provided by certain health benefits policies, contracts, and plans
- 30 pursuant to the provisions of P.L.1991, c.279 (C.17:48-6g et al.).
- 31 (12) Breast cancer chemoprevention counseling.
- 32 (13) Any contraceptive drug, device or product approved by the
- 33 United States Food and Drug Administration, which coverage shall
- 34 be subject to all of the following conditions:
- 35 (a) If there is a therapeutic equivalent of a contraceptive drug,
- 36 device or product approved by the United States Food and Drug
- 37 Administration, coverage shall be provided for either the requested
- 38 contraceptive drug, device or product or for one or more therapeutic
- 39 equivalents of the requested drug, device or product.
- 40 (b) If a contraceptive drug, device or product is covered but is
- 41 deemed medically inadvisable by the subscriber's health care
- 42 provider, coverage shall be provided for an alternative contraceptive
- 43 drug, device or product prescribed by the health care provider.
- 44 (c) Coverage shall be provided without a prescription for all
- 45 contraceptive drugs available for over-the-counter sale that are
- 46 approved by the United States Food and Drug Administration.
- 47 (d) Coverage shall be provided without any infringement upon a
- 48 subscriber's choice of contraception and shall not require prior

1 authorization, step therapy or other utilization management review
2 process for covered contraceptive drugs, devices or other products
3 approved by the United States Food and Drug Administration.

4 (14) Voluntary sterilization.

5 (15) Patient education and counseling on contraception.

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

9 (a) Management of side effects;

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

11 (c) Device insertion and removal;

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

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

17 (17) Any additional preventive service for women, as identified
18 or recommended by the United States Preventive Services Task
19 Force or the Health Resources and Services Administration of the
20 United States Department of Health and Human Services pursuant
21 to the provisions of 42 U.S.C. 300gg-13.

22 b. (1) A subscriber shall not be charged a deductible,
23 coinsurance, copayment or any other cost-sharing for the coverage
24 required by this section.

25 (2) A health care provider shall be reimbursed for providing the
26 services described in this section without any deduction for a
27 deductible, coinsurance, copayment, or any other cost-sharing
28 amounts.

29 c. Except as authorized under this section, a contract shall not
30 impose any restrictions or delays on the coverage required by this
31 section.

32 d. Coverage shall be provided for the services, drugs, devices,
33 products and procedures required by this section regardless of
34 whether the services, drugs, devices, products and procedures are
35 provided in the course of, or as a follow-up to, other covered
36 services and the cost of the service, drug, device, product or
37 procedure shall be reimbursed separately from any bundled
38 payment for other covered services.

39 e. This section shall not be construed to exclude coverage for
40 contraceptive drugs, devices or products prescribed by a health care
41 provider, acting within the provider's scope of practice, for:

42 (1) Reasons other than contraceptive purposes, such as
43 decreasing the risk of ovarian cancer or eliminating symptoms of
44 menopause; or

45 (2) Contraception that is necessary to preserve the life or health
46 of a subscriber.

47 f. This section shall not be construed to require coverage for:

48 (1) Experimental or investigational treatments;

- 1 (2) Clinical trials or demonstration projects;
- 2 (3) Treatments that do not conform to acceptable and customary
- 3 standards of medical practice; or
- 4 (4) Treatments for which there is insufficient data to determine
- 5 efficacy.
- 6 g. If services, drugs, devices, products or procedures required
- 7 by this section are provided under a managed care plan by an out-
- 8 of-network provider, coverage shall be provided without imposing
- 9 any cost-sharing requirement on the subscriber if:
- 10 (1) There is no in-network provider to furnish the service, drug,
- 11 device, product or procedure that is geographically accessible or
- 12 accessible in a reasonable amount of time; or
- 13 (2) An in-network provider is unable or unwilling to provide the
- 14 service, drug, device, product or procedure in a timely manner.
- 15 h. A medical service corporation shall make readily accessible
- 16 to subscribers and potential subscribers, in a consumer-friendly
- 17 format, information about the coverage of contraceptives by each
- 18 contract and the coverage of other services, drugs, devices, products
- 19 and procedures described in this section. The hospital service
- 20 corporation shall provide the information:
- 21 (1) On its website;
- 22 (2) In writing to a subscriber in a summary of benefits and
- 23 coverage and no later than 14 days after a request by a subscriber;
- 24 and
- 25 (3) In written materials about benefits or coverage that are
- 26 provided to subscribers and potential subscribers.
- 27 i. A religious employer shall request, and a medical service
- 28 corporation shall grant, an exclusion for the coverage for
- 29 contraceptives or abortion procedures required by this section if the
- 30 required coverage conflicts with the religious employer's bona fide
- 31 religious beliefs and practices. A religious employer that obtains
- 32 such an exclusion shall provide written notice thereof to prospective
- 33 subscribers and subscribers. The provisions of this section shall not
- 34 be construed as authorizing the exclusion of coverage for
- 35 prescription drugs that are prescribed for reasons other than
- 36 contraceptive purposes or for prescription female contraceptives
- 37 that are necessary to preserve the life or health of a subscriber. For
- 38 the purposes of this section, "religious employer" means an
- 39 employer that is a church, convention or association of churches or
- 40 an elementary or secondary school that is controlled, operated or
- 41 principally supported by a church or by a convention or association
- 42 of churches as defined in 26 U.S.C.s.3121(w)(3)(A), and that
- 43 qualifies as a tax-exempt organization under 26 U.S.C.s.501(c)(3).
- 44 j. The benefits required to be covered pursuant to this section
- 45 shall be provided to the same extent as for any other medical
- 46 condition under the contract.

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

4
5 3. a. A health service corporation that provides hospital or
6 medical expense benefits shall provide coverage under every such
7 contract delivered, issued, executed or renewed in this State or
8 approved for issuance or renewal in this State by the Commissioner
9 of Banking and Insurance, on or after the effective date of this act,
10 for expenses incurred in the purchase of prescription female
11 contraceptives and all of the following services, drugs, devices,
12 products and procedures:

13 (1) Well-woman care, including screenings, assessments and
14 counseling.

15 (2) Pregnancy-related services, including pregnancy tests,
16 preconception care, and prenatal care.

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18 (4) Counseling for sexually transmitted infections, including but
19 not limited to human immunodeficiency virus and acquired immune
20 deficiency syndrome.

21 (5) Screening for:

22 (a) chlamydia;

23 (b) gonorrhea;

24 (c) hepatitis B;

25 (d) hepatitis C;

26 (e) human immunodeficiency virus and acquired immune
27 deficiency syndrome;

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30 (h) anemia;

31 (i) urinary tract infection;

32 (j) Rh incompatibility;

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35 (6) Screening for cervical cancer, which coverage shall include
36 expenses incurred for Pap smears, confirmatory tests, and
37 associated laboratory costs as required to be provided by certain
38 health benefits policies, contracts, and plans pursuant to the
39 provisions of P.L.1995, c.415 (C.17:48E-35.12 et al.).

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45 supplies.

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47 related to the BRCA1 or BRCA2 genetic mutations is indicated;

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3 expenses incurred for mammography examinations as required to be
4 provided by certain health benefits policies, contracts, and plans
5 pursuant to the provisions of P.L.1991, c.279 (C.17:48-6g et al.).

6 (12) Breast cancer chemoprevention counseling.

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

10 (a) If there is a therapeutic equivalent of a contraceptive drug,
11 device or product approved by the United States Food and Drug
12 Administration, coverage shall be provided for either the requested
13 contraceptive drug, device or product or for one or more therapeutic
14 equivalents of the requested drug, device or product.

15 (b) If a contraceptive drug, device or product is covered but is
16 deemed medically inadvisable by the subscriber's health care
17 provider, coverage shall be provided for an alternative contraceptive
18 drug, device or product prescribed by the health care provider.

19 (c) Coverage shall be provided without a prescription for all
20 contraceptive drugs available for over-the-counter sale that are
21 approved by the United States Food and Drug Administration.

22 (d) Coverage shall be provided without any infringement upon a
23 subscriber's choice of contraception and shall not require prior
24 authorization, step therapy or other utilization management review
25 process for covered contraceptive drugs, devices or other products
26 approved by the United States Food and Drug Administration.

27 (14) Voluntary sterilization.

28 (15) Patient education and counseling on contraception.

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

32 (a) Management of side effects;

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

34 (c) Device insertion and removal;

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

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

40 (17) Any additional preventive service for women, as identified
41 or recommended by the United States Preventive Services Task
42 Force or the Health Resources and Services Administration of the
43 United States Department of Health and Human Services pursuant
44 to the provisions of 42 U.S.C. 300gg-13.

45 b. (1) A subscriber shall not be charged a deductible,
46 coinsurance, copayment or any other cost-sharing for the coverage
47 required by this section.

1 (2) A health care provider shall be reimbursed for providing the
2 services described in this section without any deduction for a
3 deductible, coinsurance, copayment, or any other cost-sharing
4 amounts.

5 c. Except as authorized under this section, a contract shall not
6 impose any restrictions or delays on the coverage required by this
7 section.

8 d. Coverage shall be provided for the services, drugs, devices,
9 products and procedures required by this section regardless of
10 whether the services, drugs, devices, products and procedures are
11 provided in the course of, or as a follow-up to, other covered
12 services and the cost of the service, drug, device, product or
13 procedure shall be reimbursed separately from any bundled
14 payment for other covered services.

15 e. This section shall not be construed to exclude coverage for
16 contraceptive drugs, devices or products prescribed by a health care
17 provider, acting within the provider's scope of practice, for:

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19 decreasing the risk of ovarian cancer or eliminating symptoms of
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27 standards of medical practice; or

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29 efficacy.

30 g. If services, drugs, devices, products or procedures required
31 by this section are provided under a managed care plan by an out-
32 of-network provider, coverage shall be provided without imposing
33 any cost-sharing requirement on the subscriber if:

34 (1) There is no in-network provider to furnish the service, drug,
35 device, product or procedure that is geographically accessible or
36 accessible in a reasonable amount of time; or

37 (2) An in-network provider is unable or unwilling to provide the
38 service, drug, device, product or procedure in a timely manner.

39 h. A health service corporation shall make readily accessible to
40 subscribers and potential subscribers, in a consumer-friendly
41 format, information about the coverage of contraceptives by each
42 contract and the coverage of other services, drugs, devices, products
43 and procedures described in this section. The health service
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45 (1) On its website;

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47 coverage and no later than 14 days after a request by a subscriber;
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- 1 (3) In written materials about benefits or coverage that are
2 provided to subscribers and potential subscribers.
- 3 i. A religious employer shall request, and a health service
4 corporation shall grant, an exclusion for the coverage for
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8 such an exclusion shall provide written notice thereof to prospective
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11 prescription drugs that are prescribed for reasons other than
12 contraceptive purposes or for prescription female contraceptives
13 that are necessary to preserve the life or health of a subscriber. For
14 the purposes of this section, "religious employer" means an
15 employer that is a church, convention or association of churches or
16 an elementary or secondary school that is controlled, operated or
17 principally supported by a church or by a convention or association
18 of churches as defined in 26 U.S.C.s.3121(w)(3)(A), and that
19 qualifies as a tax-exempt organization under 26 U.S.C.s.501(c)(3).
- 20 j. The benefits required to be covered pursuant to this section
21 shall be provided to the same extent as for any other medical
22 condition under the contract.
- 23 k. This section shall apply to those contracts in which the
24 health service corporation has reserved the right to change the
25 premium.
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- 27 4. a. An individual health insurer that provides hospital or
28 medical expense benefits shall provide coverage under every such
29 policy delivered, issued, executed or renewed in this State or
30 approved for issuance or renewal in this State by the Commissioner
31 of Banking and Insurance, on or after the effective date of this act,
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33 contraceptives and all of the following services, drugs, devices,
34 products and procedures:
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36 counseling.
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38 preconception care, and prenatal care.
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41 not limited to human immunodeficiency virus and acquired immune
42 deficiency syndrome.
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- 30 (13) Any contraceptive drug, device or product approved by the
- 31 United States Food and Drug Administration, which coverage shall
- 32 be subject to all of the following conditions:
- 33 (a) If there is a therapeutic equivalent of a contraceptive drug,
- 34 device or product approved by the United States Food and Drug
- 35 Administration, coverage shall be provided for either the requested
- 36 contraceptive drug, device or product or for one or more therapeutic
- 37 equivalents of the requested drug, device or product.
- 38 (b) If a contraceptive drug, device or product is covered but is
- 39 deemed medically inadvisable by the insured's health care provider,
- 40 coverage shall be provided for an alternative contraceptive drug,
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- 42 (c) Coverage shall be provided without a prescription for all
- 43 contraceptive drugs available for over-the-counter sale that are
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- 45 (d) Coverage shall be provided without any infringement upon
- 46 an insured's choice of contraception and shall not require prior
- 47 authorization, step therapy or other utilization management review

1 process for covered contraceptive drugs, devices or other products
2 approved by the United States Food and Drug Administration.

3 (14) Voluntary sterilization.

4 (15) Patient education and counseling on contraception.

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

8 (a) Management of side effects;

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

10 (c) Device insertion and removal;

11 (d) Provision of alternative contraceptive drugs, devices or
12 products deemed medically appropriate in the judgment of the
13 insured's health care provider; and

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

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17 or recommended by the United States Preventive Services Task
18 Force or the Health Resources and Services Administration of the
19 United States Department of Health and Human Services pursuant
20 to the provisions of 42 U.S.C. 300gg-13.

21 b. (1) An insured shall not be charged a deductible,
22 coinsurance, copayment or any other cost-sharing for the coverage
23 required by this section.

24 (2) A health care provider shall be reimbursed for providing the
25 services described in this section without any deduction for a
26 deductible, coinsurance, copayment, or any other cost-sharing
27 amounts.

28 c. Except as authorized under this section, a policy shall not
29 impose any restrictions or delays on the coverage required by this
30 section.

31 d. Coverage shall be provided for the services, drugs, devices,
32 products and procedures required by this section regardless of
33 whether the services, drugs, devices, products and procedures are
34 provided in the course of, or as a follow-up to, other covered
35 services and the cost of the service, drug, device, product or
36 procedure shall be reimbursed separately from any bundled
37 payment for other covered services.

38 e. This section shall not be construed to exclude coverage for
39 contraceptive drugs, devices or products prescribed by a health care
40 provider, acting within the provider's scope of practice, for:

41 (1) Reasons other than contraceptive purposes, such as
42 decreasing the risk of ovarian cancer or eliminating symptoms of
43 menopause; or

44 (2) Contraception that is necessary to preserve the life or health
45 of an insured.

46 f. This section shall not be construed to require coverage for:

47 (1) Experimental or investigational treatments;

48 (2) Clinical trials or demonstration projects;

1 (3) Treatments that do not conform to acceptable and customary
2 standards of medical practice; or

3 (4) Treatments for which there is insufficient data to determine
4 efficacy.

5 g. If services, drugs, devices, products or procedures required
6 by this section are provided under a managed care plan by an out-
7 of-network provider, coverage shall be provided without imposing
8 any cost-sharing requirement on the insured if:

9 (1) There is no in-network provider to furnish the service, drug,
10 device, product or procedure that is geographically accessible or
11 accessible in a reasonable amount of time; or

12 (2) An in-network provider is unable or unwilling to provide the
13 service, drug, device, product or procedure in a timely manner.

14 h. An individual health insurer shall make readily accessible to
15 insureds and potential insureds, in a consumer-friendly format,
16 information about the coverage of contraceptives by each policy
17 and the coverage of other services, drugs, devices, products and
18 procedures described in this section. The insurer shall provide the
19 information:

20 (1) On its website;

21 (2) In writing to an insured in a summary of benefits and
22 coverage and no later than 14 days after a request by a subscriber;
23 and

24 (3) In written materials about benefits or coverage that are
25 provided to insureds and potential insureds.

26 i. A religious employer shall request, and an individual health
27 insurer shall grant, an exclusion for the coverage for contraceptives
28 or abortion procedures required by this section if the required
29 coverage conflicts with the religious employer's bona fide religious
30 beliefs and practices. A religious employer that obtains such an
31 exclusion shall provide written notice thereof to prospective
32 insureds and insureds. The provisions of this section shall not be
33 construed as authorizing the exclusion of coverage for prescription
34 drugs that are prescribed for reasons other than contraceptive
35 purposes or for prescription female contraceptives that are
36 necessary to preserve the life or health of an insured. For the
37 purposes of this section, "religious employer" means an employer
38 that is a church, convention or association of churches or an
39 elementary or secondary school that is controlled, operated or
40 principally supported by a church or by a convention or association
41 of churches as defined in 26 U.S.C.s.3121(w)(3)(A), and that
42 qualifies as a tax-exempt organization under 26 U.S.C.s.501(c)(3).

43 j. The benefits required to be covered pursuant to this section
44 shall be provided to the same extent as for any other medical
45 condition under the policy.

46 k. This section shall apply to those policies in which the
47 individual health insurer has reserved the right to change the
48 premium.

1 5. a. A group health insurer that provides hospital or medical
2 expense benefits shall provide coverage under every such policy
3 delivered, issued, executed or renewed in this State or approved for
4 issuance or renewal in this State by the Commissioner of Banking
5 and Insurance, on or after the effective date of this act, for expenses
6 incurred in the purchase of prescription female contraceptives and
7 all of the following services, drugs, devices, products and
8 procedures:

9 (1) Well-woman care, including screenings, assessments and
10 counseling.

11 (2) Pregnancy-related services, including pregnancy tests,
12 preconception care, and prenatal care.

13 (3) Abortion procedures.

14 (4) Counseling for sexually transmitted infections, including but
15 not limited to human immunodeficiency virus and acquired immune
16 deficiency syndrome.

17 (5) Screening for:

18 (a) chlamydia;

19 (b) gonorrhea;

20 (c) hepatitis B;

21 (d) hepatitis C;

22 (e) human immunodeficiency virus and acquired immune
23 deficiency syndrome;

24 (f) human papillomavirus;

25 (g) syphilis;

26 (h) anemia;

27 (i) urinary tract infection;

28 (j) Rh incompatibility;

29 (k) gestational diabetes; and

30 (l) osteoporosis.

31 (6) Screening for cervical cancer, which coverage shall include
32 expenses incurred for Pap smears, confirmatory tests, and
33 associated laboratory costs as required to be provided by certain
34 health benefits policies, contracts, and plans pursuant to the
35 provisions of P.L.1995, c.415 (C.17:48E-35.12 et al.).

36 (7) Screening and appropriate counseling or interventions for:

37 (a) tobacco use; and

38 (b) domestic and interpersonal violence.

39 (8) Folic acid supplements.

40 (9) Comprehensive breastfeeding support, counseling and
41 supplies.

42 (10) (a) screening to determine whether genetic counseling
43 related to the BRCA1 or BRCA2 genetic mutations is indicated;

44 (b) genetic counseling; and

45 (c) if indicated, BRCA testing.

46 (11) Screening for breast cancer, which coverage shall include
47 expenses incurred for mammography examinations as required to be

1 provided by certain health benefits policies, contracts, and plans
2 pursuant to the provisions of P.L.1991, c.279 (C.17:48-6g et al.).

3 (12) Breast cancer chemoprevention counseling.

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

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

12 (b) If a contraceptive drug, device or product is covered but is
13 deemed medically inadvisable by the insured's health care provider,
14 coverage shall be provided for an alternative contraceptive drug,
15 device or product prescribed by the health care provider.

16 (c) Coverage shall be provided without a prescription for all
17 contraceptive drugs available for over-the-counter sale that are
18 approved by the United States Food and Drug Administration.

19 (d) Coverage shall be provided without any infringement upon
20 an insured's choice of contraception and shall not require prior
21 authorization, step therapy or other utilization management review
22 process for covered contraceptive drugs, devices or other products
23 approved by the United States Food and Drug Administration.

24 (14) Voluntary sterilization.

25 (15) Patient education and counseling on contraception.

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

29 (a) Management of side effects;

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

31 (c) Device insertion and removal;

32 (d) Provision of alternative contraceptive drugs, devices or
33 products deemed medically appropriate in the judgment of the
34 insured's health care provider; and

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

37 (17) Any additional preventive service for women, as identified
38 or recommended by the United States Preventive Services Task
39 Force or the Health Resources and Services Administration of the
40 United States Department of Health and Human Services pursuant
41 to the provisions of 42 U.S.C. 300gg-13.

42 b. (1) An insured shall not be charged a deductible,
43 coinsurance, copayment or any other cost-sharing for the coverage
44 required by this section.

45 (2) A health care provider shall be reimbursed for providing the
46 services described in this section without any deduction for a
47 deductible, coinsurance, copayment, or any other cost-sharing
48 amounts.

- 1 c. Except as authorized under this section, a policy shall not
2 impose any restrictions or delays on the coverage required by this
3 section.
- 4 d. Coverage shall be provided for the services, drugs, devices,
5 products and procedures required by this section regardless of
6 whether the services, drugs, devices, products and procedures are
7 provided in the course of, or as a follow-up to, other covered
8 services and the cost of the service, drug, device, product or
9 procedure shall be reimbursed separately from any bundled
10 payment for other covered services.
- 11 e. This section shall not be construed to exclude coverage for
12 contraceptive drugs, devices or products prescribed by a health care
13 provider, acting within the provider's scope of practice, for:
- 14 (1) Reasons other than contraceptive purposes, such as
15 decreasing the risk of ovarian cancer or eliminating symptoms of
16 menopause; or
- 17 (2) Contraception that is necessary to preserve the life or health
18 of an insured.
- 19 f. This section shall not be construed to require coverage for:
- 20 (1) Experimental or investigational treatments;
- 21 (2) Clinical trials or demonstration projects;
- 22 (3) Treatments that do not conform to acceptable and customary
23 standards of medical practice; or
- 24 (4) Treatments for which there is insufficient data to determine
25 efficacy.
- 26 g. If services, drugs, devices, products or procedures required
27 by this section are provided under a managed care plan by an out-
28 of-network provider, coverage shall be provided without imposing
29 any cost-sharing requirement on the insured if:
- 30 (1) There is no in-network provider to furnish the service, drug,
31 device, product or procedure that is geographically accessible or
32 accessible in a reasonable amount of time; or
- 33 (2) An in-network provider is unable or unwilling to provide the
34 service, drug, device, product or procedure in a timely manner.
- 35 h. A group health insurer shall make readily accessible to
36 insureds and potential insureds, in a consumer-friendly format,
37 information about the coverage of contraceptives by each policy
38 and the coverage of other services, drugs, devices, products and
39 procedures described in this section. The group health insurer shall
40 provide the information:
- 41 (1) On its website;
- 42 (2) In writing to an insured in a summary of benefits and
43 coverage and no later than 14 days after a request by an insured;
44 and
- 45 (3) In written materials about benefits or coverage that are
46 provided to insureds and potential insureds.
- 47 i. A religious employer shall request, and a group health
48 insurer shall grant, an exclusion for the coverage for contraceptives

1 or abortion procedures required by this section if the required
2 coverage conflicts with the religious employer's bona fide religious
3 beliefs and practices. A religious employer that obtains such an
4 exclusion shall provide written notice thereof to prospective
5 insureds and insureds. The provisions of this section shall not be
6 construed as authorizing the exclusion of coverage for prescription
7 drugs that are prescribed for reasons other than contraceptive
8 purposes or for prescription female contraceptives that are
9 necessary to preserve the life or health of an insured. For the
10 purposes of this section, "religious employer" means an employer
11 that is a church, convention or association of churches or an
12 elementary or secondary school that is controlled, operated or
13 principally supported by a church or by a convention or association
14 of churches as defined in 26 U.S.C.s.3121(w)(3)(A), and that
15 qualifies as a tax-exempt organization under 26 U.S.C.s.501(c)(3).

16 j. The benefits required to be covered pursuant to this section
17 shall be provided to the same extent as for any other medical
18 condition under the policy.

19 k. This section shall apply to those policies in which the group
20 health insurer has reserved the right to change the premium.

21

22 6. a. An individual health benefits plan that provides hospital
23 or medical expense benefits shall provide coverage under every
24 such plan delivered, issued, executed or renewed in this State or
25 approved for issuance or renewal in this State by the Commissioner
26 of Banking and Insurance, on or after the effective date of this act,
27 for for expenses incurred in the purchase of prescription female
28 contraceptives and all of the following services, drugs, devices,
29 products and procedures:

30 (1) Well-woman care, including screenings, assessments and
31 counseling.

32 (2) Pregnancy-related services, including pregnancy tests,
33 preconception care, and prenatal care.

34 (3) Abortion procedures.

35 (4) Counseling for sexually transmitted infections, including but
36 not limited to human immunodeficiency virus and acquired immune
37 deficiency syndrome.

38 (5) Screening for:

39 (a) chlamydia;

40 (b) gonorrhea;

41 (c) hepatitis B;

42 (d) hepatitis C;

43 (e) human immunodeficiency virus and acquired immune
44 deficiency syndrome;

45 (f) human papillomavirus;

46 (g) syphilis;

47 (h) anemia;

48 (i) urinary tract infection;

- 1 (j) Rh incompatibility;
- 2 (k) gestational diabetes; and
- 3 (l) osteoporosis.
- 4 (6) Screening for cervical cancer, which coverage shall include
- 5 expenses incurred for Pap smears, confirmatory tests, and
- 6 associated laboratory costs as required to be provided by certain
- 7 health benefits policies, contracts, and plans pursuant to the
- 8 provisions of P.L.1995, c.415 (C.17:48E-35.12 et al.).
- 9 (7) Screening and appropriate counseling or interventions for:
- 10 (a) tobacco use; and
- 11 (b) domestic and interpersonal violence.
- 12 (8) Folic acid supplements.
- 13 (9) Comprehensive breastfeeding support, counseling and
- 14 supplies.
- 15 (10) (a) screening to determine whether genetic counseling
- 16 related to the BRCA1 or BRCA2 genetic mutations is indicated;
- 17 (b) genetic counseling; and
- 18 (c) if indicated, BRCA testing.
- 19 (11) Screening for breast cancer, which coverage shall include
- 20 expenses incurred for mammography examinations as required to be
- 21 provided by certain health benefits policies, contracts, and plans
- 22 pursuant to the provisions of P.L.1991, c.279 (C.17:48-6g et al.).
- 23 (12) Breast cancer chemoprevention counseling.
- 24 (13) Any contraceptive drug, device or product approved by the
- 25 United States Food and Drug Administration, which coverage shall
- 26 be subject to all of the following conditions:
- 27 (a) If there is a therapeutic equivalent of a contraceptive drug,
- 28 device or product approved by the United States Food and Drug
- 29 Administration, coverage shall be provided for either the requested
- 30 contraceptive drug, device or product or for one or more therapeutic
- 31 equivalents of the requested drug, device or product.
- 32 (b) If a contraceptive drug, device or product is covered but is
- 33 deemed medically inadvisable by the covered person's health care
- 34 provider, coverage shall be provided for an alternative contraceptive
- 35 drug, device or product prescribed by the health care provider.
- 36 (c) Coverage shall be provided without a prescription for all
- 37 contraceptive drugs available for over-the-counter sale that are
- 38 approved by the United States Food and Drug Administration.
- 39 (d) Coverage shall be provided without any infringement upon a
- 40 covered person's choice of contraception and shall not require prior
- 41 authorization, step therapy or other utilization management review
- 42 process for covered contraceptive drugs, devices or other products
- 43 approved by the United States Food and Drug Administration.
- 44 (14) Voluntary sterilization.
- 45 (15) Patient education and counseling on contraception.
- 46 (16) Services related to the administration and monitoring of
- 47 drugs, devices, products and services required under this section,
- 48 including but not limited to:

- 1 (a) Management of side effects;
- 2 (b) Counseling for continued adherence to a prescribed regimen;
- 3 (c) Device insertion and removal;
- 4 (d) Provision of alternative contraceptive drugs, devices or
- 5 products deemed medically appropriate in the judgment of the
- 6 covered person's health care provider; and
- 7 (e) Diagnosis and treatment services provided pursuant to, or as
- 8 a follow-up to, a service required under this section.
- 9 (17) Any additional preventive service for women, as identified
- 10 or recommended by the United States Preventive Services Task
- 11 Force or the Health Resources and Services Administration of the
- 12 United States Department of Health and Human Services pursuant
- 13 to the provisions of 42 U.S.C. 300gg-13.
- 14 b. (1) A covered person shall not be charged a deductible,
- 15 coinsurance, copayment or any other cost-sharing for the coverage
- 16 required by this section.
- 17 (2) A health care provider shall be reimbursed for providing the
- 18 services described in this section without any deduction for a
- 19 deductible, coinsurance, copayment, or any other cost-sharing
- 20 amounts.
- 21 c. Except as authorized under this section, a contract shall not
- 22 impose any restrictions or delays on the coverage required by this
- 23 section.
- 24 d. Coverage shall be provided for the services, drugs, devices,
- 25 products and procedures required by this section regardless of
- 26 whether the services, drugs, devices, products and procedures are
- 27 provided in the course of, or as a follow-up to, other covered
- 28 services and the cost of the service, drug, device, product or
- 29 procedure shall be reimbursed separately from any bundled
- 30 payment for other covered services.
- 31 e. This section shall not be construed to exclude coverage for
- 32 contraceptive drugs, devices or products prescribed by a health care
- 33 provider, acting within the provider's scope of practice, for:
- 34 (1) Reasons other than contraceptive purposes, such as
- 35 decreasing the risk of ovarian cancer or eliminating symptoms of
- 36 menopause; or
- 37 (2) Contraception that is necessary to preserve the life or health
- 38 of a covered person.
- 39 f. This section shall not be construed to require coverage for:
- 40 (1) Experimental or investigational treatments;
- 41 (2) Clinical trials or demonstration projects;
- 42 (3) Treatments that do not conform to acceptable and customary
- 43 standards of medical practice; or
- 44 (4) Treatments for which there is insufficient data to determine
- 45 efficacy.
- 46 g. If services, drugs, devices, products or procedures required
- 47 by this section are provided under a managed care plan by an out-

1 of-network provider, coverage shall be provided without imposing
2 any cost-sharing requirement on the covered person if:

3 (1) There is no in-network provider to furnish the service, drug,
4 device, product or procedure that is geographically accessible or
5 accessible in a reasonable amount of time; or

6 (2) An in-network provider is unable or unwilling to provide the
7 service, drug, device, product or procedure in a timely manner.

8 h. A carrier shall make readily accessible to covered persons
9 and potential covered persons, in a consumer-friendly format,
10 information about the coverage of contraceptives by each contract
11 and the coverage of other services, drugs, devices, products and
12 procedures described in this section. The carrier shall provide the
13 information:

14 (1) On its website;

15 (2) In writing to a covered person in a summary of benefits and
16 coverage and no later than 14 days after a request by a covered
17 person; and

18 (3) In written materials about benefits or coverage that are
19 provided to covered persons and potential covered persons.

20 i. A religious employer shall request, and a carrier shall grant,
21 an exclusion for the coverage for contraceptives or abortion
22 procedures required by this section if the required coverage
23 conflicts with the religious employer's bona fide religious beliefs
24 and practices. A religious employer that obtains such an exclusion
25 shall provide written notice thereof to prospective covered persons
26 and covered persons. The provisions of this section shall not be
27 construed as authorizing the exclusion of coverage for prescription
28 drugs that are prescribed for reasons other than contraceptive
29 purposes or for prescription female contraceptives that are
30 necessary to preserve the life or health of a covered person. For the
31 purposes of this section, "religious employer" means an employer
32 that is a church, convention or association of churches or an
33 elementary or secondary school that is controlled, operated or
34 principally supported by a church or by a convention or association
35 of churches as defined in 26 U.S.C.s.3121(w)(3)(A), and that
36 qualifies as a tax-exempt organization under 26 U.S.C.s.501(c)(3).

37 j. The benefits required to be covered pursuant to this section
38 shall be provided to the same extent as for any other medical
39 condition under the health benefits plan.

40 k. This section shall apply to those health benefits plans in
41 which the carrier has reserved the right to change the premium.

42

43 7. a. A small employer health benefits plan that provides
44 hospital or medical expense benefits shall provide coverage under
45 every such plan delivered, issued, executed or renewed in this State
46 or approved for issuance or renewal in this State by the
47 Commissioner of Banking and Insurance, on or after the effective
48 date of this act, for expenses incurred in the purchase of

- 1 prescription female contraceptives and all of the following services,
- 2 drugs, devices, products and procedures:
- 3 (1) Well-woman care, including screenings, assessments and
- 4 counseling.
- 5 (2) Pregnancy-related services, including pregnancy tests,
- 6 preconception care, and prenatal care.
- 7 (3) Abortion procedures.
- 8 (4) Counseling for sexually transmitted infections, including but
- 9 not limited to human immunodeficiency virus and acquired immune
- 10 deficiency syndrome.
- 11 (5) Screening for:
- 12 (a) chlamydia;
- 13 (b) gonorrhea;
- 14 (c) hepatitis B;
- 15 (d) hepatitis C;
- 16 (e) human immunodeficiency virus and acquired immune
- 17 deficiency syndrome;
- 18 (f) human papillomavirus;
- 19 (g) syphilis;
- 20 (h) anemia;
- 21 (i) urinary tract infection;
- 22 (j) Rh incompatibility;
- 23 (k) gestational diabetes; and
- 24 (l) osteoporosis.
- 25 (6) Screening for cervical cancer, which coverage shall include
- 26 expenses incurred for Pap smears, confirmatory tests, and
- 27 associated laboratory costs as required to be provided by certain
- 28 health benefits policies, contracts, and plans pursuant to the
- 29 provisions of P.L.1995, c.415 (C.17:48E-35.12 et al.).
- 30 (7) Screening and appropriate counseling or interventions for:
- 31 (a) tobacco use; and
- 32 (b) domestic and interpersonal violence.
- 33 (8) Folic acid supplements.
- 34 (9) Comprehensive breastfeeding support, counseling and
- 35 supplies.
- 36 (10) (a) Screening to determine whether genetic counseling
- 37 related to the BRCA1 or BRCA2 genetic mutations is indicated;
- 38 (b) genetic counseling; and
- 39 (c) if indicated, BRCA testing.
- 40 (11) Screening for breast cancer, which coverage shall include
- 41 expenses incurred for mammography examinations as required to be
- 42 provided by certain health benefits policies, contracts, and plans
- 43 pursuant to the provisions of P.L.1991, c.279 (C.17:48-6g et al.).
- 44 (12) Breast cancer chemoprevention counseling.
- 45 (13) Any contraceptive drug, device or product approved by the
- 46 United States Food and Drug Administration, which coverage shall
- 47 be subject to all of the following conditions:

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

6 (b) If a contraceptive drug, device or product is covered but is
7 deemed medically inadvisable by the covered person's health care
8 provider, coverage shall be provided for an alternative contraceptive
9 drug, device or product prescribed by the health care provider.

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

13 (d) Coverage shall be provided without any infringement upon a
14 covered person's choice of contraception and shall not require prior
15 authorization, step therapy or other utilization management review
16 process for covered contraceptive drugs, devices or other products
17 approved by the United States Food and Drug Administration.

18 (14) Voluntary sterilization.

19 (15) Patient education and counseling on contraception.

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

23 (a) Management of side effects;

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

25 (c) Device insertion and removal;

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

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

31 (17) Any additional preventive service for women, as identified
32 or recommended by the United States Preventive Services Task
33 Force or the Health Resources and Services Administration of the
34 United States Department of Health and Human Services pursuant
35 to the provisions of 42 U.S.C. 300gg-13.

36 b. (1) A health care provider shall not be charged a deductible,
37 coinsurance, copayment or any other cost-sharing for the coverage
38 required by this section.

39 (2) A health care provider shall be reimbursed for providing the
40 services described in this section without any deduction for a
41 deductible, coinsurance, copayment, or any other cost-sharing
42 amounts.

43 c. Except as authorized under this section, a contract shall not
44 impose any restrictions or delays on the coverage required by this
45 section.

46 d. Coverage shall be provided for the services, drugs, devices,
47 products and procedures required by this section regardless of
48 whether the services, drugs, devices, products and procedures are

1 provided in the course of, or as a follow-up to, other covered
2 services and the cost of the service, drug, device, product or
3 procedure shall be reimbursed separately from any bundled
4 payment for other covered services.

5 e. This section shall not be construed to exclude coverage for
6 contraceptive drugs, devices or products prescribed by a health care
7 provider, acting within the provider's scope of practice, for:

8 (1) Reasons other than contraceptive purposes, such as
9 decreasing the risk of ovarian cancer or eliminating symptoms of
10 menopause; or

11 (2) Contraception that is necessary to preserve the life or health
12 of a covered person.

13 f. This section shall not be construed to require coverage for:

14 (1) Experimental or investigational treatments;

15 (2) Clinical trials or demonstration projects;

16 (3) Treatments that do not conform to acceptable and customary
17 standards of medical practice; or

18 (4) Treatments for which there is insufficient data to determine
19 efficacy.

20 g. If services, drugs, devices, products or procedures required
21 by this section are provided under a managed care plan by an out-
22 of-network provider, coverage shall be provided without imposing
23 any cost-sharing requirement on the covered person if:

24 (1) There is no in-network provider to furnish the service, drug,
25 device, product or procedure that is geographically accessible or
26 accessible in a reasonable amount of time; or

27 (2) An in-network provider is unable or unwilling to provide
28 the service, drug, device, product or procedure in a timely manner.

29 h. A carrier shall make readily accessible to covered persons
30 and potential covered persons, in a consumer-friendly format,
31 information about the coverage of contraceptives by each contract
32 and the coverage of other services, drugs, devices, products and
33 procedures described in this section. The carrier shall provide the
34 information:

35 (1) On its website;

36 (2) In writing to a covered person in a summary of benefits and
37 coverage and no later than 14 days after a request by a covered
38 person; and

39 (3) In written materials about benefits or coverage that are
40 provided to covered persons and potential covered persons.

41 i. A religious employer shall request, and a carrier shall grant,
42 an exclusion for the coverage for contraceptives or abortion
43 procedures required by this section if the required coverage
44 conflicts with the religious employer's bona fide religious beliefs
45 and practices. A religious employer that obtains such an exclusion
46 shall provide written notice thereof to prospective covered persons
47 and covered persons. The provisions of this section shall not be
48 construed as authorizing the exclusion of coverage for prescription

1 drugs that are prescribed for reasons other than contraceptive
2 purposes or for prescription female contraceptives that are
3 necessary to preserve the life or health of a covered person. For the
4 purposes of this section, "religious employer" means an employer
5 that is a church, convention or association of churches or an
6 elementary or secondary school that is controlled, operated or
7 principally supported by a church or by a convention or association
8 of churches as defined in 26 U.S.C.s.3121(w)(3)(A), and that
9 qualifies as a tax-exempt organization under 26 U.S.C.s.501(c)(3).

10 j. The benefits required to be covered pursuant to this section
11 shall be provided to the same extent as for any other medical
12 condition under the health benefits plan.

13 k. This section shall apply to those health benefits plans in
14 which the carrier has reserved the right to change the premium.

15

16 8. a. A health maintenance organization that provides hospital
17 or medical expense benefits shall provide coverage under every
18 such contract delivered, issued, executed or renewed in this State or
19 approved for issuance or renewal in this State by the Commissioner
20 of Banking and Insurance, on or after the effective date of this act,
21 for expenses incurred in the purchase of prescription female
22 contraceptives and all of the following services, drugs, devices,
23 products and procedures:

24 (1) Well-woman care, including screenings, assessments and
25 counseling.

26 (2) Pregnancy-related services, including pregnancy tests,
27 preconception care, and prenatal care.

28 (3) Abortion procedures.

29 (4) Counseling for sexually transmitted infections, including but
30 not limited to human immunodeficiency virus and acquired immune
31 deficiency syndrome.

32 (5) Screening for:

33 (a) chlamydia;

34 (b) gonorrhea;

35 (c) hepatitis B;

36 (d) hepatitis C;

37 (e) human immunodeficiency virus and acquired immune
38 deficiency syndrome;

39 (f) human papillomavirus;

40 (g) syphilis;

41 (h) anemia;

42 (i) urinary tract infection;

43 (j) Rh incompatibility;

44 (k) gestational diabetes; and

45 (l) osteoporosis.

46 (6) Screening for cervical cancer, which coverage shall include
47 expenses incurred for Pap smears, confirmatory tests, and
48 associated laboratory costs as required to be provided by certain

1 health benefits policies, contracts, and plans pursuant to the
2 provisions of P.L.1995, c.415 (C.17:48E-35.12 et al.).

3 (7) Screening and appropriate counseling or interventions for:

4 (a) tobacco use; and

5 (b) domestic and interpersonal violence.

6 (8) Folic acid supplements.

7 (9) Comprehensive breastfeeding support, counseling and
8 supplies.

9 (10) (a) Screening to determine whether genetic counseling
10 related to the BRCA1 or BRCA2 genetic mutations is indicated;

11 (b) genetic counseling; and

12 (c) if indicated, BRCA testing.

13 (11) Screening for breast cancer, which coverage shall include
14 expenses incurred for mammography examinations as required to be
15 provided by certain health benefits policies, contracts, and plans
16 pursuant to the provisions of P.L.1991, c.279 (C.17:48-6g et al.).

17 (12) Breast cancer chemoprevention counseling.

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

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

26 (b) If a contraceptive drug, device or product is covered but is
27 deemed medically inadvisable by the enrollee's health care
28 provider, coverage shall be provided for an alternative contraceptive
29 drug, device or product prescribed by the health care provider.

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

33 (d) Coverage shall be provided without any infringement upon a
34 enrollee's choice of contraception and shall not require prior
35 authorization, step therapy or other utilization management review
36 process for covered contraceptive drugs, devices or other products
37 approved by the United States Food and Drug Administration.

38 (14) Voluntary sterilization.

39 (15) Patient education and counseling on contraception.

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

43 (a) Management of side effects;

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

45 (c) Device insertion and removal;

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

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

3 (17) Any additional preventive service for women, as identified
4 or recommended by the United States Preventive Services Task
5 Force or the Health Resources and Services Administration of the
6 United States Department of Health and Human Services pursuant
7 to the provisions of 42 U.S.C. 300gg-13.

8 b. (1) An enrollee shall not be charged a deductible,
9 coinsurance, copayment or any other cost-sharing for the coverage
10 required by this section.

11 (2) A health care provider shall be reimbursed for providing the
12 services described in this section without any deduction for a
13 deductible, coinsurance, copayment, or any other cost-sharing
14 amounts.

15 c. Except as authorized under this section, an enrollee shall not
16 impose any restrictions or delays on the coverage required by this
17 section.

18 d. Coverage shall be provided for the services, drugs, devices,
19 products and procedures required by this section regardless of
20 whether the services, drugs, devices, products and procedures are
21 provided in the course of, or as a follow-up to, other covered
22 services and the cost of the service, drug, device, product or
23 procedure shall be reimbursed separately from any bundled
24 payment for other covered services.

25 e. This section shall not be construed to exclude coverage for
26 contraceptive drugs, devices or products prescribed by a health care
27 provider, acting within the provider's scope of practice, for:

28 (1) Reasons other than contraceptive purposes, such as
29 decreasing the risk of ovarian cancer or eliminating symptoms of
30 menopause; or

31 (2) Contraception that is necessary to preserve the life or health
32 of a enrollee.

33 f. This section shall not be construed to require coverage for:

34 (1) Experimental or investigational treatments;

35 (2) Clinical trials or demonstration projects;

36 (3) Treatments that do not conform to acceptable and customary
37 standards of medical practice; or

38 (4) Treatments for which there is insufficient data to determine
39 efficacy.

40 g. If services, drugs, devices, products or procedures required
41 by this section are provided under a managed care plan by an out-
42 of-network provider, coverage shall be provided without imposing
43 any cost-sharing requirement on the enrollee if:

44 (1) There is no in-network provider to furnish the service, drug,
45 device, product or procedure that is geographically accessible or
46 accessible in a reasonable amount of time; or

47 (2) An in-network provider is unable or unwilling to provide the
48 service, drug, device, product or procedure in a timely manner.

1 h. A health maintenance organization shall make readily
2 accessible to enrollees and potential enrollees, in a consumer-
3 friendly format, information about the coverage of contraceptives
4 by each contract and the coverage of other services, drugs, devices,
5 products and procedures described in this section. The health
6 maintenance organization shall provide the information:

- 7 (1) On its website;
8 (2) In writing to an enrollee in a summary of benefits and
9 coverage and no later than 14 days after a request by an enrollee;
10 and
11 (3) In written materials about benefits or coverage that are
12 provided to enrollees and potential enrollees.

13 i. A religious employer shall request, and a health maintenance
14 organization shall grant, an exclusion for the coverage for
15 contraceptives or abortion procedures required by this section if the
16 required coverage conflicts with the religious employer's bona fide
17 religious beliefs and practices. A religious employer that obtains
18 such an exclusion shall provide written notice thereof to prospective
19 enrollees and enrollees. The provisions of this section shall not be
20 construed as authorizing the exclusion of coverage for prescription
21 drugs that are prescribed for reasons other than contraceptive
22 purposes or for prescription female contraceptives that are
23 necessary to preserve the life or health of an enrollee. For the
24 purposes of this section, "religious employer" means an employer
25 that is a church, convention or association of churches or an
26 elementary or secondary school that is controlled, operated or
27 principally supported by a church or by a convention or association
28 of churches as defined in 26 U.S.C.s.3121(w)(3)(A), and that
29 qualifies as a tax-exempt organization under 26 U.S.C.s.501(c)(3).

30 j. The benefits required to be covered pursuant to this section
31 shall be provided to the same extent as for any other medical
32 condition under the contract.

33 k. This section shall apply to those contracts in which the
34 health maintenance organization has reserved the right to change
35 the premium.

36

37 9. a. The State Health Benefits Commission shall ensure that
38 every contract purchased by the commission on or after the
39 effective date of this act shall provide coverage for expenses
40 incurred in the purchase of prescription female contraceptives and
41 all of the following services, drugs, devices, products and
42 procedures:

- 43 (1) Well-woman care, including screenings, assessments and
44 counseling.
45 (2) Pregnancy-related services, including pregnancy tests,
46 preconception care, and prenatal care.
47 (3) Abortion procedures.

- 1 (4) Counseling for sexually transmitted infections, including but
2 not limited to human immunodeficiency virus and acquired immune
3 deficiency syndrome.
- 4 (5) Screening for:
- 5 (a) chlamydia;
6 (b) gonorrhea;
7 (c) hepatitis B;
8 (d) hepatitis C;
9 (e) human immunodeficiency virus and acquired immune
10 deficiency syndrome;
11 (f) human papillomavirus;
12 (g) syphilis;
13 (h) anemia;
14 (i) urinary tract infection;
15 (j) Rh incompatibility;
16 (k) gestational diabetes; and
17 (l) osteoporosis.
- 18 (6) Screening for cervical cancer, which coverage shall include
19 expenses incurred for Pap smears, confirmatory tests, and
20 associated laboratory costs as required to be provided by certain
21 health benefits policies, contracts, and plans pursuant to the
22 provisions of P.L.1995, c.415 (C.17:48E-35.12 et al.).
- 23 (7) Screening and appropriate counseling or interventions for:
- 24 (a) tobacco use; and
25 (b) domestic and interpersonal violence.
- 26 (8) Folic acid supplements.
- 27 (9) Comprehensive breastfeeding support, counseling and
28 supplies.
- 29 (10) (a) Screening to determine whether genetic counseling
30 related to the BRCA1 or BRCA2 genetic mutations is indicated;
31 (b) genetic counseling; and
32 (c) if indicated, BRCA testing.
- 33 (11) Screening for breast cancer, which coverage shall include
34 expenses incurred for mammography examinations as required to be
35 provided by certain health benefits policies, contracts, and plans
36 pursuant to the provisions of P.L.1991, c.279 (C.17:48-6g et al.).
- 37 (12) Breast cancer chemoprevention counseling.
- 38 (13) Any contraceptive drug, device or product approved by the
39 United States Food and Drug Administration, which coverage shall
40 be subject to all of the following conditions:
- 41 (a) If there is a therapeutic equivalent of a contraceptive drug,
42 device or product approved by the United States Food and Drug
43 Administration, coverage shall be provided for either the requested
44 contraceptive drug, device or product or for one or more therapeutic
45 equivalents of the requested drug, device or product.
- 46 (b) If a contraceptive drug, device or product is covered but is
47 deemed medically inadvisable by the covered person's health care

1 provider, coverage shall be provided for an alternative contraceptive
2 drug, device or product prescribed by the health care provider.

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

6 (d) Coverage shall be provided without any infringement upon a
7 covered person's choice of contraception and shall not require prior
8 authorization, step therapy or other utilization management review
9 process for covered contraceptive drugs, devices or other products
10 approved by the United States Food and Drug Administration.

11 (14) Voluntary sterilization.

12 (15) Patient education and counseling on contraception.

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

16 (a) Management of side effects;

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

18 (c) Device insertion and removal;

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

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

24 (17) Any additional preventive service for women, as identified
25 or recommended by the United States Preventive Services Task
26 Force or the Health Resources and Services Administration of the
27 United States Department of Health and Human Services pursuant
28 to the provisions of 42 U.S.C. 300gg-13.

29 b. (1) A covered person shall not be charged a deductible,
30 coinsurance, copayment or any other cost-sharing for the coverage
31 required by this section.

32 (2) A health care provider shall be reimbursed for providing the
33 services described in this section without any deduction for a
34 deductible, coinsurance, copayment, or any other cost-sharing
35 amounts.

36 c. Except as authorized under this section, a contract shall not
37 impose any restrictions or delays on the coverage required by this
38 section.

39 d. Coverage shall be provided for the services, drugs, devices,
40 products and procedures required by this section regardless of
41 whether the services, drugs, devices, products and procedures are
42 provided in the course of, or as a follow-up to, other covered
43 services and the cost of the service, drug, device, product or
44 procedure shall be reimbursed separately from any bundled
45 payment for other covered services.

46 e. This section shall not be construed to exclude coverage for
47 contraceptive drugs, devices or products prescribed by a health care
48 provider, acting within the provider's scope of practice, for:

1 (1) Reasons other than contraceptive purposes, such as
2 decreasing the risk of ovarian cancer or eliminating symptoms of
3 menopause; or

4 (2) Contraception that is necessary to preserve the life or health
5 of a covered person.

6 f. This section shall not be construed to require coverage for:

7 (1) Experimental or investigational treatments;

8 (2) Clinical trials or demonstration projects;

9 (3) Treatments that do not conform to acceptable and customary
10 standards of medical practice; or

11 (4) Treatments for which there is insufficient data to determine
12 efficacy.

13 g. If services, drugs, devices, products or procedures required
14 by this section are provided under a managed care plan by an out-
15 of-network provider, coverage shall be provided without imposing
16 any cost-sharing requirement on the covered person if:

17 (1) There is no in-network provider to furnish the service, drug,
18 device, product or procedure that is geographically accessible or
19 accessible in a reasonable amount of time; or

20 (2) An in-network provider is unable or unwilling to provide the
21 service, drug, device, product or procedure in a timely manner.

22 h. The carrier shall make readily accessible to covered persons
23 and potential covered persons, in a consumer-friendly format,
24 information about the coverage of contraceptives by each contract
25 and the coverage of other services, drugs, devices, products and
26 procedures described in this section. The carrier shall provide the
27 information:

28 (1) On its website;

29 (2) In writing to a covered person in a summary of benefits and
30 coverage and no later than 14 days after a request by a subscriber;
31 and

32 (3) In written materials about benefits or coverage that are
33 provided to covered persons and potential covered persons.

34

35 10. a. A prepaid prescription service organization that provides
36 benefits for expenses incurred in the purchase of outpatient
37 prescription drugs under a contract shall provide coverage under
38 every such contract delivered, issued, executed or renewed in this
39 State or approved for issuance or renewal in this State by the
40 Commissioner of Banking and Insurance, on or after the effective
41 date of this act, for expenses incurred in the purchase of
42 prescription female contraceptives and the services, drugs, devices,
43 products, and procedures as determined to be required to be covered
44 by the Commissioner of Banking and Insurance pursuant to
45 subsection b. of this section.

46 b. The Commissioner of Banking and Insurance shall
47 determine, in the commissioner's discretion, which provisions of
48 the coverage requirements applicable to insurers in sections 1

1 through 10 of P.L. , c. (C.) (pending before the Legislature
2 as this bill,) shall apply to prepaid prescription organizations, and
3 shall adopt regulations in accordance with the commissioner's
4 determination.

5 c. A religious employer may request, and a prepaid
6 prescription service organization shall grant, an exclusion under the
7 contract for the coverage required by this section if the required
8 coverage conflicts with the religious employer's bona fide religious
9 beliefs and practices. A religious employer that obtains such an
10 exclusion shall provide written notice thereof to prospective
11 enrollees and enrollees. The provisions of this section shall not be
12 construed as authorizing a prepaid prescription service organization
13 to exclude coverage for prescription drugs that are prescribed for
14 reasons other than contraceptive purposes or for prescription female
15 contraceptives that are necessary to preserve the life or health of an
16 enrollee. For the purposes of this section, "religious employer"
17 means an employer that is a church, convention or association of
18 churches or an elementary or secondary school that is controlled,
19 operated or principally supported by a church or by a convention or
20 association of churches as defined in 26 U.S.C.s.3121(w)(3)(A),
21 and that qualifies as a tax-exempt organization under 26
22 U.S.C.s.501(c)(3).

23 d. The benefits required to be covered pursuant to this section
24 shall be provided to the same extent as for any other outpatient
25 prescription drug under the contract.

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

29

30 11. a. An individual shall not, on the basis of actual or perceived
31 race, color, national origin, sex, sexual orientation, gender identity,
32 age or disability, be excluded from participation in, be denied the
33 benefits of, or otherwise be subjected to discrimination with respect
34 to any contract, policy, or plan of health insurance issued or
35 delivered in this State in the coverage of or payment for the
36 services, drugs, devices, products and procedures described in
37 sections 1 through 10 of P.L. , c. (C.)(pending before the
38 Legislature as this bill).

39 b. A violation of this section by any person shall be a violation
40 of the New Jersey "Law Against Discrimination," P.L.1945, c.169
41 (C.10:5-1 et seq.)

42

43 12. P.L.2005, c.251 (C.17:48-6ee et al.) is repealed.

44

45 13. This act shall take effect on the 90th day next following
46 enactment.

STATEMENT

This bill requires health insurance coverage for a comprehensive list of services, drugs, screenings, and counseling, related to contraception and reproductive health. The bill requires health insurers, the State Health Benefits Program, and the School Employees' Health Benefits Program to adhere to certain coverage requirements with respect to these services.

The bill prohibits charging a deductible, coinsurance, copayment, or any other cost-sharing mechanism to the insured for the coverage required by the bill.

The bill shall not be construed to exclude coverage for contraceptive drugs, devices or products prescribed by a health care provider, acting within the provider's scope of practice, for:

(1) Reasons other than contraceptive purposes, such as decreasing the risk of ovarian cancer or eliminating symptoms of menopause; or

(2) Contraception that is necessary to preserve the life or health of an insured.

The bill shall not be construed to require coverage for:

(1) Experimental or investigational treatments;

(2) Clinical trials or demonstration projects;

(3) Treatments that do not conform to acceptable and customary standards of medical practice; or

(4) Treatments for which there is insufficient data to determine efficacy.

The bill provides that if services, drugs, devices, products or procedures are provided under a managed care plan by an out-of-network provider, coverage shall be provided without imposing any cost-sharing requirement on the insured and shall be covered at an in-network rate under certain circumstances.

The bill requires insurers to make readily accessible to insureds and potential insureds, in a consumer-friendly format, information about the coverage of contraceptives by each contract or policy and the coverage of other services, drugs, devices, products and procedures described in this bill.

The bill provides that a prepaid prescription service organization that provides benefits for expenses incurred in the purchase of outpatient prescription drugs under a contract shall provide coverage under every such contract for expenses incurred in the purchase of prescription female contraceptives. The bill also provides that the Commissioner of Banking and Insurance shall determine, in the commissioner's discretion, which provisions of the coverage requirements applicable to insurers in the bill shall apply to prepaid prescription organizations, and the commissioner shall adopt regulations in accordance with that determination.

The bill provides that a religious employer shall request, and an insurer shall grant, an exclusion for the coverage for contraceptives

1 or abortion procedures required by this bill if the required coverage
2 conflicts with the religious employer's bona fide religious beliefs
3 and practices. A religious employer that obtains such an exclusion
4 shall provide written notice thereof to prospective insureds and
5 insureds. This provision shall not be construed as authorizing an
6 insurer to exclude coverage for prescription drugs that are
7 prescribed for reasons other than contraceptive purposes or for
8 prescription female contraceptives that are necessary to preserve the
9 life or health of an insured.

10 The bill repeals statutes, initially enacted in 2005, which
11 required coverage for the treatment of prescription female
12 contraceptives. Since the bill expands that coverage to include a
13 comprehensive list of services, drugs, screenings, and counseling,
14 related to contraception and reproductive health, those sections of
15 law specific to prescription female contraceptives are no longer
16 required.

17 Finally, the bill provides that an individual shall not, on the basis
18 of actual or perceived race, color, national origin, sex, sexual
19 orientation, gender identity, age or disability, be excluded from
20 participation in, be denied the benefits of, or otherwise be subjected
21 to discrimination with respect to health insurance issued or
22 delivered in this State with respect to the coverage of or payment
23 for the services, drugs, devices, products and procedures described
24 in the bill. A violation of this non-discrimination provision by any
25 person shall be a violation of the New Jersey "Law Against
26 Discrimination," P.L.1945, c.169 (C.10:5-1 et seq.).