

**Full text** of the proposal follows (addition indicated in boldface **thus**; deletion indicated in brackets [thus]):

#### SUBCHAPTER 4. ENDANGERED, NONGAME, AND EXOTIC WILDLIFE

##### 7:25-4.17 List of regulated nongame species

The following table sets forth the list and conservation status of the State's nongame wildlife species in their respective taxonomic classes. For the vertebrate classes of mammals, birds, reptiles, and amphibians, the list is intended to include all indigenous nongame species. The list does not include marine or diadromous fish. For freshwater fish and all invertebrate classes, the list includes only those species for which the Department has determined that their conservation status is "special concern" (SC). The list is ordered alphabetically by species' common names within each taxonomic class.

Species	Scientific Name	Conservation Status*
...		

#### AMPHIBIANS

...		
New Jersey Chorus Frog	Pseudacris kalmi	[U] SC
...		

\*E means "Endangered," S means "Secure-stable," SC means "Special concern," T means "Threatened," and U means "Undetermined-unknown." These terms are defined at N.J.A.C. 7:25-4.1

## INSURANCE

### (a)

#### DEPARTMENT OF BANKING AND INSURANCE INDIVIDUAL HEALTH COVERAGE PROGRAM BOARD

#### Individual Health Coverage Program Individual Health Benefits Plans

#### Proposed Amendments: N.J.A.C. 11:20 Appendix Exhibits A and B

Authorized By: New Jersey Individual Health Coverage Program Board, Sandi Kelly, Chairperson.

Authority: N.J.S.A. 17B:27A-2 through 16.5.

Calendar Reference: See Summary below for explanation of inapplicability of calendar requirement.

Proposal Number: PRN 2025-003.

As required pursuant to N.J.S.A. 17B:27A-16.1, interested parties may testify with respect to the standard health benefits plans set forth at N.J.A.C. 11:20 Appendix Exhibits A and B at a virtual **public hearing** using Zoom to be held on December 9, 2024 at 10:00 A.M. The meeting can be accessed at: <https://www.zoomgov.com/j/1600805835?pwd=p8yPOYfwdfDNizmhcqyFImXJVSaFC3.1>.

Meeting ID: 160 080 5835

Passcode: 296112

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Submit comments by December 17, 2024, to:

New Jersey Individual Health Coverage Program Board  
PO Box 325

Trenton, NJ 08625-0325

Fax: 609-633-2030

Email: [ihcsehprograms@dobi.nj.gov](mailto:ihcsehprograms@dobi.nj.gov)

The agency proposal follows:

#### Summary

The Individual Health Coverage (IHC) Program was established in accordance with P.L. 1992, c. 161. The IHC Program is administered through a Board of Directors ("Board" or "IHC Board"). The primary functions of the IHC Program and its Board are the creation of standard health benefits plans (standard plans) to be offered in the individual market in New Jersey and the regulation of the individual health coverage market. There are five standard plans, which have been established through rule, and are set forth at N.J.A.C. 11:20 Appendix Exhibits A and B (standard plan documents). The rules for the IHC Program, along with N.J.A.C. 11:20 Appendix Exhibit C, provide explanations of how certain variables in the standard plans may be used by carriers.

The IHC Board proposes the following amendments to the standard plans at N.J.A.C. 11:20 Appendix Exhibits A and B.

To comply with P.L. 2023, c. 105, which places a flat cap on the out-of-pocket contribution for any covered person prescribed insulin, an epinephrine auto-injector device, or a prescription asthma inhaler across insurance carriers and mandates coverage for diabetes self-management education, the Board proposes amendments throughout the standard plan documents. The schedule pages for each standard plan have been amended to clearly state that insulin, prescription asthma inhalers, and epinephrine auto-injector devices are not subject to any deductible and to specify that copayments cannot exceed the statutory maximum for insulin, prescription asthma inhalers, and epinephrine auto-injector devices. The Board proposes the addition of a "Treatment of Diabetes" provision, which provides coverage for the expenses incurred for certain equipment and supplies for the treatment of diabetes and the expenses incurred for diabetes self-management education. The Board proposes the inclusion of "blood glucose monitors and blood glucose monitors for the legally blind; test strips for glucose monitors and visual reading and urine testing strips; insulin; injection aids; cartridges for the legally blind; syringes; insulin pumps and appurtenances thereto; insulin infusion devices; and oral agents for controlling blood sugar" pursuant to the Non-Prescription Drugs provision consistent with P.L. 2023, c. 105, which provides coverage for equipment and supplies for the treatment of diabetes.

To comply with P.L. 2023, c. 275, which updates coverage for hearing aids to one hearing aid for each hearing-impaired ear every 24 months and expands coverage to include charges for the cost of treatment related to cochlear implants, the Board proposes amendments to the "Hearing Aids" provision. In addition, the definition of durable medical equipment has been amended to remove references to hearing aids, as all medically necessary services incurred in the purchase of a hearing aid will be subject to the same deductible, coinsurance, or copayment as a primary care visit, and are not considered durable medical equipment.

The Board proposes several housekeeping amendments, including correcting formatting and spacing errors, removing references to outdated maximum out-of-pocket deductible amounts, and amending the definition of "telehealth" and "telemedicine" to remove references to P.L. 2017, c. 117 and replace them with references to N.J.S.A. 45:1-61 through 66, which is the accurate statutory citation. The Board is proposing to amend the definition of "inpatient services" to include a covered person's home when admitted pursuant to the Hospital at Home Act, which permits a hospital to provide acute care services to an individual outside of the hospital's licensed facility and within a private residence designated by the individual, consistent with P.L. 2023, c. 163.

#### IHC Rulemaking Procedures

The IHC Board is proposing these amendments in accordance with the special action process established at N.J.S.A. 17B:27A-16.1, as an alternative to the common rulemaking process specified at N.J.S.A. 52:14B-1 et seq. Pursuant to N.J.S.A. 17B:27A-16.1, the IHC Board may expedite adoption of certain actions, including modification of the IHC Program's health benefits plans and policy forms, if the IHC Board provides interested parties a minimum 20-day period during which to comment on the Board's intended action following notice of the intended action in three newspapers of general circulation, with instructions on how to obtain a detailed description of the intended action, and the time, place, and manner by which interested parties may present their views regarding the intended action. Concurrently, the IHC Board must forward notice of

the intended action to the Office of Administrative Law (OAL) for publication in the New Jersey Register, although the comment period runs from the date the notice is submitted to the newspapers and the OAL, not from the date of publication of the notice in the New Jersey Register. The IHC Board also sends notice of the intended action to affected trade and professional associations, carriers, and other interested persons who may request such notice. In addition, for intended modifications to the health benefits plans, the IHC Board must allow for testimony to be presented at a public hearing prior to adopting any such modifications. Subsequently, the IHC Board may adopt its intended action immediately upon the close of the specified comment period or close of a public hearing (whichever is later) by submitting the adopted action to the OAL for publication. The adopted action is effective upon the date of its submission to the OAL, or such later date as the Board may designate. If the Board does not respond to commenters as part of the notice of adoption, the Board will respond to the comments timely submitted within a reasonable period of time thereafter in a separately prepared report that will be submitted to the OAL for publication in the New Jersey Register. Pursuant to N.J.S.A. 17B:27A-16.1, all actions adopted by the Board are subject to the requirements of this special rulemaking procedure, notwithstanding the provisions of the Administrative Procedure Act. As a result, the quarterly calendar requirement set forth at N.J.A.C. 1:30-3.1 is not applicable when the Board uses its special rulemaking procedures.

Please note that since this procedure allows a 20-day comment period, it is likely the comment period will expire prior to publication of the notice of proposal in the New Jersey Register.

#### **Social Impact**

The IHC Board anticipates that updating the standard plan documents consistent with P.L. 2023, c. 105, will have a positive social impact as the proposed amendments reduce the financial burden for those covered persons managing illnesses, for example, diabetes, anaphylaxis, asthma, and chronic pulmonary obstructive disease, and ensure that covered persons have the appropriate notice of the prescription drugs, supplies, and services needed to treat these conditions are available to them at a predictable cost.

The Board anticipates that updating the standard plan documents to be consistent with P.L. 2023, c. 275, which provides coverage for hearing aids and cochlear implants, will have a positive social impact on those covered persons who suffer from varying degrees of hearing loss, which can range from mild to profound. Providing coverage for one hearing aid for each hearing-impaired ear every 24 months will ensure that covered persons who need hearing aids have access to the latest technology when treating hearing loss, while providing coverage of cochlear implants and related costs will provide treatment options for those covered persons experiencing sensorineural hearing loss. The updated standard plan documents will provide appropriate notice to covered persons of the benefits available to them.

For these reasons, the proposed amendments to the standard plan documents will have a positive social impact.

#### **Economic Impact**

The IHC Board expects that the proposed amendments will provide a positive economic impact for covered persons.

The IHC Board expects the flat cap on the out-of-pocket contribution for any covered person prescribed insulin, an epinephrine auto-injector device, or a prescription asthma inhaler across insurance carriers and coverage for hearing aids and the cost of cochlear implants and related costs of treatment will have a positive economic impact on covered persons. The amendments to the standard plan documents limit out-of-pocket costs for covered persons managing chronic health issues and ensure the monthly cost of life-saving prescription medications remains predictable. Similarly, the amendment to the standard plan documents limits the financial burden of covered persons treating different types of hearing loss.

The proposed amendments will not incur any additional administrative, enforcement, or oversight cost for the IHC Board.

Accordingly, the benefits to be achieved far outweigh any minimal costs that may be imposed.

#### **Federal Standards Statement**

As discussed in the Summary above, the proposed amendments are intended to comply with newly enacted State law, and are not being proposed pursuant to the authority of, or in order to implement, comply with, or participate in, any program established pursuant to Federal law or a State statute that incorporates or refers to Federal law, standards, or requirements. Accordingly, no Federal standards analysis is required.

#### **Jobs Impact**

The IHC Board does not anticipate that any jobs will be generated or lost as a result of the proposed amendments, as the amendments relate to the terms of standard plan documents issued by carriers offering individual health insurance plans in this State. Commenters may submit data or studies on the potential jobs impact of the proposed amendments together with their comments on other aspects of the notice of proposal.

#### **Agriculture Industry Impact**

The IHC Board does not believe the proposed amendments, which relate to the terms of standard plan documents issued by carriers offering individual health insurance plans in this State, will have any impact on the agriculture industry in New Jersey.

#### **Regulatory Flexibility Analysis**

The IHC Board believes the proposed amendments may apply to one or more carriers that are "small businesses," as that term is defined in the Regulatory Flexibility Act, N.J.S.A. 52:14B-16 through 21. The proposed amendments do not establish new or additional reporting or recordkeeping requirements, but have the effect of establishing new compliance requirements, as described in the Summary above.

No differentiation in compliance requirements is provided based on business size. The requirements of, and the goals to be achieved by, the laws in question do not vary based on the business size of a carrier, and the IHC Board would not be at liberty to make such a distinction, even if the IHC Board were to consider such a distinction warranted. Accordingly, the proposed amendments provide no differentiation in compliance requirements based on business size. No additional professional services would have to be employed in order to comply with the proposed amendments.

#### **Housing Affordability Impact Analysis**

The IHC Board does not believe the proposed amendments will have an impact on housing affordability in this State or evoke a change in the average costs of housing in this State because the proposed amendments relate to the terms of standard health benefits plans offered in New Jersey for purchase by individuals.

#### **Smart Growth Development Impact Analysis**

The IHC Board does not believe the proposed amendments will have an impact on smart growth in the State or that the proposed amendments will have an effect on smart growth development in Planning Areas 1 or 2, or within designated centers, pursuant to the State Development and Redevelopment Plan. The proposed amendments relate to the terms of standard health benefits plans offered in New Jersey.

#### **Racial and Ethnic Community Criminal Justice and Public Safety Impact**

The IHC Board has evaluated this rulemaking and determined that it will not have an impact on pretrial detention, sentencing, probation, or parole policies concerning adults and juveniles in the State. Accordingly, no further analysis is required.

#### **Full text of the proposal follows:**

**OFFICE OF ADMINISTRATIVE LAW NOTE:** The New Jersey Individual Health Coverage Program Board is proposing amendments at N.J.A.C. 11:20 Appendix Exhibits A and B. Pursuant to N.J.S.A. 52:14B-7(c) and N.J.A.C. 1:30-5.2(a)2, the Exhibits, as proposed, are not published in this notice of proposal, but may be reviewed by contacting:

New Jersey Individual Health Coverage Program  
20 West State Street, 11th Floor  
PO Box 325  
Trenton, NJ 08625-0325  
[ihcsehprograms@dobi.nj.gov](mailto:ihcsehprograms@dobi.nj.gov)  
or

New Jersey Office of Administrative Law  
9 Quakerbridge Plaza  
PO Box 049  
Trenton, NJ 08625-0049  
[oal.comments@oal.nj.gov](mailto:oal.comments@oal.nj.gov)

(a)

**DEPARTMENT OF BANKING AND INSURANCE**  
**SMALL EMPLOYER HEALTH BENEFITS PROGRAM**  
**Small Employer Health Benefit Plans**  
**Proposed Amendments: N.J.A.C. 11:21 Appendix**  
**Exhibits F, G, W, and Y**

Authorized By: New Jersey Small Employer Health Benefits  
Program Board of Directors, Margaret Koller, Chairperson.

Authority: N.J.S.A. 17B:27A-17 through 56.

Calendar Reference: See Summary below for the explanation of the  
inapplicability of the calendar requirement.

Proposal Number: PRN 2025-002.

As required pursuant to N.J.S.A. 17B:27A-51, interested parties may  
testify with respect to the standard health benefits plans, set forth at  
N.J.A.C. 11:21 Appendix Exhibits F, G, W, and Y at a virtual **public**  
**hearing** using Zoom to be held on December 9, 2024, at 11:00 A.M. The  
meeting can be accessed at: [https://www.zoomgov.com/j/1613547251?](https://www.zoomgov.com/j/1613547251?pwd=RhizTaPa4nQG1Sny3M6pDbIbtGVxIT.1)  
[pwd=RhizTaPa4nQG1Sny3M6pDbIbtGVxIT.1](https://www.zoomgov.com/j/1613547251?pwd=RhizTaPa4nQG1Sny3M6pDbIbtGVxIT.1).

Meeting ID: 161 354 7251

Passcode: 144070

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Submit comments by December 16, 2024, to:

New Jersey Small Employer Health Benefits Program Board  
PO Box 325

Trenton, NJ 08625-0325

Fax: 609-633-2030

Email: [ihcsehprograms@dobi.nj.gov](mailto:ihcsehprograms@dobi.nj.gov)

The agency proposal follows:

**Summary**

The Small Employer Health Benefits (SEH) Program Board of  
Directors (“SEH Board” or “Board”) establishes the standard health  
benefits plans (standard plans) that may be offered in the small employer  
market in New Jersey, pursuant to authority at P.L. 1992, c. 162 (codified  
at N.J.S.A. 17B:27A-17 through 56), as subsequently amended and  
supplemented. The SEH Board has set forth the requirements with which  
carriers must comply in offering standard plans in rules at N.J.A.C. 11:21,  
and has set forth standard plan language for policies, contracts,  
certificates, and evidence of coverage at N.J.A.C. 11:21 Appendix.  
Specifically, the language for the policy forms for the standard plans  
known as Plans B, C, D, and E are at Exhibit F of the Appendix, while the  
language of the certificates is at Exhibit W; and the language for the  
contract form for the HMO Plan is at Exhibit G, while the language for  
the HMO evidence of coverage is at Exhibit Y. In developing their  
policies/contracts and certificates/evidences of coverage, carriers also  
refer to Exhibit K, which provides explanations about how carriers may  
use certain variable language in the standard plans.

The SEH Board proposes the following amendments to the standard  
plans at N.J.A.C. 11:21 Appendix Exhibits F, G, W, and Y (standard plan  
documents).

To comply with P.L. 2023, c. 275, which updates coverage for hearing  
aids to one hearing aid for each hearing-impaired ear every 24 months and  
expands coverage to include charges for the cost of treatment related to  
cochlear implants, the Board proposes amendments to the “Hearing Aids”

provision. In addition, the definition of durable medical equipment has  
been amended to remove references to hearing aids, as all medically  
necessary services incurred in the purchase of a hearing aid will be subject  
to the same deductible, coinsurance, or copayment as a primary care visit,  
and are not considered durable medical equipment.

To comply with P.L. 2023, c. 105, which places a flat cap on the out-  
of-pocket contribution for any covered person prescribed insulin, an  
epinephrine auto-injector device, or a prescription asthma inhaler across  
insurance providers and mandates coverage for diabetes self-management  
education, the Board proposes amendments throughout the standard plan  
documents. The schedule pages for each standard plan have been amended  
to clearly state that insulin, prescription asthma inhalers, and epinephrine  
auto-injector devices are not subject to any deductible and to specify that  
copayments cannot exceed the statutory maximum for insulin,  
prescription asthma inhalers, and epinephrine auto-injector devices. The  
Board proposes the addition of a “Treatment of Diabetes” provision,  
which provides coverage for the expenses incurred for certain equipment  
and supplies for the treatment of diabetes and the expenses incurred for  
diabetes self-management education. The Board proposes the inclusion of  
“blood glucose monitors and blood glucose monitors for the legally blind;  
test strips for glucose monitors and visual reading and urine testing strips;  
insulin; injection aids; cartridges for the legally blind; syringes; insulin  
pumps and appurtenances thereto; insulin infusion devices; and oral  
agents for controlling blood sugar” pursuant to the Prescription Drugs  
provision and the Non-Prescription Drugs provision. The Board proposes  
additional language pursuant to the Prescription Drugs provision that  
expressly states that the cost-sharing limitations set forth at P.L. 2023, c.  
105 (Chapter 105), are not applicable to these specified prescriptions  
through a high deductible health plan, and that these prescription drugs  
are subject to the minimum deductible permitted pursuant to section  
223(c)(2)(A) of the Internal Revenue Code.

The Board is proposing changes throughout the standard plan  
documents to implement P.L. 2023, c. 194, the “Small Business Health  
Insurance Affordability Act” (the Act), which among several items,  
requires small employer health benefits plans issued pursuant to N.J.S.A.  
17B:27A-17 et seq., to impose no additional limitations on copayments,  
coinsurance, or deductibles beyond those set forth in the 2010 Federal  
Patient Protection and Affordable Care Act, Pub. L. No. 111-148 (the  
ACA). Prior to the passage of the Act, the standard plan documents  
referred carriers to N.J.A.C. 11:22-5.5, which provides network  
copayments for services and prescription drugs. These references are  
being stricken from the standard plan documents and are being replaced  
with a reference to the Federal actuarial value calculator, which is  
consistent with the ACA and Bulletin No. 24-08 issued by the New Jersey  
Department of Banking and Insurance. The Board is proposing  
amendments to the out-of-pocket maximum provision of the standard plan  
documents, consistent with the ACA. P.L. 2023, c. 194 (Chapter 194),  
also permits carriers offering small employer plans to offer prescription  
coverage using a closed formulary. In order to permit a carrier to elect  
whether or not a plan will offer a closed formulary, the Board is proposing  
the inclusion of a new variable “Covered Drug” provision.

In addition, to ensure that regulations are current, the Board is  
proposing amendments that remove references to P.L. 2017, c. 117, which  
pertains to telehealth and telemedicine services in this State and replaces  
those references with the appropriate statutory citation, N.J.S.A. 45:1-61  
through 66. The Board is proposing amendments to the Virtual Primary  
Care provision, allowing carriers to elect whether a deductible,  
copayment, or coinsurance will be applied to virtual primary care services.  
The Board is proposing to amend the definition of “inpatient services” to  
include a covered person’s home when admitted pursuant to the Hospital  
at Home Act, which permits a hospital to provide acute care services to an  
individual outside of the hospital’s licensed facility and within a private  
residence designated by the individual, consistent with P.L. 2023, c. 163.

**SEH Rulemaking Procedures**

The SEH Board is proposing these amendments in accordance with the  
special action process established at N.J.S.A. 17B:27A-51, as an  
alternative to the common rulemaking process specified at N.J.S.A.  
52:14B-1 et seq. Pursuant to N.J.S.A. 17B:27A-51, the SEH Board may  
expedite adoption of certain actions, including modification of the SEH