

SENATE, No. 1876

STATE OF NEW JERSEY
219th LEGISLATURE

INTRODUCED FEBRUARY 24, 2020

Sponsored by:

Senator JOSEPH A. LAGANA

District 38 (Bergen and Passaic)

SYNOPSIS

Prohibits SHBP, SEHBP, and Medicaid from denying coverage for maintenance medications for chronic conditions for covered persons solely because of change in health benefits plan or pharmacy benefits manager.

CURRENT VERSION OF TEXT

As introduced.



1 **AN ACT** concerning health care coverage for certain medications
2 and supplementing P.L.1961, c.49 (C.52:14-17.25 et seq.),
3 P.L.2007, c.103 (C.52:14-17.46.1 et seq.), and P.L.1968, c.413
4 (C.30:4D-1 et seq.).

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

8
9 1. Notwithstanding any other law or regulation to the contrary,
10 the State Health Benefits Commission shall ensure that every
11 contract purchased by the commission on or after the effective date
12 of this act that provides hospital and medical expense benefits shall
13 not deny coverage for a maintenance medication prescribed by a
14 covered person's physician for the covered person's chronic
15 condition because of a change in the covered person's
16 pharmaceutical benefits that results solely from a change in the
17 contract or the pharmacy benefits manager for that contract if:

18 a. the covered person was taking the medication prior to the
19 date of the change in the contract or the pharmacy benefits manager
20 for that contract; and

21 b. the new contract, or the contract under the new pharmacy
22 benefits manager, as applicable, provides coverage for that class of
23 drugs.

24
25 2. Notwithstanding any other law or regulation to the contrary,
26 the School Employees' Health Benefits Commission shall ensure
27 that every contract purchased by the commission on or after the
28 effective date of this act that provides hospital and medical expense
29 benefits shall not deny coverage for a maintenance medication
30 prescribed by a covered person's physician for the covered person's
31 chronic condition because of a change in the covered person's
32 pharmaceutical benefits that results solely from a change in the
33 contract or the pharmacy benefits manager for that contract if:

34 a. the covered person was taking the medication prior to the
35 date of the change in the contract or the pharmacy benefits manager
36 for that contract; and

37 b. the new contract, or the contract under the new pharmacy
38 benefits manager, as applicable, provides coverage for that class of
39 drugs.

40
41 3. Notwithstanding the provisions of any other law or
42 regulation to the contrary, any contract between a carrier and the
43 Division of Medical Assistance and Health Services in the
44 Department of Human Services that provides benefits to persons
45 who are eligible for Medicaid under P.L.1968, c.413 (C.30:4D-
46 1 et seq.) shall not deny coverage for a maintenance medication
47 prescribed by a covered person's physician for the covered person's
48 chronic condition because of a change in the covered person's

- 1 pharmaceutical benefits that results solely from a change in the
2 contract or the pharmacy benefits manager for that contract if:
- 3 a. the covered person was taking the medication prior to the
4 date of the change in the contract or the pharmacy benefits manager
5 for that contract; and
- 6 b. the new contract, or the contract under the new pharmacy
7 benefits manager, as applicable, provides coverage for that class of
8 drugs.
- 9
- 10 4. This act shall take effect on the first day of the seventh
11 month next following the date of enactment and shall apply to
12 contracts issued or renewed on or after the effective date.

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15 STATEMENT
16

17 This bill would prohibit contracts which are issued or purchased
18 pursuant to the State Health Benefits Program, School Employees'
19 Health Benefits Program, and Medicaid Program from denying
20 coverage for a maintenance medication prescribed by a covered
21 person's physician for the covered person's chronic condition
22 because of a change in the covered person's pharmaceutical benefits
23 that results solely from a change in the health benefits plan or the
24 pharmacy benefits manager for that plan.

25 The prohibition applies only if the covered person was taking the
26 medication prior to the date of the change in the covered person's
27 health benefits plan or the pharmacy benefits manager for that plan,
28 and if the covered person's new health benefits plan, or health
29 benefits plan under the new pharmacy benefits manager, as
30 applicable, provides coverage for that class of drugs.