

P.L. 2019, CHAPTER 361, *approved January 16, 2020*
Assembly, No. 5508 (*Second Reprint*)

1 AN ACT concerning health benefits coverage for contraceptives and
2 amending P.L.2005, c.251.

3
4 **BE IT ENACTED** by the Senate and General Assembly of the State
5 of New Jersey:

6
7 1. Section 1 of P.L.2005, c.251 (C.17:48-6ee) is amended to
8 read as follows:

9 1. a. A hospital service corporation that provides hospital or
10 medical expense benefits ¹**【for expenses incurred in the purchase of**
11 **outpatient prescription drugs under a contract】**¹ shall provide
12 coverage under every ¹**【such】**¹ contract delivered, issued, executed
13 or renewed in this State or approved for issuance or renewal in this
14 State by the Commissioner of Banking and Insurance, on or after
15 the effective date of this act, for expenses incurred in the purchase
16 of prescription female contraceptives ¹, and the following services,
17 drugs, devices, products, and procedures ²on an in-network basis²:

18 (1) Any contraceptive drug, device or product approved by the
19 United States Food and Drug Administration, which coverage shall
20 be subject to all of the following conditions:

21 (a) If there is a therapeutic equivalent of a contraceptive drug,
22 device or product approved by the United States Food and Drug
23 Administration, coverage shall be provided for either the requested
24 contraceptive drug, device or product or for one or more therapeutic
25 equivalents of the requested drug, device or product.

26 (b) Coverage shall be provided without a prescription for all
27 contraceptive drugs available for over-the-counter sale that are
28 approved by the United States Food and Drug Administration.

29 (c) Coverage shall be provided without any infringement upon a
30 subscriber's choice of contraception and medical necessity shall be
31 determined by the provider for covered contraceptive drugs, devices
32 or other products approved by the United States Food and Drug
33 Administration.

34 (2) Voluntary male and female sterilization.

35 (3) Patient education and counseling on contraception.

36 (4) Services related to the administration and monitoring of
37 drugs, devices, products and services required under this section,
38 including but not limited to:

39 (a) Management of side effects;

40 (b) Counseling for continued adherence to a prescribed regimen;

EXPLANATION – Matter enclosed in bold-faced brackets **【thus】** in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹Assembly AAP committee amendments adopted June 13, 2019.

²Senate floor amendments adopted December 16, 2019.

1 (c) Device insertion and removal;

2 (d) Provision of alternative contraceptive drugs, devices or
3 products deemed medically appropriate in the judgment of the
4 subscriber's health care provider; and

5 (e) Diagnosis and treatment services provided pursuant to, or as
6 a follow-up to, a service required under this section¹.

7 ¹**【For the purposes of this section, "prescription female**
8 **contraceptives" means any drug or device used for contraception**
9 **【by a female】, which is approved by the federal Food and Drug**
10 **Administration for that purpose【, that can only be purchased in this**
11 **State with a prescription written by a health care professional**
12 **licensed or authorized to write prescriptions, and includes, but is**
13 **not limited to, birth control pills and diaphragms【.】**

14 b.¹ The coverage provided shall include prescriptions for
15 dispensing contraceptives for:

16 **【a.】** (1) a three-month period for the first dispensing of the
17 contraceptive; and

18 **【b.】** (2) a six-month period for any subsequent dispensing of
19 the same contraceptive, regardless of whether coverage under the
20 contract was in effect at the time of the first dispensing, except that
21 an entity subject to this section may provide coverage for a supply
22 of contraceptives that is for less than a six-month period, if a six-
23 month period would extend beyond the term of the contract.

24 **【A religious employer may request, and a hospital service**
25 **corporation shall grant, an exclusion under the contract for the**
26 **coverage required by this section if the required coverage conflicts**
27 **with the religious employer's bona fide religious beliefs and**
28 **practices. A religious employer that obtains such an exclusion shall**
29 **provide written notice thereof to prospective subscribers and**
30 **subscribers. The provisions of this section shall not be construed as**
31 **authorizing a hospital service corporation to exclude coverage for**
32 **prescription drugs that are prescribed for reasons other than**
33 **contraceptive purposes or for prescription female contraceptives**
34 **that are necessary to preserve the life or health of a subscriber. For**
35 **the purposes of this section, "religious employer" means an**
36 **employer that is a church, convention or association of churches or**
37 **an elementary or secondary school that is controlled, operated or**
38 **principally supported by a church or by a convention or association**
39 **of churches as defined in 26 U.S.C.s.3121(w)(3)(A), and that**
40 **qualifies as a tax-exempt organization under 26 U.S.C.s.501(c)(3).】**

41 ¹**【b.】** c.¹ ²**【The】** (1) Except as provided in paragraph (2) of
42 this subsection, the² benefits shall be provided to the same extent as
43 for any other ¹【outpatient prescription】 service,¹ drug ¹, device,
44 product, or procedure¹ under the contract, except no deductible,
45 coinsurance, copayment, or any other cost-sharing requirement on
46 the coverage shall be imposed.

1 ²(2) In the case of a high deductible health plan, benefits for
2 male sterilization or male contraceptives shall be provided at the
3 lowest deductible and other cost-sharing permitted for a high
4 deductible health plan under section 223(c)(2)(A) of the Internal
5 Revenue Code (26 U.S.C. s.223).²

6 ¹**[c.] d.**¹ This section shall apply to those contracts in which
7 the hospital service corporation has reserved the right to change the
8 premium.

9 ¹e. Nothing in this section shall limit coverage of any additional
10 preventive service for women, as identified or recommended by the
11 United States Preventive Services Task Force or the Health
12 Resources and Services Administration of the United States
13 Department of Health and Human Services pursuant to the
14 provisions of 42 U.S.C. 300gg-13.¹

15
16 2. Section 2 of P.L.2005, c.251 (C.17:48A-7bb) is amended to
17 read as follows:

18 2. a. A medical service corporation that provides hospital or
19 medical expense benefits ¹**[for expenses incurred in the purchase of**
20 **outpatient prescription drugs under a contract]**¹ shall provide
21 coverage under every ¹**[such]**¹ contract delivered, issued, executed
22 or renewed in this State or approved for issuance or renewal in this
23 State by the Commissioner of Banking and Insurance, on or after
24 the effective date of this act, for expenses incurred in the purchase
25 of prescription female contraceptives¹, and the following services,
26 drugs, devices, products, and procedures² on an in-network basis²:

27 (1) Any contraceptive drug, device or product approved by the
28 United States Food and Drug Administration, which coverage shall
29 be subject to all of the following conditions:

30 (a) If there is a therapeutic equivalent of a contraceptive drug,
31 device or product approved by the United States Food and Drug
32 Administration, coverage shall be provided for either the requested
33 contraceptive drug, device or product or for one or more therapeutic
34 equivalents of the requested drug, device or product.

35 (b) Coverage shall be provided without a prescription for all
36 contraceptive drugs available for over-the-counter sale that are
37 approved by the United States Food and Drug Administration.

38 (c) Coverage shall be provided without any infringement upon a
39 subscriber's choice of contraception and medical necessity shall be
40 determined by the provider for covered contraceptive drugs, devices
41 or other products approved by the United States Food and Drug
42 Administration.

43 (2) Voluntary male and female sterilization.

44 (3) Patient education and counseling on contraception.

45 (4) Services related to the administration and monitoring of
46 drugs, devices, products and services required under this section,
47 including but not limited to:

- 1 (a) Management of side effects;
2 (b) Counseling for continued adherence to a prescribed regimen;
3 (c) Device insertion and removal;
4 (d) Provision of alternative contraceptive drugs, devices or
5 products deemed medically appropriate in the judgment of the
6 subscriber's health care provider; and
7 (e) Diagnosis and treatment services provided pursuant to, or as
8 a follow-up to, a service required under this section¹.

9 ¹For the purposes of this section, "prescription female
10 contraceptives" means any drug or device used for contraception
11 **by a female**, which is approved by the federal Food and Drug
12 Administration for that purpose, that can only be purchased in this
13 State with a prescription written by a health care professional
14 licensed or authorized to write prescriptions, and includes, but is
15 not limited to, birth control pills and diaphragms**.**

16 b.¹ The coverage provided shall include prescriptions for
17 dispensing contraceptives for:

18 **[a.]** (1) a three-month period for the first dispensing of the
19 contraceptive; and

20 **[b.]** (2) a six-month period for any subsequent dispensing of
21 the same contraceptive, regardless of whether coverage under the
22 contract was in effect at the time of the first dispensing, except that
23 an entity subject to this section may provide coverage for a supply
24 of contraceptives that is for less than a six-month period, if a six-
25 month period would extend beyond the term of the contract.

26 **[A religious employer may request, and a medical service**
27 **corporation shall grant, an exclusion under the contract for the**
28 **coverage required by this section if the required coverage conflicts**
29 **with the religious employer's bona fide religious beliefs and**
30 **practices. A religious employer that obtains such an exclusion shall**
31 **provide written notice thereof to prospective subscribers and**
32 **subscribers. The provisions of this section shall not be construed as**
33 **authorizing a medical service corporation to exclude coverage for**
34 **prescription drugs that are prescribed for reasons other than**
35 **contraceptive purposes or for prescription female contraceptives**
36 **that are necessary to preserve the life or health of a subscriber. For**
37 **the purposes of this section, "religious employer" means an**
38 **employer that is a church, convention or association of churches or**
39 **an elementary or secondary school that is controlled, operated or**
40 **principally supported by a church or by a convention or association**
41 **of churches as defined in 26 U.S.C.s.3121(w)(3)(A), and that**
42 **qualifies as a tax-exempt organization under 26 U.S.C.s.501(c)(3).]**

43 ¹**[b.] c.** ²**[The]** (1) Except as provided in paragraph (2) of
44 this subsection, the² benefits shall be provided to the same extent as
45 for any other ¹**[outpatient prescription] service,¹ drug ¹, device,**
46 product, or procedure¹ under the contract, except no deductible,

1 coinsurance, copayment, or any other cost-sharing requirement on
2 the coverage shall be imposed.

3 ²(2) In the case of a high deductible health plan, benefits for
4 male sterilization or male contraceptives shall be provided at the
5 lowest deductible and other cost-sharing permitted for a high
6 deductible health plan under section 223(c)(2)(A) of the Internal
7 Revenue Code (26 U.S.C. s.223).²

8 ¹**[c.] d.**¹ This section shall apply to those contracts in which
9 the medical service corporation has reserved the right to change the
10 premium.

11 ¹e. Nothing in this section shall limit coverage of any additional
12 preventive service for women, as identified or recommended by the
13 United States Preventive Services Task Force or the Health
14 Resources and Services Administration of the United States
15 Department of Health and Human Services pursuant to the
16 provisions of 42 U.S.C. 300gg-13.¹

17 (cf: P.L.2017, c.241, s.2)

18

19 3. Section 3 of P.L.2005, c.251 (C.17:48E-35.29) is amended
20 to read as follows:

21 3. a. A health service corporation that provides hospital or
22 medical expense benefits ¹**[for expenses incurred in the purchase of**
23 **outpatient prescription drugs under a contract]**¹ shall provide
24 coverage under every ¹**[such]**¹ contract delivered, issued, executed
25 or renewed in this State or approved for issuance or renewal in this
26 State by the Commissioner of Banking and Insurance, on or after
27 the effective date of this act, for expenses incurred in the purchase
28 of prescription female contraceptives¹, and the following services,
29 drugs, devices, products, and procedures² on an in-network basis²:

30 (1) Any contraceptive drug, device or product approved by the
31 United States Food and Drug Administration, which coverage shall
32 be subject to all of the following conditions:

33 (a) If there is a therapeutic equivalent of a contraceptive drug,
34 device or product approved by the United States Food and Drug
35 Administration, coverage shall be provided for either the requested
36 contraceptive drug, device or product or for one or more therapeutic
37 equivalents of the requested drug, device or product.

38 (b) Coverage shall be provided without a prescription for all
39 contraceptive drugs available for over-the-counter sale that are
40 approved by the United States Food and Drug Administration.

41 (c) Coverage shall be provided without any infringement upon a
42 subscriber's choice of contraception and medical necessity shall be
43 determined by the provider for covered contraceptive drugs, devices
44 or other products approved by the United States Food and Drug
45 Administration.

46 (2) Voluntary male and female sterilization.

47 (3) Patient education and counseling on contraception.

1 (4) Services related to the administration and monitoring of
2 drugs, devices, products and services required under this section,
3 including but not limited to:

4 (a) Management of side effects;

5 (b) Counseling for continued adherence to a prescribed regimen;

6 (c) Device insertion and removal;

7 (d) Provision of alternative contraceptive drugs, devices or
8 products deemed medically appropriate in the judgment of the
9 subscriber's health care provider; and

10 (e) Diagnosis and treatment services provided pursuant to, or as
11 a follow-up to, a service required under this section¹.

12 ¹**【For the purposes of this section, "prescription female**
13 **contraceptives" means any drug or device used for contraception**
14 **【by a female】, which is approved by the federal Food and Drug**
15 **Administration for that purpose【, that can only be purchased in this**
16 **State with a prescription written by a health care professional**
17 **licensed or authorized to write prescriptions, and includes, but is**
18 **not limited to, birth control pills and diaphragms】.】**

19 **b.**¹ The coverage provided shall include prescriptions for
20 dispensing contraceptives for:

21 **【a.】** (1) a three-month period for the first dispensing of the
22 contraceptive; and

23 **【b.】** (2) a six-month period for any subsequent dispensing of
24 the same contraceptive, regardless of whether coverage under the
25 contract was in effect at the time of the first dispensing, except that
26 an entity subject to this section may provide coverage for a supply
27 of contraceptives that is for less than a six-month period, if a six-
28 month period would extend beyond the term of the contract.

29 **【A religious employer may request, and a health service**
30 **corporation shall grant, an exclusion under the contract for the**
31 **coverage required by this section if the required coverage conflicts**
32 **with the religious employer's bona fide religious beliefs and**
33 **practices. A religious employer that obtains such an exclusion shall**
34 **provide written notice thereof to prospective subscribers and**
35 **subscribers. The provisions of this section shall not be construed as**
36 **authorizing a health service corporation to exclude coverage for**
37 **prescription drugs that are prescribed for reasons other than**
38 **contraceptive purposes or for prescription female contraceptives**
39 **that are necessary to preserve the life or health of a subscriber. For**
40 **the purposes of this section, "religious employer" means an**
41 **employer that is a church, convention or association of churches or**
42 **an elementary or secondary school that is controlled, operated or**
43 **principally supported by a church or by a convention or association**
44 **of churches as defined in 26 U.S.C.s.3121(w)(3)(A), and that**
45 **qualifies as a tax-exempt organization under 26 U.S.C.s.501(c)(3).】**

46 ¹**【b.】** c.¹ ²**【The】** (1) Except as provided in paragraph (2) of
47 this subsection, the² benefits shall be provided to the same extent as

1 for any other ¹**【outpatient prescription】** service,¹ drug ¹, device,
2 product, or procedure¹ under the contract, except no deductible,
3 coinsurance, copayment, or any other cost-sharing requirement on
4 the coverage shall be imposed.

5 ²(2) In the case of a high deductible health plan, benefits for
6 male sterilization or male contraceptives shall be provided at the
7 lowest deductible and other cost-sharing permitted for a high
8 deductible health plan under section 223(c)(2)(A) of the Internal
9 Revenue Code (26 U.S.C. s.223).²

10 ¹**【c.】** d.¹ This section shall apply to those contracts in which
11 the health service corporation has reserved the right to change the
12 premium.

13 ¹e. Nothing in this section shall limit coverage of any additional
14 preventive service for women, as identified or recommended by the
15 United States Preventive Services Task Force or the Health
16 Resources and Services Administration of the United States
17 Department of Health and Human Services pursuant to the
18 provisions of 42 U.S.C. 300gg-13.¹

19 (cf: P.L.2017, c.241, s.3)

20

21 4. Section 4 of P.L.2005, c.251 (C.17B:27-46.1ee) is amended
22 to read as follows:

23 4. a. A group health insurer that provides hospital or medical
24 expense benefits ¹**【for expenses incurred in the purchase of**
25 outpatient prescription drugs under a policy¹ shall provide
26 coverage under every ¹**【such¹】** policy delivered, issued, executed or
27 renewed in this State or approved for issuance or renewal in this
28 State by the Commissioner of Banking and Insurance, on or after
29 the effective date of this act, for expenses incurred in the purchase
30 of prescription female contraceptives¹, and the following services,
31 drugs, devices, products, and procedures ²on an in-network basis²:

32 (1) Any contraceptive drug, device or product approved by the
33 United States Food and Drug Administration, which coverage shall
34 be subject to all of the following conditions:

35 (a) If there is a therapeutic equivalent of a contraceptive drug,
36 device or product approved by the United States Food and Drug
37 Administration, coverage shall be provided for either the requested
38 contraceptive drug, device or product or for one or more therapeutic
39 equivalents of the requested drug, device or product.

40 (b) Coverage shall be provided without a prescription for all
41 contraceptive drugs available for over-the-counter sale that are
42 approved by the United States Food and Drug Administration.

43 (c) Coverage shall be provided without any infringement upon a
44 subscriber's choice of contraception and medical necessity shall be
45 determined by the provider for covered contraceptive drugs, devices
46 or other products approved by the United States Food and Drug
47 Administration.

- 1 (2) Voluntary male and female sterilization.
2 (3) Patient education and counseling on contraception.
3 (4) Services related to the administration and monitoring of
4 drugs, devices, products and services required under this section,
5 including but not limited to:
6 (a) Management of side effects;
7 (b) Counseling for continued adherence to a prescribed regimen;
8 (c) Device insertion and removal;
9 (d) Provision of alternative contraceptive drugs, devices or
10 products deemed medically appropriate in the judgment of the
11 subscriber's health care provider; and
12 (e) Diagnosis and treatment services provided pursuant to, or as
13 a follow-up to, a service required under this section¹.

14 ¹**【For the purposes of this section, "prescription female**
15 **contraceptives" means any drug or device used for contraception**
16 **【by a female】, which is approved by the federal Food and Drug**
17 **Administration for that purpose【, that can only be purchased in this**
18 **State with a prescription written by a health care professional**
19 **licensed or authorized to write prescriptions, and includes, but is**
20 **not limited to, birth control pills and diaphragms】.】**

21 **b.**¹ The coverage provided shall include prescriptions for
22 dispensing contraceptives for:

23 **【a.】** **(1)** a three-month period for the first dispensing of the
24 contraceptive; and

25 **【b.】** **(2)** a six-month period for any subsequent dispensing of
26 the same contraceptive, regardless of whether coverage under the
27 contract was in effect at the time of the first dispensing, except that
28 an entity subject to this section may provide coverage for a supply
29 of contraceptives that is for less than a six-month period, if a six-
30 month period would extend beyond the term of the contract.

31 **【A religious employer may request, and an insurer shall grant, an**
32 **exclusion under the policy for the coverage required by this section**
33 **if the required coverage conflicts with the religious employer's bona**
34 **fide religious beliefs and practices. A religious employer that**
35 **obtains such an exclusion shall provide written notice thereof to**
36 **prospective insureds and insureds. The provisions of this section**
37 **shall not be construed as authorizing an insurer to exclude coverage**
38 **for prescription drugs that are prescribed for reasons other than**
39 **contraceptive purposes or for prescription female contraceptives**
40 **that are necessary to preserve the life or health of an insured. For**
41 **the purposes of this section, "religious employer" means an**
42 **employer that is a church, convention or association of churches or**
43 **an elementary or secondary school that is controlled, operated or**
44 **principally supported by a church or by a convention or association**
45 **of churches as defined in 26 U.S.C.s.3121(w)(3)(A), and that**
46 **qualifies as a tax-exempt organization under 26 U.S.C.s.501(c)(3).】**

1 ¹~~【b.】~~ ¹~~c.~~ ²~~【The】~~ (1) Except as provided in paragraph (2) of
 2 this subsection, the² benefits shall be provided to the same extent as
 3 for any other ¹【outpatient prescription】 service,¹ drug ¹, device,
 4 product, or procedure¹ under the policy, except no deductible,
 5 coinsurance, copayment, or any other cost-sharing requirement on
 6 the coverage shall be imposed.

7 ²(2) In the case of a high deductible health plan, benefits for
 8 male sterilization or male contraceptives shall be provided at the
 9 lowest deductible and other cost-sharing permitted for a high
 10 deductible health plan under section 223(c)(2)(A) of the Internal
 11 Revenue Code (26 U.S.C. s.223).²

12 ¹~~【c.】~~ ¹~~d.~~ This section shall apply to those policies in which the
 13 insurer has reserved the right to change the premium.

14 ¹e. Nothing in this section shall limit coverage of any additional
 15 preventive service for women, as identified or recommended by the
 16 United States Preventive Services Task Force or the Health
 17 Resources and Services Administration of the United States
 18 Department of Health and Human Services pursuant to the
 19 provisions of 42 U.S.C. 300gg-13.¹

20 (cf: P.L.2017, c.241, s.4)

21

22 5. Section 5 of P.L.2005, c.251 (C.17B:26-2.1y) is amended to
 23 read as follows:

24 5. a. An individual health insurer that provides hospital or
 25 medical expense benefits ¹~~【for expenses incurred in the purchase of~~
 26 ~~outpatient prescription drugs under a policy】¹ shall provide~~
 27 coverage under every ¹~~【such】¹ policy delivered, issued, executed or~~
 28 ~~renewed in this State or approved for issuance or renewal in this~~
 29 ~~State by the Commissioner of Banking and Insurance, on or after~~
 30 ~~the effective date of this act, for expenses incurred in the purchase~~
 31 ~~of prescription female contraceptives¹, and the following services,~~
 32 ~~drugs, devices, products, and procedures ²on an in-network basis²:~~

33 (1) Any contraceptive drug, device or product approved by the
 34 United States Food and Drug Administration, which coverage shall
 35 be
 36 subject to all of the following conditions:

37 (a) If there is a therapeutic equivalent of a contraceptive drug,
 38 device or product approved by the United States Food and Drug
 39 Administration, coverage shall be provided for either the requested
 40 contraceptive drug, device or product or for one or more therapeutic
 41 equivalents of the requested drug, device or product.

42 (b) Coverage shall be provided without a prescription for all
 43 contraceptive drugs available for over-the-counter sale that are
 44 approved by the United States Food and Drug Administration.

45 (c) Coverage shall be provided without any infringement upon a
 46 subscriber's choice of contraception and medical necessity shall be
 47 determined by the provider for covered contraceptive drugs, devices

1 or other products approved by the United States Food and Drug
2 Administration.

3 (2) Voluntary male and female sterilization.

4 (3) Patient education and counseling on contraception.

5 (4) Services related to the administration and monitoring of
6 drugs, devices, products and services required under this section,
7 including but not limited to:

8 (a) Management of side effects;

9 (b) Counseling for continued adherence to a prescribed regimen;

10 (c) Device insertion and removal;

11 (d) Provision of alternative contraceptive drugs, devices or
12 products deemed medically appropriate in the judgment of the
13 subscriber's health care provider; and

14 (e) Diagnosis and treatment services provided pursuant to, or as
15 a follow-up to, a service required under this section¹.

16 ¹**【For the purposes of this section, "prescription female**
17 **contraceptives" means any drug or device used for contraception**
18 **【by a female】, which is approved by the federal Food and Drug**
19 **Administration for that purpose【, that can only be purchased in this**
20 **State with a prescription written by a health care professional**
21 **licensed or authorized to write prescriptions, and includes, but is**
22 **not limited to, birth control pills and diaphragms】.】**

23 **b.**¹ The coverage provided shall include prescriptions for
24 dispensing contraceptives for:

25 **【a.】 (1)** a three-month period for the first dispensing of the
26 contraceptive; and

27 **【b.】 (2)** a six-month period for any subsequent dispensing of
28 the same contraceptive, regardless of whether coverage under the
29 contract was in effect at the time of the first dispensing, except that
30 an entity subject to this section may provide coverage for a supply
31 of contraceptives that is for less than a six-month period, if a six-
32 month period would extend beyond the term of the contract.

33 **【A religious employer may request, and an insurer shall grant, an**
34 **exclusion under the policy for the coverage required by this section**
35 **if the required coverage conflicts with the religious employer's bona**
36 **fide religious beliefs and practices. A religious employer that**
37 **obtains such an exclusion shall provide written notice thereof to**
38 **prospective insureds and insureds. The provisions of this section**
39 **shall not be construed as authorizing an insurer to exclude coverage**
40 **for prescription drugs that are prescribed for reasons other than**
41 **contraceptive purposes or for prescription female contraceptives**
42 **that are necessary to preserve the life or health of an insured. For**
43 **the purposes of this section, "religious employer" means an**
44 **employer that is a church, convention or association of churches or**
45 **an elementary or secondary school that is controlled, operated or**
46 **principally supported by a church or by a convention or association**

1 of churches as defined in 26 U.S.C.s.3121(w)(3)(A), and that
2 qualifies as a tax-exempt organization under 26 U.S.C.s.501(c)(3).】

3 ¹【b.】 ¹ c. ²【The】 (1) Except as provided in paragraph (2) of
4 this subsection, the² benefits shall be provided to the same extent as
5 for any other ¹【outpatient prescription】 service,¹ drug ¹, device,
6 product, or procedure¹ under the policy, except no deductible,
7 coinsurance, copayment, or any other cost-sharing requirement on
8 the coverage shall be imposed.

9 ²(2) In the case of a high deductible health plan, benefits for
10 male sterilization or male contraceptives shall be provided at the
11 lowest deductible and other cost-sharing permitted for a high
12 deductible health plan under section 223(c)(2)(A) of the Internal
13 Revenue Code (26 U.S.C. s.223).²

14 ¹【c.】 ¹ d. This section shall apply to those policies in which the
15 insurer has reserved the right to change the premium.

16 ¹e. Nothing in this section shall limit coverage of any additional
17 preventive service for women, as identified or recommended by the
18 United States Preventive Services Task Force or the Health
19 Resources and Services Administration of the United States
20 Department of Health and Human Services pursuant to the
21 provisions of 42 U.S.C. 300gg-13.¹

22 (cf: P.L.2017, c.241, s.5)

23
24 6. Section 6 of P.L.2005, c.251 (C.26:2J-4.30) is amended to
25 read as follows:

26 6. a. A certificate of authority to establish and operate a health
27 maintenance organization in this State shall not be issued or
28 continued on or after the effective date of this act for a health
29 maintenance organization ¹【that provides health care services for
30 outpatient prescription drugs under a contract】¹, unless the health
31 maintenance organization ¹【also】¹ provides health care services for
32 prescription female contraceptives¹, and the following services,
33 drugs, devices, products, and procedures² on an in-network basis²:

34 (1) Any contraceptive drug, device or product approved by the
35 United States Food and Drug Administration, which coverage shall
36 be subject to all of the following conditions:

37 (a) If there is a therapeutic equivalent of a contraceptive drug,
38 device or product approved by the United States Food and Drug
39 Administration, coverage shall be provided for either the requested
40 contraceptive drug, device or product or for one or more therapeutic
41 equivalents of the requested drug, device or product.

42 (b) Coverage shall be provided without a prescription for all
43 contraceptive drugs available for over-the-counter sale that are
44 approved by the United States Food and Drug Administration.

45 (c) Coverage shall be provided without any infringement upon a
46 subscriber's choice of contraception and medical necessity shall be
47 determined by the provider for covered contraceptive drugs, devices

1 or other products approved by the United States Food and Drug
2 Administration.

3 (2) Voluntary male and female sterilization.

4 (3) Patient education and counseling on contraception.

5 (4) Services related to the administration and monitoring of
6 drugs, devices, products and services required under this section,
7 including but not limited to:

8 (a) Management of side effects;

9 (b) Counseling for continued adherence to a prescribed regimen;

10 (c) Device insertion and removal;

11 (d) Provision of alternative contraceptive drugs, devices or
12 products deemed medically appropriate in the judgment of the
13 subscriber's health care provider; and

14 (e) Diagnosis and treatment services provided pursuant to, or as
15 a follow-up to, a service required under this section¹.

16 ¹**【For the purposes of this section, "prescription female**
17 **contraceptives" means any drug or device used for contraception**
18 **【by a female】, which is approved by the federal Food and Drug**
19 **Administration for that purpose【, that can only be purchased in this**
20 **State with a prescription written by a health care professional**
21 **licensed or authorized to write prescriptions, and includes, but is**
22 **not limited to, birth control pills and diaphragms】.】**

23 **b.**¹ The coverage provided shall include prescriptions for
24 dispensing contraceptives for:

25 **【a.】 (1)** a three-month period for the first dispensing of the
26 contraceptive; and

27 **【b.】 (2)** a six-month period for any subsequent dispensing of
28 the same contraceptive, regardless of whether coverage under the
29 contract was in effect at the time of the first dispensing, except that
30 an entity subject to this section may provide coverage for a supply
31 of contraceptives that is for less than a six-month period, if a six-
32 month period would extend beyond the term of the contract.

33 **【A religious employer may request, and a health maintenance**
34 **organization shall grant, an exclusion under the contract for the**
35 **health care services required by this section if the required health**
36 **care services conflict with the religious employer's bona fide**
37 **religious beliefs and practices. A religious employer that obtains**
38 **such an exclusion shall provide written notice thereof to prospective**
39 **enrollees and enrollees. The provisions of this section shall not be**
40 **construed as authorizing a health maintenance organization to**
41 **exclude health care services for prescription drugs that are**
42 **prescribed for reasons other than contraceptive purposes or for**
43 **prescription female contraceptives that are necessary to preserve the**
44 **life or health of an enrollee. For the purposes of this section,**
45 **"religious employer" means an employer that is a church,**
46 **convention or association of churches or an elementary or**
47 **secondary school that is controlled, operated or principally**

1 supported by a church or by a convention or association of churches
2 as defined in 26 U.S.C.s.3121(w)(3)(A), and that qualifies as a tax-
3 exempt organization under 26 U.S.C.s.501(c)(3).】

4 ¹【b.】 c.¹ ²【The】 (1) Except as provided in paragraph (2) of
5 this subsection, the² health care services shall be provided to the
6 same extent as for any other ¹【outpatient prescription】 service,¹
7 drug ¹, device, product, or procedure¹ under the contract, except no
8 deductible, coinsurance, copayment, or any other cost-sharing
9 requirement on the coverage shall be imposed.

10 ²(2) In the case of a high deductible health plan, benefits for
11 male sterilization or male contraceptives shall be provided at the
12 lowest deductible and other cost-sharing permitted for a high
13 deductible health plan under section 223(c)(2)(A) of the Internal
14 Revenue Code (26 U.S.C. s.223).²

15 ¹【c.】 d.¹ The provisions of this section shall apply to those
16 contracts for health care services by health maintenance
17 organizations under which the right to change the schedule of
18 charges for enrollee coverage is reserved.

19 ¹e. Nothing in this section shall limit coverage of any additional
20 preventive service for women, as identified or recommended by the
21 United States Preventive Services Task Force or the Health
22 Resources and Services Administration of the United States
23 Department of Health and Human Services pursuant to the
24 provisions of 42 U.S.C. 300gg-13.¹

25 (cf: P.L.2017, c.241, s.6)

26

27 7. Section 7 of P.L.2005, c.251 (C.17B:27A-7.12) is amended
28 to read as follows:

29 7. a. An individual health benefits plan required pursuant to
30 section 3 of P.L.1992, c.161 (C.17B:27A-4) ¹【that provides benefits
31 for expenses incurred in the purchase of outpatient prescription
32 drugs】¹ shall provide coverage for expenses incurred in the
33 purchase of prescription female contraceptives¹, and the following
34 services, drugs, devices, products, and procedures ²on an in-
35 network basis²:

36 (1) Any contraceptive drug, device or product approved by the
37 United States Food and Drug Administration, which coverage shall
38 be subject to all of the following conditions:

39 (a) If there is a therapeutic equivalent of a contraceptive drug,
40 device or product approved by the United States Food and Drug
41 Administration, coverage shall be provided for either the requested
42 contraceptive drug, device or product or for one or more therapeutic
43 equivalents of the requested drug, device or product.

44 (b) Coverage shall be provided without a prescription for all
45 contraceptive drugs available for over-the-counter sale that are
46 approved by the United States Food and Drug Administration.

1 (c) Coverage shall be provided without any infringement upon a
2 subscriber's choice of contraception and medical necessity shall be
3 determined by the provider for covered contraceptive drugs, devices
4 or other products approved by the United States Food and Drug
5 Administration.

6 (2) Voluntary male and female sterilization.

7 (3) Patient education and counseling on contraception.

8 (4) Services related to the administration and monitoring of
9 drugs, devices, products and services required under this section,
10 including but not limited to:

11 (a) Management of side effects;

12 (b) Counseling for continued adherence to a prescribed regimen;

13 (c) Device insertion and removal;

14 (d) Provision of alternative contraceptive drugs, devices or
15 products deemed medically appropriate in the judgment of the
16 subscriber's health care provider; and

17 (e) Diagnosis and treatment services provided pursuant to, or as
18 a follow-up to, a service required under this section¹.

19 ¹**【For the purposes of this section, "prescription female**
20 **contraceptives" means any drug or device used for contraception**
21 **【by a female】, which is approved by the federal Food and Drug**
22 **Administration for that purpose【, that can only be purchased in this**
23 **State with a prescription written by a health care professional**
24 **licensed or authorized to write prescriptions, and includes, but is**
25 **not limited to, birth control pills and diaphragms】.】**

26 **b.**¹ The coverage provided shall include prescriptions for
27 dispensing contraceptives for:

28 **【a.】** (1) a three-month period for the first dispensing of the
29 contraceptive; and

30 **【b.】** (2) a six-month period for any subsequent dispensing of
31 the same contraceptive, regardless of whether coverage under the
32 contract was in effect at the time of the first dispensing, except that
33 an entity subject to this section may provide coverage for a supply
34 of contraceptives that is for less than a six-month period, if a six-
35 month period would extend beyond the term of the contract.

36 **【A religious employer may request, and a carrier shall grant, an**
37 **exclusion under the health benefits plan for the coverage required**
38 **by this section if the required coverage conflicts with the religious**
39 **employer's bona fide religious beliefs and practices. A religious**
40 **employer that obtains such an exclusion shall provide written notice**
41 **thereof to prospective covered persons and covered persons. The**
42 **provisions of this section shall not be construed as authorizing a**
43 **carrier to exclude coverage for prescription drugs that are**
44 **prescribed for reasons other than contraceptive purposes or for**
45 **prescription female contraceptives that are necessary to preserve the**
46 **life or health of a covered person. For the purposes of this section,**
47 **"religious employer" means an employer that is a church,**

1 convention or association of churches or an elementary or
2 secondary school that is controlled, operated or principally
3 supported by a church or by a convention or association of churches
4 as defined in 26 U.S.C.s.3121(w)(3)(A), and that qualifies as a tax-
5 exempt organization under 26 U.S.C.s.501(c)(3).】

6 ¹【b.】 c.¹ ²【The】 (1) Except as provided in paragraph (2) of
7 this subsection, the² benefits shall be provided to the same extent as
8 for any other ¹【outpatient prescription】 service,¹ drug ¹, device,
9 product, or procedure¹ under the health benefits plan, except no
10 deductible, coinsurance, copayment, or any other cost-sharing
11 requirement on the coverage shall be imposed.

12 ²(2) In the case of a high deductible health plan, benefits for
13 male sterilization or male contraceptives shall be provided at the
14 lowest deductible and other cost-sharing permitted for a high
15 deductible health plan under section 223(c)(2)(A) of the Internal
16 Revenue Code (26 U.S.C. s.223).²

17 ¹【c.】 d.¹ This section shall apply to all individual health
18 benefits plans in which the carrier has reserved the right to change
19 the premium.

20 ¹e. Nothing in this section shall limit coverage of any additional
21 preventive service for women, as identified or recommended by the
22 United States Preventive Services Task Force or the Health
23 Resources and Services Administration of the United States
24 Department of Health and Human Services pursuant to the
25 provisions of 42 U.S.C. 300gg-13.¹

26 (cf: P.L.2017, c.241, s.7)

27

28 8. Section 8 of P.L.2005, c.251 (C.17B:27A-19.15) is amended
29 to read as follows:

30 8. a. A small employer health benefits plan required pursuant
31 to section 3 of P.L.1992, c.162 (C.17B:27A-19) ¹【that provides
32 benefits for expenses incurred in the purchase of outpatient
33 prescription drugs】¹ shall provide coverage for expenses incurred in
34 the purchase of prescription female contraceptives¹, and the
35 following services, drugs, devices, products, and procedures ²on an
36 in-network basis²:

37 (1) Any contraceptive drug, device or product approved by the
38 United States Food and Drug Administration, which coverage shall
39 be subject to all of the following conditions:

40 (a) If there is a therapeutic equivalent of a contraceptive drug,
41 device or product approved by the United States Food and Drug
42 Administration, coverage shall be provided for either the requested
43 contraceptive drug, device or product or for one or more therapeutic
44 equivalents of the requested drug, device or product.

45 (b) Coverage shall be provided without a prescription for all
46 contraceptive drugs available for over-the-counter sale that are
47 approved by the United States Food and Drug Administration.

1 (c) Coverage shall be provided without any infringement upon a
2 subscriber's choice of contraception and medical necessity shall be
3 determined by the provider for covered contraceptive drugs, devices
4 or other products approved by the United States Food and Drug
5 Administration.

6 (2) Voluntary male and female sterilization.

7 (3) Patient education and counseling on contraception.

8 (4) Services related to the administration and monitoring of
9 drugs, devices, products and services required under this section,
10 including but not limited to:

11 (a) Management of side effects;

12 (b) Counseling for continued adherence to a prescribed regimen;

13 (c) Device insertion and removal;

14 (d) Provision of alternative contraceptive drugs, devices or
15 products deemed medically appropriate in the judgment of the
16 subscriber's health care provider; and

17 (e) Diagnosis and treatment services provided pursuant to, or as
18 a follow-up to, a service required under this section¹.

19 ¹**【For the purposes of this section, "prescription female**
20 **contraceptives" means any drug or device used for contraception**
21 **【by a female】, which is approved by the federal Food and Drug**
22 **Administration for that purpose【, that can only be purchased in this**
23 **State with a prescription written by a health care professional**
24 **licensed or authorized to write prescriptions, and includes, but is**
25 **not limited to, birth control pills and diaphragms】.】**

26 **b.**¹ The coverage provided shall include prescriptions for
27 dispensing contraceptives for:

28 **【a.】** (1) a three-month period for the first dispensing of the
29 contraceptive; and

30 **【b.】** (2) a six-month period for any subsequent dispensing of
31 the same contraceptive, regardless of whether coverage under the
32 contract was in effect at the time of the first dispensing, except that
33 an entity subject to this section may provide coverage for a supply
34 of contraceptives that is for less than a six-month period, if a six-
35 month period would extend beyond the term of the contract.

36 **【A religious employer may request, and a carrier shall grant, an**
37 **exclusion under the health benefits plan for the coverage required**
38 **by this section if the required coverage conflicts with the religious**
39 **employer's bona fide religious beliefs and practices. A religious**
40 **employer that obtains such an exclusion shall provide written notice**
41 **thereof to prospective covered persons and covered persons. The**
42 **provisions of this section shall not be construed as authorizing a**
43 **carrier to exclude coverage for prescription drugs that are**
44 **prescribed for reasons other than contraceptive purposes or for**
45 **prescription female contraceptives that are necessary to preserve the**
46 **life or health of a covered person. For the purposes of this section,**
47 **"religious employer" means an employer that is a church,**

1 convention or association of churches or an elementary or
2 secondary school that is controlled, operated or principally
3 supported by a church or by a convention or association of churches
4 as defined in 26 U.S.C.s.3121(w)(3)(A), and that qualifies as a tax-
5 exempt organization under 26 U.S.C.s.501(c)(3).】

6 ¹【b.】 c.¹ ²【The】 (1) Except as provided in paragraph (2) of
7 this subsection, the² benefits shall be provided to the same extent as
8 for any other ¹【outpatient prescription】 service,¹ drug ¹, device,
9 product, or procedure¹ under the health benefits plan, except no
10 deductible, coinsurance, copayment, or any other cost-sharing
11 requirement on the coverage shall be imposed.

12 ²(2) In the case of a high deductible health plan, benefits for
13 male sterilization or male contraceptives shall be provided at the
14 lowest deductible and other cost-sharing permitted for a high
15 deductible health plan under section 223(c)(2)(A) of the Internal
16 Revenue Code (26 U.S.C. s.223).²

17 ¹【c.】 d.¹ This section shall apply to all small employer health
18 benefits plans in which the carrier has reserved the right to change
19 the premium.

20 ¹e. Nothing in this section shall limit coverage of any additional
21 preventive service for women, as identified or recommended by the
22 United States Preventive Services Task Force or the Health
23 Resources and Services Administration of the United States
24 Department of Health and Human Services pursuant to the
25 provisions of 42 U.S.C. 300gg-13.¹

26 (cf: P.L.2017, c.241, s.8)

27

28 9. Section 9 of P.L.2005, c.251 (C.17:48F-13.2) is amended to
29 read as follows:

30 9. a. A prepaid prescription service organization ¹【that
31 provides benefits for expenses incurred in the purchase of
32 outpatient prescription drugs under a contract】¹ shall provide
33 coverage under every ¹【such】¹ contract delivered, issued, executed
34 or renewed in this State or approved for issuance or renewal in this
35 State by the Commissioner of Banking and Insurance, on or after
36 the effective date of this act, for expenses incurred in the purchase
37 of prescription female contraceptives¹, and the services, drugs,
38 devices, products, and procedures ²on an in-network basis² as
39 determined to be required to be covered by the commissioner
40 pursuant to subsection b. of this section.

41 b. The Commissioner of Banking and Insurance shall
42 determine, in the commissioner's discretion, which provisions of
43 the coverage requirements applicable to insurers pursuant to
44 P.L. , c. (C.) (pending before the Legislature as this bill,)
45 shall apply to prepaid prescription organizations, and shall adopt
46 regulations in accordance with the commissioner's determination¹.

1 ¹【For the purposes of this section, "prescription female
2 contraceptives" means any drug or device used for contraception
3 **【by a female】**, which is approved by the federal Food and Drug
4 Administration for that purpose**【**, that can only be purchased in this
5 State with a prescription written by a health care professional
6 licensed or authorized to write prescriptions, and includes, but is
7 not limited to, birth control pills and diaphragms**】.**】

8 c.¹ The coverage provided shall include prescriptions for
9 dispensing contraceptives for:

10 **【a.】** (1) a three-month period for the first dispensing of the
11 contraceptive; and

12 **【b.】** (2) a six-month period for any subsequent dispensing of
13 the same contraceptive, regardless of whether coverage under the
14 contract was in effect at the time of the first dispensing, except that
15 an entity subject to this section may provide coverage for a supply
16 of contraceptives that is for less than a six-month period, if a six-
17 month period would extend beyond the term of the contract.

18 **【A religious employer may request, and a prepaid prescription
19 service organization shall grant, an exclusion under the contract for
20 the coverage required by this section if the required coverage
21 conflicts with the religious employer's bona fide religious beliefs
22 and practices. A religious employer that obtains such an exclusion
23 shall provide written notice thereof to prospective enrollees and
24 enrollees. The provisions of this section shall not be construed as
25 authorizing a prepaid prescription service organization to exclude
26 coverage for prescription drugs that are prescribed for reasons other
27 than contraceptive purposes or for prescription female
28 contraceptives that are necessary to preserve the life or health of an
29 enrollee. For the purposes of this section, "religious employer"
30 means an employer that is a church, convention or association of
31 churches or an elementary or secondary school that is controlled,
32 operated or principally supported by a church or by a convention or
33 association of churches as defined in 26 U.S.C.s.3121(w)(3)(A),
34 and that qualifies as a tax-exempt organization under 26
35 U.S.C.s.501(c)(3).】**

36 ¹**【b.】** d.¹ ²**【The】** (1) Except as provided in paragraph (2) of
37 this subsection, the² benefits shall be provided to the same extent as
38 for any other ¹**【outpatient prescription】** service,¹ drug ¹, device,
39 product, or procedure¹ under the contract, except no deductible,
40 coinsurance, copayment, or any other cost-sharing requirement on
41 the coverage shall be imposed.

42 ²(2) In the case of a high deductible health plan, benefits for male
43 sterilization or male contraceptives shall be provided at the lowest
44 deductible and other cost-sharing permitted for a high deductible
45 health plan under section 223(c)(2)(A) of the Internal Revenue
46 Code (26 U.S.C. s.223).²

1 ¹[c.] e.¹ This section shall apply to those prepaid prescription
2 contracts in which the prepaid prescription service organization has
3 reserved the right to change the premium.

4 ¹f. Nothing in this section shall limit coverage of any additional
5 preventive service for women, as identified or recommended by the
6 United States Preventive Services Task Force or the Health
7 Resources and Services Administration of the United States
8 Department of Health and Human Services pursuant to the
9 provisions of 42 U.S.C. 300gg-13.¹

10 (cf: P.L.2017, c.241, s.9)

11
12 10. Section 10 of P.L.2005, c.251 (C.52:14-17.29j) is amended
13 to read as follows:

14 10. a. The State Health Benefits Commission shall ensure that
15 every contract purchased by the commission on or after the
16 effective date of this act ¹[that provides benefits for expenses
17 incurred in the purchase of outpatient prescription drugs]¹ shall
18 provide benefits for expenses incurred in the purchase of
19 prescription female contraceptives¹, and the following services,
20 drugs, devices, products, and procedures²on an in-network basis²:

21 (1) Any contraceptive drug, device or product approved by the
22 United States Food and Drug Administration, which coverage shall
23 be subject to all of the following conditions:

24 (a) If there is a therapeutic equivalent of a contraceptive drug,
25 device or product approved by the United States Food and Drug
26 Administration, coverage shall be provided for either the requested
27 contraceptive drug, device or product or for one or more therapeutic
28 equivalents of the requested drug, device or product.

29 (b) Coverage shall be provided without a prescription for all
30 contraceptive drugs available for over-the-counter sale that are
31 approved by the United States Food and Drug Administration.

32 (c) Coverage shall be provided without any infringement upon a
33 subscriber's choice of contraception and medical necessity shall be
34 determined by the provider for covered contraceptive drugs, devices
35 or other products approved by the United States Food and Drug
36 Administration.

37 (2) Voluntary male and female sterilization.

38 (3) Patient education and counseling on contraception.

39 (4) Services related to the administration and monitoring of
40 drugs, devices, products and services required under this section,
41 including but not limited to:

42 (a) Management of side effects;

43 (b) Counseling for continued adherence to a prescribed regimen;

44 (c) Device insertion and removal;

45 (d) Provision of alternative contraceptive drugs, devices or
46 products deemed medically appropriate in the judgment of the
47 subscriber's health care provider; and

1 (e) Diagnosis and treatment services provided pursuant to, or as
 2 a follow-up to, a service required under this section¹.

3 ¹**【For the purposes of this section, "prescription female**
 4 **contraceptives" means any drug or device used for contraception**
 5 **【by a female】, which is approved by the federal Food and Drug**
 6 **Administration for that purpose【, that can only be purchased in this**
 7 **State with a prescription written by a health care professional**
 8 **licensed or authorized to write prescriptions, and includes, but is**
 9 **not limited to, birth control pills and diaphragms】.】**

10 b.¹ The coverage provided shall include prescriptions for
 11 dispensing contraceptives for:

12 【a.】 (1) a three-month period for the first dispensing of the
 13 contraceptive; and

14 【b.】 (2) a six-month period for any subsequent dispensing of
 15 the same contraceptive, regardless of whether coverage under the
 16 contract was in effect at the time of the first dispensing, except that
 17 an entity subject to this section may provide coverage for a supply
 18 of contraceptives that is for less than a six-month period, if a six-
 19 month period would extend beyond the term of the contract.

20 ¹【b.】 c.¹ ²【The】 (1) Except as provided in paragraph (2) of this
 21 subsection, the² contract shall specify that no deductible,
 22 coinsurance, copayment, or any other cost-sharing requirement may
 23 be imposed on the coverage required pursuant to this section.

24 ²(2) In the case of a high deductible health plan, benefits for
 25 male sterilization or male contraceptives shall be provided at the
 26 lowest deductible and other cost-sharing permitted for a high
 27 deductible health plan under section 223(c)(2)(A) of the Internal
 28 Revenue Code (26 U.S.C. s.223).²

29 ¹d. Nothing in this section shall limit coverage of any additional
 30 preventive service for women, as identified or recommended by the
 31 United States Preventive Services Task Force or the Health
 32 Resources and Services Administration of the United States
 33 Department of Health and Human Services pursuant to the
 34 provisions of 42 U.S.C. 300gg-13.¹

35 (cf: P.L.2017, c.241, s.10)

36
 37 11. This act shall take effect on the 90th day next following
 38 enactment and shall apply to policies or contracts issued or renewed
 39 on or after the effective date.

40
 41
 42
 43
 44 Revises law requiring health benefits coverage for certain
 45 contraceptives.