

(a)

**DEPARTMENT OF BANKING AND INSURANCE
OFFICE OF LIFE AND HEALTH**

Notice of Readoption

Individual Health Coverage Program

Carriers Informational Rate Filing Requirements;

Loss Ratio and Refund Reporting Requirements;

Relief from Obligations Imposed by the Individual

Health Insurance Reform Act and Withdrawals of

Carriers from the Individual Market and

Withdrawal of Plan, Plan Option or

Deductible/Copayment Option

Readoption with Technical Changes: N.J.A.C. 11:20-3A, 6, 7, 11, and 18 and 11:20 Appendix Exhibits E and J

Authority: N.J.S.A. 17:1-8.1, 17:1-15.e, and 17B:27A-2 et seq., and P.L. 2008, c. 38.

Authorized By: Richard J. Badolato, Commissioner, Department of Banking and Insurance.

Effective Dates: January 12, 2018, Readoption;
February 20, 2018, Technical Changes.

New Expiration Date: January 12, 2025.

Take notice that pursuant to N.J.S.A. 52:14B-5.1, the rules at N.J.A.C. 11:20-3A, 6, 7, 11, and 18 and 11:20 Appendix Exhibits E and J were scheduled to expire on May 12, 2018. The rules set forth in this chapter implement the Individual Health Coverage (IHC) Program for the Department of Banking and Insurance (Department). Some of the subchapters contained within this chapter were promulgated by the Department; the remainder by the Individual Health Coverage (IHC) Program Board (IHC Board). The Department has reviewed the subchapters it promulgated and has determined that the rules at N.J.A.C. 11:20-3A, 6, 7, 11, and 18 and 11:20 Appendix Exhibits E and J are necessary, reasonable, and proper for the purpose for which they were originally promulgated. This chapter implements N.J.S.A. 17B:27A-2 et seq., the Individual Health Insurance Reform Act, as amended. This chapter establishes procedures and standards for carriers to meet their obligations under N.J.S.A. 17B:27A-2 et seq., and establishes procedures and standards applicable for the fair, reasonable, and equitable administration of the IHC Program pursuant to N.J.S.A. 17B:27A-2 et seq.

The Federal Patient Protection and Affordable Care Act (PPACA), Public Law 111-148, as amended by the Health Care and Education Reconciliation Act, Public Law 111-152, and Federal rules promulgated and guidance issued thereunder (collectively, the Federal law), impose various reforms that affected the individual and small employer health insurance markets. The Department anticipates proposing amendments to certain sections of the readopted subchapters in a separate rulemaking in the future to further align the provisions of the existing rules with Federal law and to make various additional necessary changes.

N.J.A.C. 11:20-3A sets forth the requirements and procedures by which carriers seeking to enter the individual plan market and carriers issuing plans in the individual plan market shall certify substantial compliance with provisions in the approved individual plans, as required by N.J.S.A. 17B:27A-7d.

N.J.A.C. 11:20-6 establishes informational rate filing requirements and procedures for members issuing or renewing individual health benefits plans pursuant to N.J.S.A. 17B:27A-9.d.

N.J.A.C. 11:20-7 implements the loss ratio and refund reporting requirements pursuant to N.J.S.A. 17B:27A-9.e.

N.J.A.C. 11:20-11 establishes the informational and procedural requirements for members requesting relief from obligations to pay assessments pursuant to N.J.S.A. 17B:27A-12.b(3) (including assessments for IHC Program losses and administrative expenses), or to offer coverage or accept applications to provide a standard health benefits plan to eligible persons, pursuant to N.J.S.A. 17B:27A-8.

N.J.A.C. 11:20-18 establishes the requirements and procedures by which carriers issuing plans pursuant to the IHC Act may cease doing business in the individual plan market in this State. Additionally, this subchapter establishes the requirements and procedures by which carriers may cease issuing and renewing: all individual plans; a specific plan, by issuing the same plan through a different delivery mechanism; a specific plan option, by offering an alternative approved plan option; or a specific deductible/copayment option that is optional pursuant to N.J.A.C. 11:20-3.1.

Readoption of the remaining subchapters in N.J.A.C. 11:20 will be addressed by the IHC Program Board.

Therefore, pursuant to N.J.S.A. 52:14B-5.1.c(1), these rules are readopted and shall continue in effect for a seven-year period, with the following technical changes as set forth below.

The Department is changing the definition of "claims paid" at N.J.A.C. 11:20-7.2 to remove the reference to N.J.A.C. 11:20-8.5(c), which has been repealed.

N.J.A.C. 11:20-11.3(f) is changed to replace the reference to the Department's "Division of Financial Solvency" with the current name of "Office of Solvency Regulation."

N.J.A.C. 11:20-11.4(a)1iii is changed to revise the reference to N.J.A.C. 11:2-27.3(a)1 through 29 to include all of the hazardous financial condition factors set forth in N.J.A.C. 11:2-27.3(a)1 through 34, based upon a 2014 amendment, which inadvertently did not update this subparagraph. See 45 N.J.R. 1883(a); 46 N.J.R. 543(a). This change to the cross-reference permits a member of the IHC Program seeking relief to rely on all of the factors now set forth in N.J.A.C. 11:2-27.3(a) for purposes of demonstrating that the member is entitled to relief from its obligations.

Full text of the technical changes follow (additions indicated in boldface **thus**; deletions indicated in brackets [thus]):

SUBCHAPTER 7. LOSS RATIO AND REFUND REPORTING REQUIREMENTS

11:20-7.2 Definitions

Words and terms, when used in this subchapter, shall have the meanings defined by the Act, N.J.A.C. 11:20-1.2, or as further defined below, unless the context clearly indicates otherwise.

"Claims paid" means a dollar amount determined in accordance with statutory annual statement reporting [and consistent with N.J.A.C. 11:20-8.5(c)], adjusted as required by this subchapter.

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SUBCHAPTER 11. RELIEF FROM OBLIGATIONS IMPOSED BY THE INDIVIDUAL HEALTH INSURANCE REFORM ACT

11:20-11.3 Application procedures and filing format

(a)-(e) (No change.)

(f) All requests for relief or other information required pursuant to this subchapter shall be filed with the Department at the following address:

IHC Program
Request for Relief
New Jersey Department of Banking and Insurance
[Division of Financial] **Office of Solvency Regulation**
PO Box 325
Trenton, NJ 08625-0325

11:20-11.4 Informational filing requirements

(a) When requesting relief from obligations imposed pursuant to N.J.S.A. 17B:27A-4 or 17B:27A-12, the applicant shall provide with its request the following information in a clear, concise, and complete manner:

i. A cover letter stating:

i.-ii. (No change.)

iii. A statement of facts relied upon as the basis under which relief is sought, including the specific factor(s) upon which the Commissioner

may find that the member is or would be placed in a financially impaired position as set forth in N.J.A.C. 11:2-27.3(a)1 to [29] 34; and
iv. (No change.)
2.-13. (No change.)
(b)-(c) (No change.)

(c)-(d) (No change.)

LAW AND PUBLIC SAFETY

(a)

**DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF NURSING**

Rules of the State Board of Nursing

Readoption with Amendments: N.J.A.C. 13:37

Proposed: September 5, 2017, at 49 N.J.R. 2895(b).
Adopted: December 1, 2017, by the State Board of Nursing, Barbara B. Blozen, Ed.D, MA, RN, President.
Filed: January 24, 2018, as R.2018 d.085, **without change**.
Authority: N.J.S.A. 45:11-24.

Effective Dates: January 24, 2018, Readoption;
February 20, 2018, Amendments.
Expiration Date: January 24, 2025.

Summary of Public Comments and Agency Response:
The official comment period ended November 4, 2017. **The Board received no comments.**

Federal Standards Statement

A Federal standards analysis is not required because there are no Federal laws or standards applicable to the rules readopted with amendments.

Full text of the readopted rules can be found in the New Jersey Administrative Code at N.J.A.C. 13:37.

Full text of the adopted amendments follows:

**SUBCHAPTER 5. GENERAL REQUIREMENTS OF LICENSURE;
LICENSE RENEWAL; FEE SCHEDULE**

13:37-5.3 Continuing education

(a)-(c) (No change.)

(d) A registered professional nurse or licensed practical nurse may obtain continuing education hours from the following:

1. (No change.)

2. Successful completion of continuing education courses or programs related to nursing approved by, or offered by entities accredited by, the American Nurse Credentialing Center: one hour for each 60 minutes of attendance;

Recodify existing 2.-15. as 3.-16. (No change in text.)

(e)-(i) (No change.)

13:37-5.8 Reporting of unlawful conduct

A licensee or certificant shall report to the Board any incident or series of incidents that the licensee or certificant, in good faith, believes is in violation of the Nurse Practice Act, N.J.S.A. 45:11-23 et seq., this chapter, or N.J.A.C. 13:45C.

**SUBCHAPTER 7. CERTIFICATION OF ADVANCED PRACTICE
NURSES**

13:37-7.2 Educational requirements for certification

(a) (No change.)

(b) An applicant shall have completed the education required by (a) above no more than two years prior to submitting an application for certification to the Board. An education program completed more than two years prior to submission shall not qualify an applicant for certification.

(b)

**DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF VETERINARY MEDICAL
EXAMINERS**

**Municipal Rabies Clinics and Public Service; Patient
Records; Continuing Education; Fee Schedule
Adopted Amendments: N.J.A.C. 13:44-4.2, 4.9, 4.10,
and 5.1**

Proposed: August 21, 2017, at 49 N.J.R. 2749(a).
Adopted: December 6, 2017, by Barry M. Adler, DVM, Acting
President, State Board of Veterinary Medical Examiners.
Filed: January 25, 2018, as R.2018 d.086, **without change**.
Authority: N.J.S.A. 45:16-3.
Effective Date: February 20, 2018.
Expiration Date: October 2, 2024.

Summary of Public Comments and Agency Response:
The official comment period ended October 20, 2017. **The Board received no comments.**

Federal Standards Statement

A Federal standards analysis is not required because there are no Federal laws or standards applicable to the adopted amendments.

Full text of the adoption follows:

SUBCHAPTER 4. GENERAL RULES OF PRACTICE

13:44-4.2 Municipal rabies clinics and public service

Veterinarians shall not be required to establish a veterinarian-client-patient relationship, nor maintain patient, herd, flock, or any other aggregation of animals records as required by N.J.A.C. 13:44-4.9 in the course of practice, when participating in municipal rabies clinics sponsored by the State of New Jersey, or when performing emergency services on behalf of any municipal, county, State, or Federal agencies.

13:44-4.9 Patient records

(a) A licensee shall maintain a separate patient record for each animal, herd, flock, or any other aggregation of animals. All patient records shall accurately reflect the treatment or services rendered. Such records shall include at least the following information:

1.-11. (No change.)

(b)-(i) (No change.)

13:44-4.10 Continuing education

(a)-(j) (No change.)

(k) A licensee may obtain up to two continuing education credit hours per biennial period by providing veterinary care without charge:

1.-2. (No change.)

3. To a cat in a municipally approved managed cat colony provided the municipality, nonprofit group, or organization managing the colony attests to the licensee that the cat being treated is feral or stray with no known owner.

(l)-(n) (No change.)

SUBCHAPTER 5. FEE SCHEDULE

13:44-5.1 Fee schedule

(a) The following fees shall be charged by the Board:

1.-5. (No change.)

6. Late renewal fee (up to 30 days after renewal is due).....\$100.00

7. Reinstatement fee (31 or more days after renewal is due).....\$250.00