

ASSEMBLY, No. 5307

STATE OF NEW JERSEY 219th LEGISLATURE

INTRODUCED JANUARY 27, 2021

Sponsored by:

Assemblywoman VALERIE VAINIERI HUTTLE

District 37 (Bergen)

SYNOPSIS

Requires health insurers, SHBP, and SEHBP to provide coverage for certain drug regimens for treatment of AIDS or HIV under certain circumstances.

CURRENT VERSION OF TEXT

As introduced.



1 AN ACT concerning health benefits coverage for certain drug
2 regimens and supplementing various parts of the statutory law.

3
4 **BE IT ENACTED** *by the Senate and General Assembly of the State*
5 *of New Jersey:*

6
7 1. a. A hospital service corporation contract that provides
8 hospital and medical expense benefits and is delivered, issued,
9 executed, or renewed in this State, or approved for issuance or
10 renewal in this State by the Commissioner of Banking and
11 Insurance, on or after the effective date of this act, shall provide
12 coverage for expenses for prescribed combination antiretroviral
13 drug treatments that are medically necessary for the treatment of
14 AIDS or HIV. Coverage shall be provided as follows:

15 (1) Except as provided in paragraph (2) of this subsection,
16 coverage shall be required for a single tablet drug regimen in
17 situations in which that regimen is as effective as a multitablet
18 regimen.

19 (2) In situations in which a multitablet regimen, consistent with
20 clinical guidelines and peer-reviewed scientific and medical
21 literature, is clinically equally to, or more effective than, the single
22 tablet drug regimen, and more likely to result in patient adherence,
23 coverage shall be required for the multitablet regimen, provided the
24 peer review of the literature has been performed by a health care
25 provider with experience in treating infectious diseases.

26 b. A hospital service corporation that uses a prior authorization
27 process to assess medical necessity with respect to the coverage
28 required by this section shall complete that process within 14 days
29 of the request for authorization. If the hospital service corporation
30 fails to complete the prior authorization process in that time period,
31 the request for authorization shall be deemed to be approved.

32 c. As used in this section:

33 “AIDS” means acquired immune deficiency syndrome as defined
34 by the Centers for Disease Control and Prevention of the United
35 States Department of Health and Human Services.

36 “HIV” means the human immunodeficiency virus which has
37 been identified as the probable causative agent of AIDS.

38 d. The benefits required by this section shall be provided to the
39 same extent as for any other condition under the contract.

40 e. This section shall apply to those hospital service corporation
41 contracts in which the hospital service corporation has reserved the
42 right to change the premium.

43
44 2. a. A medical service corporation contract that provides
45 hospital and medical expense benefits and is delivered, issued,
46 executed, or renewed in this State, or approved for issuance or
47 renewal in this State by the Commissioner of Banking and

1 Insurance, on or after the effective date of this act, shall provide
2 coverage for expenses for prescribed combination antiretroviral
3 drug treatments that are medically necessary for the treatment of
4 AIDS or HIV. Coverage shall be provided as follows:

5 (1) Except as provided in paragraph (2) of this subsection,
6 coverage shall be required for a single tablet drug regimen in
7 situations in which that regimen is as effective as a multitablet
8 regimen.

9 (2) In situations in which a multitablet regimen, consistent with
10 clinical guidelines and peer-reviewed scientific and medical
11 literature, is clinically equally to, or more effective than, the single
12 tablet drug regimen, and more likely to result in patient adherence,
13 coverage shall be required for the multitablet regimen, provided the
14 peer review of the literature has been performed by a health care
15 provider with experience in treating infectious diseases.

16 b. A medical service corporation that uses a prior authorization
17 process to assess medical necessity with respect to the coverage
18 required by this section shall complete that process within 14 days
19 of the request for authorization. If the medical service corporation
20 fails to complete the prior authorization process in that time period,
21 the request for authorization shall be deemed to be approved.

22 c. As used in this section

23 "AIDS" means acquired immune deficiency syndrome as defined
24 by the Centers for Disease Control and Prevention of the United
25 States Department of Health and Human Services.

26 "HIV" means the human immunodeficiency virus which has
27 been identified as the probable causative agent of AIDS.

28 d. The benefits required by this section shall be provided to the
29 same extent as for any other condition under the contract.

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

33

34 3. a. A health service corporation contract that provides
35 hospital and medical expense benefits and is delivered, issued,
36 executed, or renewed in this State, or approved for issuance or
37 renewal in this State by the Commissioner of Banking and
38 Insurance, on or after the effective date of this act, shall provide
39 coverage for expenses for prescribed combination antiretroviral
40 drug treatments that are medically necessary for the treatment of
41 AIDS or HIV. Coverage shall be provided as follows:

42 (1) Except as provided in paragraph (2) of this subsection,
43 coverage shall be required for a single tablet drug regimen in
44 situations in which that regimen is as effective as a multitablet
45 regimen.

46 (2) In situations in which a multitablet regimen, consistent with
47 clinical guidelines and peer-reviewed scientific and medical

1 literature, is clinically equally to, or more effective than, the single
2 tablet drug regimen, and more likely to result in patient adherence,
3 coverage shall be required for the multitablet regimen, provided the
4 peer review of the literature has been performed by a health care
5 provider with experience in treating infectious diseases.

6 b. A health service corporation that uses a prior authorization
7 process to assess medical necessity with respect to the coverage
8 required by this section shall complete that process within 14 days
9 of the request for authorization. If the health service corporation
10 fails to complete the prior authorization process in that time period,
11 the request for authorization shall be deemed to be approved.

12 c. As used in this section:

13 “AIDS” means acquired immune deficiency syndrome as defined
14 by the Centers for Disease Control and Prevention of the United
15 States Department of Health and Human Services.

16 “HIV” means the human immunodeficiency virus which has
17 been identified as the probable causative agent of AIDS.

18 d. The benefits required by this section shall be provided to the
19 same extent as for any other condition under the contract.

20 e. This section shall apply to those health service corporation
21 contracts in which the health service corporation has reserved the
22 right to change the premium.

23
24 4. a. An individual health insurance policy that provides
25 hospital and medical expense benefits and is delivered, issued,
26 executed, or renewed in this State, or approved for issuance or
27 renewal in this State by the Commissioner of Banking and
28 Insurance, on or after the effective date of this act, shall provide
29 coverage for expenses for prescribed combination antiretroviral
30 drug treatments that are medically necessary for the treatment of
31 AIDS or HIV. Coverage shall be provided as follows:

32 (1) Except as provided in paragraph (2) of this subsection,
33 coverage shall be required for a single tablet drug regimen in
34 situations in which that regimen is as effective as a multitablet
35 regimen.

36 (2) In situations in which a multitablet regimen, consistent with
37 clinical guidelines and peer-reviewed scientific and medical
38 literature, is clinically equally to, or more effective than, the single
39 tablet drug regimen, and more likely to result in patient adherence,
40 coverage shall be required for the multitablet regimen, provided the
41 peer review of the literature has been performed by a health care
42 provider with experience in treating infectious diseases.

43 b. An insurer that uses a prior authorization process to assess
44 medical necessity with respect to the coverage required by this
45 section shall complete that process within 14 days of the request for
46 authorization. If the insurer fails to complete the prior authorization

1 process in that time period, the request for authorization shall be
2 deemed to be approved.

3 c. As used in this section:

4 “AIDS” means acquired immune deficiency syndrome as defined
5 by the Centers for Disease Control and Prevention of the United
6 States Department of Health and Human Services.

7 “HIV” means the human immunodeficiency virus which has
8 been identified as the probable causative agent of AIDS.

9 d. The benefits required by this section shall be provided to the
10 same extent as for any other condition under the policy.

11 e. This section shall apply to those policies in which the insurer
12 has reserved the right to change the premium.

13

14 5. a. A group health insurance policy that provides hospital
15 and medical expense benefits and is delivered, issued, executed, or
16 renewed in this State, or approved for issuance or renewal in this
17 State by the Commissioner of Banking and Insurance, on or after
18 the effective date of this act, shall provide coverage for expenses
19 for prescribed combination antiretroviral drug treatments that are
20 medically necessary for the treatment of AIDS or HIV. Coverage
21 shall be provided as follows:

22 (1) Except as provided in paragraph (2) of this subsection,
23 coverage shall be required for a single tablet drug regimen in
24 situations in which that regimen is as effective as a multitablet
25 regimen.

26 (2) In situations in which a multitablet regimen, consistent with
27 clinical guidelines and peer-reviewed scientific and medical
28 literature, is clinically equally to, or more effective than, the single
29 tablet drug regimen, and more likely to result in patient adherence,
30 coverage shall be required for the multitablet regimen, provided the
31 peer review of the literature has been performed by a health care
32 provider with experience in treating infectious diseases.

33 b. An insurer that uses a prior authorization process to assess
34 medical necessity with respect to the coverage required by this
35 section shall complete that process within 14 days of the request for
36 authorization. If the insurer fails to complete the prior authorization
37 process in that time period, the request for authorization shall be
38 deemed to be approved.

39 c. As used in this section:

40 “AIDS” means acquired immune deficiency syndrome as defined
41 by the Centers for Disease Control and Prevention of the United
42 States Department of Health and Human Services.

43 “HIV” means the human immunodeficiency virus which has
44 been identified as the probable causative agent of AIDS.

45 d. The benefits required by this section shall be provided to the
46 same extent as for any other condition under the policy.

1 e. This section shall apply to those policies in which the insurer
2 has reserved the right to change the premium.

3
4 6. a. An individual health benefits plan that provides hospital
5 and medical expense benefits and is delivered, issued, executed, or
6 renewed in this State pursuant to P.L.1992, c.161 (C.17B:27A-2 et
7 seq.), or approved for issuance or renewal in this State by the
8 Commissioner of Banking and Insurance, on or after the effective
9 date of this act, shall provide coverage for expenses for prescribed
10 combination antiretroviral drug treatments that are medically
11 necessary for the treatment of AIDS or HIV. Coverage shall be
12 provided as follows:

13 (1) Except as provided in paragraph (2) of this subsection,
14 coverage shall be required for a single tablet drug regimen in
15 situations in which that regimen is as effective as a multitablet
16 regimen.

17 (2) In situations in which a multitablet regimen, consistent with
18 clinical guidelines and peer-reviewed scientific and medical
19 literature, is clinically equally to, or more effective than, the single
20 tablet drug regimen, and more likely to result in patient adherence,
21 coverage shall be required for the multitablet regimen, provided the
22 peer review of the literature has been performed by a health care
23 provider with experience in treating infectious diseases.

24 b. A carrier that uses a prior authorization process to assess
25 medical necessity with respect to the coverage required by this
26 section shall complete that process within 14 days of the request for
27 authorization. If the carrier fails to complete the prior authorization
28 process in that time period, the request for authorization shall be
29 deemed to be approved.

30 c. As used in this section:

31 "AIDS" means acquired immune deficiency syndrome as defined
32 by the Centers for Disease Control and Prevention of the United
33 States Department of Health and Human Services.

34 "HIV" means the human immunodeficiency virus which has
35 been identified as the probable causative agent of AIDS.

36 d. The benefits required by this section shall be provided to the
37 same extent as for any other condition under the plan.

38 e. This section shall apply to those plans in which the carrier
39 has reserved the right to change the premium.

40
41 7. a. A small employer health benefits plan that provides
42 hospital and medical expense benefits and is delivered, issued,
43 executed, or renewed in this State pursuant to P.L.1992, c.162
44 (C.17B:27A-17 et seq.), or approved for issuance or renewal in this
45 State by the Commissioner of Banking and Insurance, on or after
46 the effective date of this act, shall provide coverage for expenses
47 for prescribed combination antiretroviral drug treatments that are

1 medically necessary for the treatment of AIDS or HIV. Coverage
2 shall be provided as follows:

3 (1) Except as provided in paragraph (2) of this subsection,
4 coverage shall be required for a single tablet drug regimen in
5 situations in which that regimen is as effective as a multitablet
6 regimen.

7 (2) In situations in which a multitablet regimen, consistent with
8 clinical guidelines and peer-reviewed scientific and medical
9 literature, is clinically equally to, or more effective than, the single
10 tablet drug regimen, and more likely to result in patient adherence,
11 coverage shall be required for the multitablet regimen, provided the
12 peer review of the literature has been performed by a health care
13 provider with experience in treating infectious diseases.

14 b. A carrier that uses a prior authorization process to assess
15 medical necessity with respect to the coverage required by this
16 section shall complete that process within 14 days of the request for
17 authorization. If the carrier fails to complete the prior authorization
18 process in that time period, the request for authorization shall be
19 deemed to be approved.

20 c. As used in this section:

21 "AIDS" means acquired immune deficiency syndrome as defined
22 by the Centers for Disease Control and Prevention of the United
23 States Department of Health and Human Services.

24 "HIV" means the human immunodeficiency virus which has
25 been identified as the probable causative agent of AIDS.

26 d. The benefits required by this section shall be provided to the
27 same extent as for any other condition under the plan.

28 e. This section shall apply to those plans in which the carrier
29 has reserved the right to change the premium.

30

31 8. a. A health maintenance organization contract that provides
32 hospital and medical expense benefits and is delivered, issued,
33 executed, or renewed in this State, or approved for issuance or
34 renewal in this State by the Commissioner of Banking and
35 Insurance, on or after the effective date of this act, shall provide
36 coverage for expenses for prescribed combination antiretroviral
37 drug treatments that are medically necessary for the treatment of
38 AIDS or HIV. Coverage shall be provided as follows:

39 (1) Except as provided in paragraph (2) of this subsection,
40 coverage shall be required for a single tablet drug regimen in
41 situations in which that regimen is as effective as a multitablet
42 regimen.

43 (2) In situations in which a multitablet regimen, consistent with
44 clinical guidelines and peer-reviewed scientific and medical
45 literature, is clinically equally to, or more effective than, the single
46 tablet drug regimen, and more likely to result in patient adherence,
47 coverage shall be required for the multitablet regimen, provided the

1 peer review of the literature has been performed by a health care
2 provider with experience in treating infectious diseases.

3 b. A health maintenance organization that uses a prior
4 authorization process to assess medical necessity with respect to the
5 coverage required by this section shall complete that process within
6 14 days of the request for authorization. If the health maintenance
7 organization fails to complete the prior authorization process in that
8 time period, the request for authorization shall be deemed to be
9 approved.

10 c. As used in this section:

11 “AIDS” means acquired immune deficiency syndrome as defined
12 by the Centers for Disease Control and Prevention of the United
13 States Department of Health and Human Services.

14 “HIV” means the human immunodeficiency virus which has
15 been identified as the probable causative agent of AIDS.

16 d. The benefits required by this section shall be provided to the
17 same extent as for any other condition under the contract.

18 e. This section shall apply to those contracts for health care
19 services in which the health maintenance organization has reserved
20 the right to change the schedule of charges for enrollee coverage.

21

22 9. a. The State Health Benefits Commission shall ensure that
23 every contract purchased on or after the effective date of this act,
24 shall provide coverage for expenses for prescribed combination
25 antiretroviral drug treatments that are medically necessary for the
26 treatment of AIDS or HIV. Coverage shall be provided as follows:

27 (1) Except as provided in paragraph (2) of this subsection,
28 coverage shall be required for a single tablet drug regimen in
29 situations in which that regimen is as effective as a multitablet
30 regimen.

31 (2) In situations in which a multitablet regimen, consistent with
32 clinical guidelines and peer-reviewed scientific and medical
33 literature, is clinically equally to, or more effective than, the single
34 tablet drug regimen, and more likely to result in patient adherence,
35 coverage shall be required for the multitablet regimen, provided the
36 peer review of the literature has been performed by a health care
37 provider with experience in treating infectious diseases.

38 b. A carrier that uses a prior authorization process to assess
39 medical necessity with respect to the coverage required by this
40 section shall complete that process within 14 days of the request for
41 authorization. If the carrier fails to complete the prior authorization
42 process in that time period, the request for authorization shall be
43 deemed to be approved.

44 c. As used in this section:

45 “AIDS” means acquired immune deficiency syndrome as defined
46 by the Centers for Disease Control and Prevention of the United
47 States Department of Health and Human Services.

1 Employer Health Benefits Programs, as well as the State Health
2 Benefits Commission and the School Employees' Health Benefits
3 Commission, to provide health benefits coverage for expenses for
4 prescribed combination antiretroviral drug treatments that are
5 medically necessary for the treatment of AIDS or HIV.

6 The bill further specifies that coverage for this treatment shall be
7 required as follows:

8 (1) Coverage shall be required for a single tablet drug regimen
9 in situations in which that regimen is as effective as a multitablet
10 regimen.

11 (2) In situations in which the multitablet regimen, consistent
12 with clinical guidelines and peer-reviewed scientific and medical
13 literature, is clinically equally to, or more effective than, the single
14 tablet drug regimen, and more likely to result in patient adherence,
15 coverage shall be required for the multitablet regimen, provided the
16 peer review of the literature has been performed by a health care
17 provider with experience in treating infectious diseases.

18 The bill requires insurers that use a prior authorization process to
19 assess medical necessity with respect to the coverage required by
20 this bill to complete that process within 14 days of the request for
21 authorization. If the prior authorization process is not completed in
22 that time period, the request for authorization shall be deemed to be
23 approved.