# RULE PROPOSALS

## INTERESTED PERSONS

Interested persons may submit comments, information or arguments concerning any of the rule proposals in this issue until the date indicated in the proposal. Submissions and any inquiries about submissions should be addressed to the agency officer specified for a particular proposal.

The required minimum period for comment concerning a proposal is 30 days. A proposing agency may extend the 30-day comment period to accommodate public hearings or to elicit greater public response to a proposed new rule or amendment. Most notices of proposal include a 60-day comment period, in order to qualify the notice for an exception to the rulemaking calendar requirements of N.J.S.A. 52:14B-3. An extended comment deadline will be noted in the heading of a proposal or appear in subsequent notice in the Register.

At the close of the period for comments, the proposing agency may thereafter adopt a proposal, without change, or with changes not in violation of the rulemaking procedures at N.J.A.C. 1:30-6.3. The adoption becomes effective upon publication in the Register of a notice of adoption, unless otherwise indicated in the adoption notice. Promulgation in the New Jersey Register establishes a new or amended rule as an official part of the New Jersey Administrative Code.

## 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 of Directors, 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 2026-068.

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 October 21, 2026 at 10:00 A.M. The meeting can be accessed at: https://www.zoomgov.com/j/1654297866?pwd=3XESd8TXfQLSvK6oqpe9vT1jbrid9j.1

Meeting ID: 165 429 7866
Passcode: 637587
Dial by your location
+1 669 254 5252 US (San Jose)
+1 646 828 7666 US (New York)
+1 646 964 1167 US (US Spanish Line)
+1 415 449 4000 US (US Spanish Line)
+1 551 285 1373 US (New Jersey)
+1 669 216 1590 US (San Jose)

Submit comments by October 27, 2026 to:

New Jersey Individual Health Coverage Program Board
PO Box 325
Trenton, NJ 08625-0325
Email: 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 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. 2025, c. 194 (Chapter 194), which extends the time period in which newborn children in health benefits coverage are covered following birth from 60 to 90 days, the Board proposes amendments to the Eligibility section of the standard plan documents to extend that timeframe accordingly.

The Board proposes amendments to comply with P.L. 2025, c. 196 (Chapter 196), which requires prescription drug coverage for HIV prophylaxis that is provided by a pharmacist, without an individual prescription, in certain conditions. Specifically, the Board proposes the addition of a new coverage provision for "HIV Prophylaxis," which provides coverage for HIV preexposure prophylaxis and HIV postexposure prophylaxis furnished without an individual prescription that is provided by a pharmacist that meets the requirements set forth in section 2 of Chapter 196, without requiring prior authorization or step therapy. Reflecting Chapter 196, the proposed amendments limit coverage for HIV preexposure prophylaxis; provided pursuant to Chapter 196, to a 90-day supply for a single patient within a given two-year period. Furthermore, the proposed amendments include variable language to limit coverage to a particular drug, device, or product, when more than one therapeutically equivalent version has been approved by the Federal Food and Drug Administration, consistent with the requirements of Chapter 196. Finally, the proposed amendments include definitions for the terms "HIV," "HIV Preexposure Prophylaxis," "HIV Postexposure Prophylaxis," and "Step Therapy," matching the definitions set forth in Chapter 196.

The Board proposes amendments required pursuant to P.L. 2025, c. 200 (Chapter 200), which mandates health insurance coverage for medically necessary perimenopause and menopause treatments. Specifically, the Board proposes the addition of a new coverage provision titled "Perimenopause and Menopause Treatment." The proposed amendments provide that carriers must provide coverage for expenses incurred in obtaining medically necessary treatment for women with a diagnosis of perimenopause, menopause, and symptoms associated with perimenopause and menopause, including, but not limited to: 1) hormonal therapies, such as hormone replacement therapy and bioidentical hormone treatments; 2) non-hormonal treatments, including medications to manage perimenopause and menopausal symptoms; 3) behavioral health care services; 4) pelvic floor physical therapy; 5) bone health treatments, including screenings and medications due to hormonal changes related to perimenopause and menopause; 6) preventative services that have a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force for early detection and treatment of health conditions related to perimenopause and menopause, such as osteoporosis

and cancer; and 7) counseling regarding menopause management. The proposed amendments include definitions for the terms "perimenopause" and "menopause" that match the definitions set forth in Chapter 200.

To comply with P.L. 2025, c. 283 (Chapter 283), the Board proposes amendments to remove references to the Advisory Committee on Immunization Practices of the Centers of Disease Control and Prevention and the Advisory Committee on Immunization Practices of the United States Public Health Services. Chapter 283 updates coverage requirements for childhood immunizations from those recommended by the Advisory Committee and the New Jersey Department of Health, to immunizations recommended by the New Jersey Department of Health, which must consider the recommendations of the Advisory Committee and other institutions named in the law. Consistent with the requirements of Chapter 283, the Board proposes amendments to the definition of "Preventive Care" and to the coverage provisions for immunizations and lead screening, to remove references to the Advisory Committee.

The Board proposes amendments to comply with P.L. 2025, c. 369 (Chapter 369), which requires health insurance coverage for the screening, prevention, and treatment services of behavioral health issues affecting children. Specifically, the Board proposes the addition of a new coverage provision for "Childhood Behavioral Health Screening, Prevention and Treatment," which provides that the carrier covers medical expenses incurred in the screening, prevention, and treatment services of behavioral health issues in children who are 18 years of age or under with an at-risk diagnosis. The proposed amendments nonexclusively list covered services as screenings and individual, group, and family psychotherapy to individuals with potential mental health disorders not yet diagnosed. The proposed amendments include a definition for "at-risk diagnosis" matching the definition set forth in Chapter 369.

The Board proposes amendments to include coverage for annual wellness visits, consistent with the requirements at P.L. 2025, c. 386 (Chapter 386). Chapter 386 requires carriers to provide coverage for one annual wellness visit for covered persons over three years of age, without imposing a waiting period between visits. The Board proposes amendments to the coverage provision concerning "Preventive Care" in the standard plan documents to require annual wellness visit coverage as mandated by Chapter 386, which visit may occur at any time during the calendar year, regardless of whether and when the covered person received a wellness visit in the prior calendar year. Furthermore, the proposed amendments include variable language that allows carriers to limit services to one wellness visit per calendar year for persons over three years of age.

The Board proposes several housekeeping amendments to correct formatting, grammatical errors, and typographical errors throughout the standard plan documents. Additionally, the Board proposes amendments to the coverage provision concerning prescription drugs to include a note to carriers, stating that carriers are limited to the pharmaceutical tiers set forth at N.J.A.C. 11:22-5.9, Generic, preferred, and non-preferred; and that carriers may not implement a separate tier for specialty drugs or subdivide generic drugs into preferred and non-preferred tiers.

**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 the issuance of a legal notice of the intended action, 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. Pursuant to P.L. 2025, c. 72, the legal notice must be published on the Board's website. 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 Board anticipates that the proposed amendments will have a positive social impact by updating the standard plan documents to reflect recent changes to health insurance requirements enacted by the Legislature. The amendments will ensure that covered persons enrolled in standard plan coverage receive the benefits and consumer protections required by law.

Specifically, the proposed amendments implement Chapter 194 by extending the time period during which a newborn may be enrolled in a health benefits plan, reducing the likelihood that eligible newborns experience gaps in coverage. The proposed amendments include prescription benefits coverage for HIV preexposure prophylaxis and HIV postexposure prophylaxis, consistent with Chapter 196, improving timely access to preventative medications intended to reduce HIV transmission. In addition, the amendments will implement the coverage required by Chapter 200, for medically necessary treatment related to perimenopause and menopause treatment. The proposed amendments implement coverage for the screening, prevention, and treatment services for pediatric behavioral health issues using an "at-risk diagnosis," as required pursuant to Chapter 369, promoting earlier identification and intervention for children experiencing behavioral health concerns. Finally, the proposed amendments will implement Chapter 386, which ensures that insurance carriers must cover an annual wellness visit for covered persons over the age of three, without making them wait 12 months between visits. Collectively, the proposed amendments align the standard plan documents with current statutory requirements and improve access to covered health care services for New Jersey residents.

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

**Economic Impact**

The proposed amendments are not expected to directly impose economic costs on consumers, carriers, or providers beyond those costs associated with compliance with the underlying statutory mandates discussed above. The amendments revise the standard plan documents to align with the benefits and coverage requirements that carriers are already required by law to provide. Further, the proposed amendments will not result in any additional administrative, enforcement, or oversight cost for the Board.

For the foregoing reasons, the Board does not anticipate any significant economic impact as a result of the proposed amendments.

**Federal Standards Statement**

As discussed in the Summary above, the proposed amendments are intended to comply with recently 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 pursuant to a State statute that incorporates or refers to Federal law,

standards, or requirements. Accordingly, no Federal standards analysis is required.

**Jobs Impact**

The 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 benefits 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.

**Agricultural Industry Impact**

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

**Regulatory Flexibility Analysis**

The 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 may 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 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 Board does not believe the proposed amendments will have an impact on smart growth in this 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 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
or
New Jersey Office of Administrative Law
9 Quakerbridge Plaza
PO Box 049
Trenton, NJ 08625-0049
oal.comments@oal.nj.gov

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# LAW AND PUBLIC SAFETY

## (a)

## DIVISION OF CONSUMER AFFAIRS

## NEW JERSEY STATE BOARD OF RESPIRATORY CARE

### Licensing Examination

### Proposed Amendments: N.J.A.C. 13:44F-4.2 and 4.4

Authorized By: New Jersey State Board of Respiratory Care, Renee Clark, Executive Director.

Authority: N.J.S.A. 45:14E-7.

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

Proposal Number: PRN 2026-069.

Submit comments by January 15, 2027, to:

Renee Clark, Executive Director
New Jersey State Board of Respiratory Care
124 Halsey Street
PO Box 45031
Newark, New Jersey 07101
or electronically at: http://www.njconsumeraffairs.gov/Proposals/Pages/default.aspx

The agency proposal follows:

**Summary**

N.J.S.A. 45:14E-15 establishes the examination requirements for applicants seeking licensure as respiratory care practitioners. P.L. 2023, c. 176 amended N.J.S.A. 45:14E-15 to recognize the Certified Respiratory Therapist examination as an examination that qualifies applicants for licensure. The Board of Respiratory Care (Board) proposes to amend N.J.A.C. 13:44F-4.2 and 4.4 to effectuate P.L. 2023, c. 176.

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

**Social Impact**

The Board anticipates that these proposed amendments will have a beneficial social impact. By recognizing a new examination for licensure, the rulemaking may increase the number of individuals who qualify for licensure as respiratory care practitioners. This increase would benefit patients who require respiratory care services.

**Economic Impact**

The Board does not believe that the proposed amendments will have any economic impact.

**Federal Standards Statement**

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

**Jobs Impact**

The Board does not believe that the proposed amendments will result in the creation or loss of jobs in the State.

**Agriculture Industry Impact**

The proposed amendments will have no impact on the agriculture industry in the State.

**Regulatory Flexibility Statement**

The Regulatory Flexibility Act (the Act), N.J.S.A. 52:14B-16 et seq., requires the Board to provide both a description of the types of small businesses to which a rulemaking will apply and an estimate of the number of small businesses to which the rulemaking will apply. A regulatory flexibility analysis is not required because the proposed amendments only apply to applicants for licensure who are not considered "small businesses," because they do not yet have a license to provide respiratory care services.