

## SUBCHAPTER 15. MEDICAL RECORDS

8:43G-15.3 Medical record patient services

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

(f) A hospital shall not impose the fees authorized pursuant to (d) above upon a patient, or an attorney representing a patient, who has a pending application for, or is currently receiving, Federal Social Security Disability Benefits provided pursuant to Title II or Title XVI of the Federal Social Security Act, Pub L.92-603 (42 U.S.C. §§ 1351 et seq.).

Recodify existing (f)-(g) as (g)-(h) (No change in text.)

## INSURANCE

### (a)

#### DEPARTMENT OF BANKING AND INSURANCE

##### Office of Life and Health

##### Proposed Amendments: N.J.A.C. 11:4-49.3 and 11:24-5.2

##### Proposed New Rules: N.J.A.C. 11:22-5.9B, 5.9C, and 5.9D, and 11:24A-2B

Authorized By: Justin Zimmerman, Commissioner, Department of Banking and Insurance.

Authority: N.J.S.A. 17:1-8.1 and 17:1-15.e.

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

Proposal Number: PRN 2025-074.

Submit comments by September 5, 2025, to:

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Office of Regulatory Affairs  
Department of Banking and Insurance  
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The agency proposal follows:

#### Summary

The Department of Banking and Insurance (Department) is proposing amendments and new rules to implement P.L. 2023, c. 105 (Chapter 105) and P.L. 2023, c. 275 (Chapter 275).

Chapter 105 places a fixed cap on the out-of-pocket contribution paid by a covered person prescribed insulin, an epinephrine auto-injector device, or a prescription asthma inhaler across insurance carriers, provides that coverage for these items may not be subject to deductibles, and provides coverage for equipment and supplies needed for the treatment of diabetes.

Chapter 275 amends P.L. 2008, c. 126 (Grace's Law), New Jersey's first law requiring limited insurance coverage for children's hearing aids. Chapter 275 removes the 15-year age limit on hearing aids and the \$1,000 limit on coverage per hearing impaired ear imposed by Grace's Law, to expand benefits to cover one hearing aid for each hearing-impaired ear every 24 months. Chapter 275 also provides coverage for the cost of cochlear implants and associated treatment expenses.

On November 22, 2024, the Department issued Bulletin No. 24-16, which provided guidance to carriers regarding both Chapters 105 and 275. Regarding Chapter 105, the Department noted that the limits on copayments or coinsurance extend to any insulin product prescribed as part of a 30-day supply, regardless of the number of prescriptions issued as part of a 30-day supply or the amount or type of insulin needed to fill each such prescription. For example, if a covered person is prescribed both a short-acting insulin product and a long-acting insulin product, both prescriptions would be subject to Chapter 105's cost-sharing limitations and the copayment or coinsurance cannot exceed \$35.00 per prescription

for a 30-day supply. Regarding Chapter 275, the Department advised that the cost sharing applicable to primary care provider visits shall apply to hearing aids. Hearing aids, including cochlear implants, shall not be treated as durable medical equipment for purposes of determining the appropriate cost sharing.

To implement Chapters 105 and 275, the Department is proposing amendments at N.J.A.C. 11:4-49.3 and 11:24-5.2 and new rules at N.J.A.C. 11:22-5.9B, 5.9C, and 5.9D and N.J.A.C. 11:24A-2B.1, 2B.2, 2B.3, and 2B.4, as follows.

The Department is proposing new rules at N.J.A.C. 11:22-5 to implement Chapter 105. N.J.A.C. 11:22-5 applies to any insurance company, health service corporation, medical service corporation, hospital service corporation, health maintenance organization, prepaid prescription service organization, dental service corporation, and dental plan organization that issues health benefits plans, prescription drug plans, and/or dental plans in this State; any organized delivery system; and to any agent, employee, or other representative of such entity that processes claims for such entity. The Department is proposing new N.J.A.C. 11:22-5.9B, which provides benefits for the coverage of insulin, ensuring the maximum out-of-pocket cost of insulin shall not exceed \$35.00 for a 30-day supply. The Department is proposing new N.J.A.C. 11:22-5.9C, which provides benefits for coverage of prescription asthma inhalers, ensuring the maximum out-of-pocket cost for an asthma inhaler shall not exceed \$50.00 for a 30-day supply. The Department is proposing new N.J.A.C. 11:22-5.9D, which provides benefits for coverage of prescription epinephrine auto-injector devices, ensuring the maximum out-of-pocket cost of these devices shall not exceed \$25.00 for a 30-day supply.

The Department is proposing new rules at N.J.A.C. 11:24A-2B, which apply to hospital service corporation contracts, medical service corporation contracts, health service corporation contracts, and health insurance policies providing hospital or medical expense benefits. Proposed new Subchapter 2B implements Chapter 105, and provides the maximum out-of-pocket cost for insulin, epinephrine auto-injector devices, and asthma inhalers, and provides coverage for equipment and supplies needed for the treatment of diabetes.

The Department is proposing amendments at N.J.A.C. 11:4-49.3, which provides that the mandated benefits for the treatment of diabetes. Specifically, the Department is proposing new N.J.A.C. 11:4-49.3(b), to provide the maximum out-of-pocket cost for a short-acting, intermediate-acting, rapid-acting, long-acting, and pre-mixed insulin product in each category shall not exceed \$35.00 for a 30-day supply, consistent with Bulletin No. 24-16.

The Department is proposing amendments at N.J.A.C. 11:24-5.2, which sets forth the basic comprehensive health care services that must be offered by a health maintenance organization. The Department is proposing to update this list to include coverage for the following: asthma inhalers and epinephrine auto-injector devices, consistent with Chapter 105; and medically necessary expenses incurred in the purchase of a hearing aid or cochlear implant and the costs of treatment related to cochlear implants, consistent with Chapter 275.

As the Department has provided a 60-day comment period on this notice of proposal, this notice is excepted from the rulemaking calendar requirement, pursuant to N.J.A.C. 1:30-3.3(a)5.

#### Social Impact

The Department anticipates that the proposed amendments and new rules implementing Chapter 105 will have a positive social impact as the proposed amendments and new rules reduce the financial burden for those covered persons managing illnesses, for example, diabetes, anaphylaxis, asthma, and chronic pulmonary obstructive disease, by ensuring covered persons have the appropriate prescription drugs, supplies, and services needed to treat these conditions at a predictable cost.

The Department anticipates that the proposed amendments and new rules implementing Chapter 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. Providing coverage for cochlear implants and related

costs will provide treatment options for those covered persons experiencing sensorineural hearing loss.

For these reasons, the proposed amendments and new rules will have a positive social impact.

#### **Economic Impact**

The Department expects that the fixed 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 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 proposed amendments and new rules limit out-of-pocket costs for covered persons managing chronic health issues requiring the use of insulin, an epinephrine auto-injector device, or a prescription asthma inhaler, and ensure the monthly cost of life-saving prescription medications remains predictable. Similarly, the proposed amendments and new rules limit the financial burden of covered persons treating different types of hearing loss.

The proposed amendments and new rules should not impose any additional administrative, enforcement, or oversight costs on the Department.

The Department does not have information to quantify the economic impact the proposed amendments and new rules, which set forth requirements mandated by the statute, will have on carriers or the resulting impact on premiums for coverage.

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 and new rules are intended to comply with the 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 as set forth at N.J.A.C. 1:30-5.1(c)4. Accordingly, no Federal standards analysis is required.

#### **Jobs Impact**

The Department does not anticipate any jobs will be generated or lost as a result of the proposed amendments and new rules. The Department invites commenters to submit any data or studies on the potential jobs impact of the proposed amendments and new rules together with their comments on other aspects of the rulemaking.

#### **Agricultural Industry Impact**

The proposed amendments and new rules will not have any impact on the agriculture industry of New Jersey.

#### **Regulatory Flexibility Analysis**

The Department believes the proposed amendments and new rules may apply to one or more carriers that are “small businesses,” pursuant to the Regulatory Flexibility Act, N.J.S.A. 52:14B-16 et seq., which defines a “small business” as any business that is resident in this State that employs fewer than 100 full-time employees, is independently owned and operated, and is not dominant in its field. N.J.S.A. 52:14B-17. The proposed amendments and new rules 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. The proposed amendments and new rules provide no differentiation in compliance requirements based on business size. No additional professional services are needed to be employed to comply with the proposed amendments and new rules.

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

The proposed amendments and new rules will not have any impact on housing affordability in this State because the proposed amendments and new rules relate to 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 coverage for hearing aids and cochlear implants and are unlikely to evoke a change in the average costs associated with housing.

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

The proposed amendments and new rules will not have any impact on housing affordability in this State and there is an extreme unlikelihood that the proposed amendments and new rules would evoke a change in housing production in Planning Areas 1 or 2, or within designated centers, pursuant to the State Development and Redevelopment Plan in New Jersey because the proposed amendments and new rules relate to 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 coverage for hearing aids and cochlear implants.

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

The Commission 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 (additions indicated in boldface **thus**; deletions indicated in brackets [thus]):

### CHAPTER 4 ACTUARIAL SERVICES

#### SUBCHAPTER 49. MANDATED DIABETES BENEFITS

##### 11:4-49.3 Benefits

(a) (No change.)

**(b) Coverage for the purchase of a short-acting, intermediate-acting, rapid-acting, long-acting, and pre-mixed insulin product in each category shall not be subject to any deductible, and no copayment or coinsurance for the purchase of insulin shall exceed \$35.00 for a 30-day supply.**

**1. The limits on copayments or coinsurance extend to any insulin product prescribed as part of a 30-day supply, regardless of the number of prescriptions issued as part of a 30-day supply or the amount or type of insulin needed to fill each prescription. For example, if a covered person is prescribed both a short-acting insulin product and a long-acting insulin product, both prescriptions would be subject to the cost-sharing limitation set forth at (a) above and the copayment or coinsurance cannot exceed \$35.00 per prescription for a 30-day supply.**

**[(b)] (c)** The benefits required to be provided pursuant to this subchapter shall be provided to the same extent as benefits are provided for services and supplies for any other sickness under the policy or contract. There shall be no separate deductible, coinsurance, or maximum limit applicable to the services and supplies set forth **[in]** at (a) **or** (b) above.

### CHAPTER 22 HEALTH BENEFIT PLANS

#### SUBCHAPTER 5. MINIMUM STANDARDS FOR HEALTH BENEFIT PLANS, PRESCRIPTION DRUG PLANS, AND DENTAL PLANS

##### 11:22-5.9B Benefits for coverage of insulin

**A health benefits plan or stand-alone prescription drug plan must provide prescription drug benefits for coverage of insulin consistent with N.J.S.A. 26:2J-4.11.**

##### 11:22-5.9C Benefits for coverage of prescription asthma inhalers

**A health benefits plan or stand-alone prescription drug plan must provide prescription drug benefits for coverage of asthma inhalers consistent with N.J.S.A. 26:2J-4.50.**

##### 11:22-5.9D Benefits for coverage of prescription epinephrine auto-injector devices

**A health benefits plan or stand-alone prescription drug plan must provide prescription drug benefits for coverage of epinephrine auto-injector devices consistent with N.J.S.A. 26:2J-4.49.**

CHAPTER 24  
HEALTH MAINTENANCE ORGANIZATIONS

SUBCHAPTER 5. HEALTH CARE SERVICES

11:24-5.2 Basic comprehensive health care services

(a) The HMO shall provide or arrange for the provision of the following basic comprehensive health services as medically necessary:

- 1.-18. (No change.)
19. Home health services (a minimum of 60 home care visits during any contract year); [and]
20. Hospice services from a [Medicare certified] Medicare-certified hospice agency[.];
21. Prescription asthma inhalers, in accordance with N.J.S.A. 26:2J-4.50;
22. Epinephrine auto-injector devices, in accordance with N.J.S.A. 26:2J-4.49;
23. Medically necessary expenses incurred in the purchase of a hearing aid or cochlear implant, in accordance with N.J.S.A. 26:2J-4.32; and
24. Costs of treatment related to cochlear implants, including procedures for the implantation of cochlear devices and costs for any parts, attachments, or accessories of the device, including replacement of obsolete external cochlear implant processors, in accordance with N.J.S.A. 26:2J-4.32.

CHAPTER 24A  
HEALTH CARE QUALITY ACT APPLICATION TO INSURANCE  
COMPANIES, HEALTH SERVICE CORPORATIONS, HOSPITAL  
SERVICE CORPORATIONS, AND MEDICAL SERVICE  
CORPORATIONS

SUBCHAPTER 2B. COVERAGE FOR INSULIN,  
EPINEPHRINE AUTO-INJECTOR  
DEVICES, AND ASTHMA INHALERS

11:24A-2B.1 Purpose and scope

(a) The purpose of this subchapter is to implement P.L. 2023, c. 105, which limits cost sharing for epinephrine auto-injector devices, asthma inhalers, and insulin and provides coverage for equipment and supplies needed for the treatment of diabetes.

(b) This subchapter shall apply to all policies and contracts providing hospital or medical services or benefits that are delivered, issued, executed, or renewed in this State in the individual, small-group, and large-group markets as follows: all hospital service corporation contracts, medical service corporation contracts, health service corporation contracts, and health insurance policies.

11:24A-2B.2 Required benefits; diabetes treatment

(a) A carrier shall provide coverage for diabetes benefits set forth in this section.

1. All equipment and supplies for the treatment of diabetes, if recommended or prescribed by a physician or nurse practitioner/clinical nurse specialist, as follows:

- i. Blood glucose monitors and blood glucose monitors for the legally blind;
- ii. Test strips for glucose monitors and visual reading and urine testing strips;
- iii. Insulin;
- iv. Injection aids;
- v. Cartridges for the legally blind;
- vi. Syringes;
- vii. Insulin pumps and appurtenances thereto;
- viii. Insulin infusion devices; and
- ix. Oral agents for controlling blood sugar.

2. All expenses incurred for diabetes self-management education, including information on proper diet. "Diabetes self-management education," as used in this paragraph, means education to ensure that a person with diabetes is educated as to the proper self-management and treatment of their diabetic condition, including information on a proper diet.

i. All self-management and diet education shall be provided by a dietitian registered by a nationally recognized professional association of dietitians, a health care professional recognized as a Certified Diabetes Educator by the American Association of Diabetes Educators, or a registered pharmacist in the State qualified with regard to management education for diabetes by any institution recognized by the Board of Pharmacy of the State of New Jersey.

ii. Benefits for self-management education related to diet shall be limited to visits medically necessary upon the diagnosis of diabetes, upon diagnosis by a State-licensed physician or nurse practitioner/clinical nurse specialist, of a significant change in the subscriber's or other covered person's symptoms or conditions that necessitate changes in that person's self-management, and upon determination of a State-licensed physician or nurse practitioner/clinical nurse specialist that re-education or refresher education is necessary.

(b) Coverage for the purchase of a short-acting, intermediate-acting, rapid-acting, long-acting, and pre-mixed insulin product in each category shall not be subject to any deductible, and no copayment or coinsurance for the purchase of insulin shall exceed \$35.00 for a 30-day supply.

i. The limits on copayments or coinsurance extend to any insulin product prescribed as part of a 30-day supply, regardless of the number of prescriptions issued as part of a 30-day supply or the amount or type of insulin needed to fill each prescription. For example, if a covered person is prescribed both a short-acting insulin product and a long-acting insulin product, both prescriptions would be subject to the cost-sharing limitation set forth at (a) above and the copayment or coinsurance cannot exceed \$35.00 per prescription for a 30-day supply.

(c) The benefits set forth at (a) above shall be provided to the same extent as benefits are provided for services and supplies for any other sickness in the policy or contract. There shall be no separate deductible, coinsurance, or maximum limit applicable to the services and supplies set forth at (a) above.

11:24A-2B.3 Required benefit; epinephrine auto-injector device

(a) A carrier shall provide coverage for at least one epinephrine auto-injector device, if recommended or prescribed by a participating physician or participating nurse practitioner/clinical nurse specialist.

(b) Coverage for the purchase of an epinephrine auto-injector device shall not be subject to any deductible, and no copayment or coinsurance for the purchase of an epinephrine auto-injector device shall exceed \$25.00 per 30-day supply.

11:24A-2B.4 Required benefit; asthma inhaler

(a) A carrier shall provide coverage for a prescription asthma inhaler, if recommended or prescribed by a participating physician or participating nurse practitioner/clinical nurse specialist.

(b) Coverage for the purchase of a covered prescription asthma inhaler shall not be subject to any deductible, and no copayment or coinsurance for the purchase of an asthma inhaler device shall exceed \$50.00 per 30-day supply.

## LAW AND PUBLIC SAFETY

### (a)

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

**Patient Records**

**Proposed Amendment: N.J.A.C. 13:44-4.9**

Authorized By: State Board of Veterinary Medical Examiners,  
Howard Pine, Acting Executive Director.

Authority: N.J.S.A. 45:16-3.