

P.L. 2021, CHAPTER 376, ***approved January 13, 2022***
Senate Committee Substitute (***First Reprint***)
for Senate, No. 413

- 1 **AN ACT** concerning insurance and Medicaid program coverage for
2 prescribed contraceptives, amending P.L.2005, c.251, and
3 supplementing P.L.1968, c.413 (C.30:4D-1 et seq.).
4
- 5 **BE IT ENACTED** *by the Senate and General Assembly of the State*
6 *of New Jersey:*
7
- 8 1. Section 1 of P.L.2005, c.251 (C.17:48-6ee) is amended to
9 read as follows:
- 10 1. a. A hospital service corporation that provides hospital or
11 medical expense benefits shall provide coverage under every
12 contract delivered, issued, executed or renewed in this State or
13 approved for issuance or renewal in this State by the Commissioner
14 of Banking and Insurance, on or after the effective date of this act,
15 for expenses incurred in the purchase of prescription female
16 contraceptives, and the following services, drugs, devices, products,
17 and procedures on an in-network basis:
- 18 (1) Any contraceptive drug, device or product approved by the
19 United States Food and Drug Administration, which coverage shall
20 be subject to all of the following conditions:
- 21 (a) If there is a therapeutic equivalent of a contraceptive drug,
22 device or product approved by the United States Food and Drug
23 Administration, coverage shall be provided for either the requested
24 contraceptive drug, device or product or for one or more therapeutic
25 equivalents of the requested drug, device or product.
- 26 (b) Coverage shall be provided without a prescription for all
27 contraceptive drugs available for over-the-counter sale that are
28 approved by the United States Food and Drug Administration.
- 29 (c) Coverage shall be provided without any infringement upon a
30 subscriber's choice of contraception and medical necessity shall be
31 determined by the provider for covered contraceptive drugs, devices
32 or other products approved by the United States Food and Drug
33 Administration.
- 34 (2) Voluntary male and female sterilization.
- 35 (3) Patient education and counseling on contraception.
- 36 (4) Services related to the administration and monitoring of
37 drugs, devices, products and services required under this section,
38 including but not limited to:

EXPLANATION – Matter enclosed in bold-faced brackets **【thus】** in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹Assembly AHE committee amendments adopted January 3, 2022.

- 1 (a) Management of side effects;
- 2 (b) Counseling for continued adherence to a prescribed regimen;
- 3 (c) Device insertion and removal;
- 4 (d) Provision of alternative contraceptive drugs, devices or
- 5 products deemed medically appropriate in the judgment of the
- 6 subscriber's health care provider; and
- 7 (e) Diagnosis and treatment services provided pursuant to, or as
- 8 a follow-up to, a service required under this section.
- 9 b. The coverage provided shall include prescriptions for
- 10 dispensing contraceptives for:
- 11 (1) **【a three-month period for the first dispensing of the**
- 12 **contraceptive; and】** (Deleted by amendment, P.L. , c.) (pending
- 13 before the Legislature as this bill)
- 14 (2) up to a 【six-month】 12-month period 【for any subsequent
- 15 dispensing of the same contraceptive, regardless of whether
- 16 coverage under the contract was in effect at the time of the first
- 17 dispensing, except that an entity subject to this section may provide
- 18 coverage for a supply of contraceptives that is for less than a six-
- 19 month period, if a six-month period would extend beyond the term
- 20 of the contract】 at one time.
- 21 c. (1) Except as provided in paragraph (2) of this subsection,
- 22 the benefits shall be provided to the same extent as for any other
- 23 service, drug, device, product, or procedure under the contract,
- 24 except no deductible, coinsurance, copayment, or any other cost-
- 25 sharing requirement on the coverage shall be imposed.
- 26 (2) In the case of a high deductible health plan, benefits for male
- 27 sterilization or male contraceptives shall be provided at the lowest
- 28 deductible and other cost-sharing permitted for a high deductible
- 29 health plan under section 223(c)(2)(A) of the Internal Revenue
- 30 Code (26 U.S.C. s.223).
- 31 d. This section shall apply to those contracts in which the
- 32 hospital service corporation has reserved the right to change the
- 33 premium.
- 34 e. Nothing in this section shall limit coverage of any additional
- 35 preventive service for women, as identified or recommended by the
- 36 United States Preventive Services Task Force or the Health
- 37 Resources and Services Administration of the United States
- 38 Department of Health and Human Services pursuant to the
- 39 provisions of 42 U.S.C. 300gg-13.
- 40 (cf: P.L.2019, c.361, s.1)
- 41
- 42 2. Section 2 of P.L.2005, c.251 (C.17:48A-7bb) is amended to
- 43 read as follows:
- 44 2. a. A medical service corporation that provides hospital or
- 45 medical expense benefits shall provide coverage under every
- 46 contract delivered, issued, executed or renewed in this State or
- 47 approved for issuance or renewal in this State by the Commissioner
- 48 of Banking and Insurance, on or after the effective date of this act,

1 for expenses incurred in the purchase of prescription female
2 contraceptives, and the following services, drugs, devices, products,
3 and procedures on an in-network basis:

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

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

20 (2) Voluntary male and female sterilization.

21 (3) Patient education and counseling on contraception.

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

25 (a) Management of side effects;

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

27 (c) Device insertion and removal;

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

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

33 b. The coverage provided shall include prescriptions for
34 dispensing contraceptives for:

35 (1) **【a three-month period for the first dispensing of the**
36 **contraceptive; and】** (Deleted by amendment, P.L. , c.) (pending
37 before the Legislature as this bill)

38 (2) up to a **【six-month】** 12-month period **【for any subsequent**
39 **dispensing of the same contraceptive, regardless of whether**
40 **coverage under the contract was in effect at the time of the first**
41 **dispensing, except that an entity subject to this section may provide**
42 **coverage for a supply of contraceptives that is for less than a six-**
43 **month period, if a six-month period would extend beyond the term**
44 **of the contract】** at one time.

45 c. (1) Except as provided in paragraph (2) of this subsection,
46 the benefits shall be provided to the same extent as for any other
47 service, drug, device, product, or procedure under the contract,

1 except no deductible, coinsurance, copayment, or any other cost-
2 sharing requirement on the coverage shall be imposed.

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

8 d. This section shall apply to those contracts in which the
9 medical service corporation has reserved the right to change the
10 premium.

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

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

18

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

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

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

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

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

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

45 (2) Voluntary male and female sterilization.

46 (3) Patient education and counseling on contraception.

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

4 (a) Management of side effects;

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

6 (c) Device insertion and removal;

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

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

12 b. The coverage provided shall include prescriptions for
13 dispensing contraceptives for:

14 (1) **【a three-month period for the first dispensing of the**
15 **contraceptive; and】** (Deleted by amendment, P.L. , c.) (pending
16 before the Legislature as this bill)

17 (2) up to a 【six-month】 12-month period **【for any subsequent**
18 **dispensing of the same contraceptive, regardless of whether**
19 **coverage under the contract was in effect at the time of the first**
20 **dispensing, except that an entity subject to this section may provide**
21 **coverage for a supply of contraceptives that is for less than a six-**
22 **month period, if a six-month period would extend beyond the term**
23 **of the contract】 at one time.**

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

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

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

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

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

44
45 4. Section 4 of P.L.2005, c.251 (C.17B:27-46.1ee) is amended
46 to read as follows:

47 4. a. A group health insurer that provides hospital or medical
48 expense benefits shall provide coverage under every policy

1 delivered, issued, executed or renewed in this State or approved for
2 issuance or renewal in this State by the Commissioner of Banking
3 and Insurance, on or after the effective date of this act, for expenses
4 incurred in the purchase of prescription female contraceptives, and
5 the following services, drugs, devices, products, and procedures on
6 an in-network basis:

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

18 (c) Coverage shall be provided without any infringement upon a
19 subscriber's choice of contraception and medical necessity shall be
20 determined by the provider for covered contraceptive drugs, devices
21 or other products approved by the United States Food and Drug
22 Administration.

23 (2) Voluntary male and female sterilization.

24 (3) Patient education and counseling on contraception.

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

28 (a) Management of side effects;

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

30 (c) Device insertion and removal;

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

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

36 b. The coverage provided shall include prescriptions for
37 dispensing contraceptives for:

38 (1) **【a three-month period for the first dispensing of the**
39 **contraceptive; and】** (Deleted by amendment, P.L. __, c. __) (pending
40 before the Legislature as this bill)

41 (2) up to a **【six-month】** 12-month period **【for any subsequent**
42 **dispensing of the same contraceptive, regardless of whether**
43 **coverage under the contract was in effect at the time of the first**
44 **dispensing, except that an entity subject to this section may provide**
45 **coverage for a supply of contraceptives that is for less than a six-**
46 **month period, if a six-month period would extend beyond the term**
47 **of the contract】** at one time.

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

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

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

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

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

20

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

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

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

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

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

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

47 (2) Voluntary male and female sterilization.

48 (3) Patient education and counseling on contraception.

- 1 (4) Services related to the administration and monitoring of
2 drugs, devices, products and services required under this section,
3 including but not limited to:
- 4 (a) Management of side effects;
5 (b) Counseling for continued adherence to a prescribed regimen;
6 (c) Device insertion and removal;
7 (d) Provision of alternative contraceptive drugs, devices or
8 products deemed medically appropriate in the judgment of the
9 subscriber's health care provider; and
10 (e) Diagnosis and treatment services provided pursuant to, or as
11 a follow-up to, a service required under this section.
- 12 b. The coverage provided shall include prescriptions for
13 dispensing contraceptives for:
- 14 (1) **【a three-month period for the first dispensing of the**
15 **contraceptive; and】** (Deleted by amendment, P.L. , c.) (pending
16 before the Legislature as this bill)
- 17 (2) up to a 【six-month】 12-month period 【for any subsequent
18 dispensing of the same contraceptive, regardless of whether
19 coverage under the contract was in effect at the time of the first
20 dispensing, except that an entity subject to this section may provide
21 coverage for a supply of contraceptives that is for less than a six-
22 month period, if a six-month period would extend beyond the term
23 of the contract】 at one time.
- 24 c. (1) Except as provided in paragraph (2) of this subsection,
25 the benefits shall be provided to the same extent as for any other
26 service, drug, device, product, or procedure under the policy, except
27 no deductible, coinsurance, copayment, or any other cost-sharing
28 requirement on the coverage shall be imposed.
- 29 (2) In the case of a high deductible health plan, benefits for male
30 sterilization or male contraceptives shall be provided at the lowest
31 deductible and other cost-sharing permitted for a high deductible
32 health plan under section 223(c)(2)(A) of the Internal Revenue
33 Code (26 U.S.C. s.223).
- 34 d. This section shall apply to those policies in which the insurer
35 has reserved the right to change the premium.
- 36 e. Nothing in this section shall limit coverage of any additional
37 preventive service for women, as identified or recommended by the
38 United States Preventive Services Task Force or the Health
39 Resources and Services Administration of the United States
40 Department of Health and Human Services pursuant to the
41 provisions of 42 U.S.C. 300gg-13.
42 (cf: P.L.2019, c.361, s.5)
- 43
- 44 6. Section 6 of P.L.2005, c.251 (C.26:2J-4.30) is amended to
45 read as follows:
- 46 6. a. A certificate of authority to establish and operate a health
47 maintenance organization in this State shall not be issued or
48 continued on or after the effective date of this act for a health

1 maintenance organization, unless the health maintenance
2 organization provides health care services for prescription female
3 contraceptives, and the following services, drugs, devices, products,
4 and procedures on an in-network basis:

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

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

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

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

21 (2) Voluntary male and female sterilization.

22 (3) Patient education and counseling on contraception.

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

26 (a) Management of side effects;

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

28 (c) Device insertion and removal;

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

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

34 b. The coverage provided shall include prescriptions for
35 dispensing contraceptives for:

36 (1) **【a three-month period for the first dispensing of the**
37 **contraceptive; and】** (Deleted by amendment, P.L. , c.) (pending
38 before the Legislature as this bill)

39 (2) up to a **【six-month】** 12-month period **【for any subsequent**
40 **dispensing of the same contraceptive, regardless of whether**
41 **coverage under the contract was in effect at the time of the first**
42 **dispensing, except that an entity subject to this section may provide**
43 **coverage for a supply of contraceptives that is for less than a six-**
44 **month period, if a six-month period would extend beyond the term**
45 **of the contract】** at one time.

46 c. (1) Except as provided in paragraph (2) of this subsection,
47 the health care services shall be provided to the same extent as for
48 any other service, drug, device, product, or procedure under the

1 contract, except no deductible, coinsurance, copayment, or any
2 other cost-sharing requirement on the coverage shall be imposed.

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

8 d. The provisions of this section shall apply to those contracts
9 for health care services by health maintenance organizations under
10 which the right to change the schedule of charges for enrollee
11 coverage is reserved.

12 e. Nothing in this section shall limit coverage of any additional
13 preventive service for women, as identified or recommended by the
14 United States Preventive Services Task Force or the Health
15 Resources and Services Administration of the United States
16 Department of Health and Human Services pursuant to the
17 provisions of 42 U.S.C. 300gg-13.
18 (cf: P.L.2019, c.361, s.6)

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

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

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

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

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

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

43 (2) Voluntary male and female sterilization.

44 (3) Patient education and counseling on contraception.

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

48 (a) Management of side effects;

- 1 (b) Counseling for continued adherence to a prescribed regimen;
2 (c) Device insertion and removal;
3 (d) Provision of alternative contraceptive drugs, devices or
4 products deemed medically appropriate in the judgment of the
5 subscriber's health care provider; and
6 (e) Diagnosis and treatment services provided pursuant to, or as
7 a follow-up to, a service required under this section.
- 8 b. The coverage provided shall include prescriptions for
9 dispensing contraceptives for:
- 10 (1) **【a three-month period for the first dispensing of the**
11 **contraceptive; and】** (Deleted by amendment, P.L. , c.) (pending
12 before the Legislature as this bill)
- 13 (2) up to a 【six-month】 12-month period **【for any subsequent**
14 **dispensing of the same contraceptive, regardless of whether**
15 **coverage under the contract was in effect at the time of the first**
16 **dispensing, except that an entity subject to this section may provide**
17 **coverage for a supply of contraceptives that is for less than a six-**
18 **month period, if a six-month period would extend beyond the term**
19 **of the contract】 at one time.**
- 20 c. (1) Except as provided in paragraph (2) of this subsection,
21 the benefits shall be provided to the same extent as for any other
22 service, drug, device, product, or procedure under the health
23 benefits plan, except no deductible, coinsurance, copayment, or any
24 other cost-sharing requirement on the coverage shall be imposed.
- 25 (2) In the case of a high deductible health plan, benefits for male
26 sterilization or male contraceptives shall be provided at the lowest
27 deductible and other cost-sharing permitted for a high deductible
28 health plan under section 223(c)(2)(A) of the Internal Revenue
29 Code (26 U.S.C. s.223).
- 30 d. This section shall apply to all individual health benefits
31 plans in which the carrier has reserved the right to change the
32 premium.
- 33 e. Nothing in this section shall limit coverage of any additional
34 preventive service for women, as identified or recommended by the
35 United States Preventive Services Task Force or the Health
36 Resources and Services Administration of the United States
37 Department of Health and Human Services pursuant to the
38 provisions of 42 U.S.C. 300gg-13.
39 (cf: P.L.2019, c.361, s.7)
40
- 41 8. Section 8 of P.L.2005, c.251 (C.17B:27A-19.15) is amended
42 to read as follows:
- 43 8. a. A small employer health benefits plan required pursuant to
44 section 3 of P.L.1992, c.162 (C.17B:27A-19) shall provide
45 coverage for expenses incurred in the purchase of prescription
46 female contraceptives, and the following services, drugs, devices,
47 products, and procedures on an in-network basis:

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

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

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

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

17 (2) Voluntary male and female sterilization.

18 (3) Patient education and counseling on contraception.

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

22 (a) Management of side effects;

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

24 (c) Device insertion and removal;

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

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

30 b. The coverage provided shall include prescriptions for
31 dispensing contraceptives for:

32 (1) **【a three-month period for the first dispensing of the**
33 **contraceptive; and】** (Deleted by amendment, P.L. , c.) (pending
34 before the Legislature as this bill)

35 (2) up to a 【six-month】 12-month period 【for any subsequent
36 dispensing of the same contraceptive, regardless of whether
37 coverage under the contract was in effect at the time of the first
38 dispensing, except that an entity subject to this section may provide
39 coverage for a supply of contraceptives that is for less than a six-
40 month period, if a six-month period would extend beyond the term
41 of the contract】 at one time.

42 c. (1) Except as provided in paragraph (2) of this subsection,
43 the benefits shall be provided to the same extent as for any other
44 service, drug, device, product, or procedure under the health
45 benefits plan, except no deductible, coinsurance, copayment, or any
46 other cost-sharing requirement on the coverage shall be imposed.

47 (2) In the case of a high deductible health plan, benefits for male
48 sterilization or male contraceptives shall be provided at the lowest

1 deductible and other cost-sharing permitted for a high deductible
2 health plan under section 223(c)(2)(A) of the Internal Revenue
3 Code (26 U.S.C. s.223).

4 d. This section shall apply to all small employer health benefits
5 plans in which the carrier has reserved the right to change the
6 premium.

7 e. Nothing in this section shall limit coverage of any additional
8 preventive service for women, as identified or recommended by the
9 United States Preventive Services Task Force or the Health
10 Resources and Services Administration of the United States
11 Department of Health and Human Services pursuant to the
12 provisions of 42 U.S.C. 300gg-13.
13 (cf: P.L.2019, c.361, s.8)

14
15 9. Section 9 of P.L.2005, c.251 (C.17:48F-13.2) is amended to
16 read as follows:

17 9. a. A prepaid prescription service organization shall provide
18 coverage under every contract delivered, issued, executed or
19 renewed in this State or approved for issuance or renewal in this
20 State by the Commissioner of Banking and Insurance, on or after
21 the effective date of this act, for expenses incurred in the purchase
22 of prescription female contraceptives, and the services, drugs,
23 devices, products, and procedures on an in-network basis as
24 determined to be required to be covered by the commissioner
25 pursuant to subsection b. of this section.

26 b. The Commissioner of Banking and Insurance shall
27 determine, in the commissioner's discretion, which provisions of the
28 coverage requirements applicable to insurers pursuant to P.L.2019,
29 c.361 shall apply to prepaid prescription organizations, and shall
30 adopt regulations in accordance with the commissioner's
31 determination.

32 c. The coverage provided shall include prescriptions for
33 dispensing contraceptives for:

34 (1) **【a three-month period for the first dispensing of the**
35 **contraceptive; and】** (Deleted by amendment, P.L. , c.) (pending
36 before the Legislature as this bill)

37 (2) up to a **【six-month】** 12-month period **【for any subsequent**
38 **dispensing of the same contraceptive, regardless of whether**
39 **coverage under the contract was in effect at the time of the first**
40 **dispensing, except that an entity subject to this section may provide**
41 **coverage for a supply of contraceptives that is for less than a six-**
42 **month period, if a six-month period would extend beyond the term**
43 **of the contract】** at one time.

44 d. (1) Except as provided in paragraph (2) of this subsection,
45 the benefits shall be provided to the same extent as for any other
46 service, drug, device, product, or procedure under the contract,
47 except no deductible, coinsurance, copayment, or any other cost-
48 sharing requirement on the coverage shall be imposed.

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

6 e. This section shall apply to those prepaid prescription
7 contracts in which the prepaid prescription service organization has
8 reserved the right to change the premium.

9 f. Nothing in this section shall limit coverage of any additional
10 preventive service for women, as identified or recommended by the
11 United States Preventive Services Task Force or the Health
12 Resources and Services Administration of the United States
13 Department of Health and Human Services pursuant to the
14 provisions of 42 U.S.C. 300gg-13.
15 (cf: P.L.2019, c.361, s.9)

16
17 10. Section 10 of P.L.2005, c.251 (C.52:14-17.29j) is amended
18 to read as follows:

19 10. a. The State Health Benefits Commission shall ensure that
20 every contract purchased by the commission on or after the
21 effective date of this act shall provide benefits for expenses
22 incurred in the purchase of prescription female contraceptives, and
23 the following services, drugs, devices, products, and procedures on
24 an in-network basis:

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

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

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

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

41 (2) Voluntary male and female sterilization.

42 (3) Patient education and counseling on contraception.

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

46 (a) Management of side effects;

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

48 (c) Device insertion and removal;

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

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

6 b. The coverage provided shall include prescriptions for
7 dispensing contraceptives for:

8 (1) **【a three-month period for the first dispensing of the**
9 **contraceptive; and】** (Deleted by amendment, P.L. , c.) (pending
10 before the Legislature as this bill)

11 (2) up to a 【six-month】 12-month period 【for any subsequent
12 dispensing of the same contraceptive, regardless of whether
13 coverage under the contract was in effect at the time of the first
14 dispensing, except that an entity subject to this section may provide
15 coverage for a supply of contraceptives that is for less than a six-
16 month period, if a six-month period would extend beyond the term
17 of the contract】 at one time.

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

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

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

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

34
35 11. (New Section) Coverage for family planning services under
36 the State Medicaid program shall include prescriptions for
37 dispensing contraceptives for up to a 12-month period at one time.
38 The Commissioner of Human Services shall apply for such State
39 plan amendments or waivers as may be necessary to implement the
40 provisions of this section and to secure federal financial
41 participation for State Medicare expenditures under the federal
42 Medicaid program.

43
44 12. This act shall take effect on the 90th day next following
45 enactment and shall apply to policies and contracts delivered, issued,
46 executed or renewed on or after ¹**【the effective date of this act】**
47 January 1, 2023¹ .

1 _____
2
3 Expands requirements for health insurers and Medicaid program
4 to cover prescriptions for contraceptives for up to 12 months.