

FLOOR AMENDMENT STATEMENT:

No

LEGISLATIVE FISCAL NOTE:

Yes 11/13/2015
12/14/2015

VETO MESSAGE:

No

GOVERNOR'S PRESS RELEASE ON SIGNING:

Yes

FOLLOWING WERE PRINTED:

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A roadmap to resolution : report of the New Jersey Pension and Health Benefit Study Commission.
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Roadmap to establish direction for solving NJ pension and health benefit issues. New Jersey Pension and Health Benefits
Study Commission, 2015.
Library call number: 974.90 P418, 2015b
Available online at <http://hdl.handle.net/10929/45185>

end

§1 - C.17:48-6mm
 §2 - C.17:48A-7jj
 §3 - C.17:48E-35.37
 §4 - C.17B:26-2.1gg
 §5 – C.17B:27-46.1mm
 §6 - C.26:2J-4.38
 §7 - C.17B:27A-7.20
 §8 – C.17B:27A-19.24
 §9 - C.52:14-17.29t
 §10 - C.52:14-17.46.6e
 §11 - Note

P.L.2015, CHAPTER 206, *approved January 11, 2016*
 Assembly, No. 3331 (*First Reprint*)

1 AN ACT concerning health benefits coverage for synchronization of
 2 prescribed medications and supplementing various parts of the
 3 statutory law.
 4
 5 **BE IT ENACTED** by the Senate and General Assembly of the State
 6 of New Jersey:
 7
 8 1. a. Every group or individual hospital service corporation
 9 contract delivered, issued, executed or renewed in this State, or
 10 approved for issuance or renewal in this State on or after the
 11 effective date of this act, which provides benefits for pharmacy
 12 services, prescription drugs, or for participation in a prescription
 13 drug plan shall ¹, on at least one occasion per year for each covered
 14 person¹:
 15 (1) apply a prorated daily cost-sharing rate to prescriptions that
 16 are dispensed by a network pharmacy for less than a 30 days' supply
 17 if the prescriber or pharmacist indicates the fill or refill is in the
 18 best interest of the covered person or is for the purpose of
 19 synchronizing the covered person's chronic medications;
 20 (2) provide coverage for a drug prescribed for the treatment of a
 21 chronic illness dispensed in accordance with a plan among the
 22 covered person, the prescriber and the pharmacist to synchronize
 23 the refilling of multiple prescriptions for the covered person; and
 24 (3) determine dispensing fees based exclusively on the total
 25 number of prescriptions dispensed; dispensing fees shall not be
 26 prorated or based on the number of the days' supply of medication
 27 prescribed or dispensed.
 28 b. This section shall apply to all contracts in which the hospital
 29 service corporation has reserved the right to change the premium.

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:

¹Senate SCM committee amendments adopted October 19, 2015.

1 ¹c. This section shall not apply to prescriptions for opioid
2 analgesics. “Opioid analgesic” means a drug in the opioid analgesic
3 drug class prescribed to treat moderate to severe pain or other
4 conditions, whether in immediate release or extended release form,
5 and whether or not combined with other drug substances to form a
6 single drug product or dosage form.¹

7
8 2. a. Every group or individual medical service corporation
9 contract delivered, issued, executed or renewed in this State, or
10 approved for issuance or renewal in this State on or after the
11 effective date of this act, which provides benefits for pharmacy
12 services, prescription drugs, or for participation in a prescription
13 drug plan, shall ¹, on at least one occasion per year for each covered
14 person¹:

15 (1) apply a prorated daily cost-sharing rate to prescriptions that
16 are dispensed by a network pharmacy for less than a 30 days' supply
17 if the prescriber or pharmacist indicates the fill or refill is in the
18 best interest of the covered person or is for the purpose of
19 synchronizing the covered person's chronic medications;

20 (2) provide coverage for a drug prescribed for the treatment of a
21 chronic illness dispensed in accordance with a plan among the
22 covered person, the prescriber and the pharmacist to synchronize
23 the refilling of multiple prescriptions for the covered person; and

24 (3) determine dispensing fees based exclusively on the total
25 number of prescriptions dispensed; dispensing fees shall not be
26 prorated or based on the number of the days' supply of medication
27 prescribed or dispensed.

28 b. This section shall apply to all contracts in which the medical
29 service corporation has reserved the right to change the premium.

30 ¹c. This section shall not apply to prescriptions for opioid
31 analgesics. “Opioid analgesic” means a drug in the opioid analgesic
32 drug class prescribed to treat moderate to severe pain or other
33 conditions, whether in immediate release or extended release form,
34 and whether or not combined with other drug substances to form a
35 single drug product or dosage form.¹

36
37 3. a. Every group or individual health service corporation
38 contract delivered, issued, executed or renewed in this State, or
39 approved for issuance or renewal in this State on or after the
40 effective date of this act, which provides benefits for pharmacy
41 services, prescription drugs, or for participation in a prescription
42 drug plan, shall ¹, on at least one occasion per year for each covered
43 person¹:

44 (1) apply a prorated daily cost-sharing rate to prescriptions that
45 are dispensed by a network pharmacy for less than a 30 days' supply
46 if the prescriber or pharmacist indicates the fill or refill is in the

1 best interest of the covered person or is for the purpose of
2 synchronizing the covered person's chronic medications;

3 (2) provide coverage for a drug prescribed for the treatment of a
4 chronic illness dispensed in accordance with a plan among the
5 covered person, the prescriber and the pharmacist to synchronize
6 the refilling of multiple prescriptions for the covered person; and

7 (3) determine dispensing fees based exclusively on the total
8 number of prescriptions dispensed; dispensing fees shall not be
9 prorated or based on the number of the days' supply of medication
10 prescribed or dispensed.

11 b. This section shall apply to all contracts in which the health
12 service corporation has reserved the right to change the premium.

13 ¹c. This section shall not apply to prescriptions for opioid
14 analgesics. "Opioid analgesic" means a drug in the opioid analgesic
15 drug class prescribed to treat moderate to severe pain or other
16 conditions, whether in immediate release or extended release form,
17 and whether or not combined with other drug substances to form a
18 single drug product or dosage form.¹

19

20 4. a. Every individual health insurance policy or contract
21 delivered, issued, executed or renewed in this State, or approved for
22 issuance or renewal in this State on or after the effective date of this
23 act, which provides benefits for pharmacy services, prescription
24 drugs, or for participation in a prescription drug plan, shall ¹, on at
25 least one occasion per year for each covered person¹:

26 (1) apply a prorated daily cost-sharing rate to prescriptions that
27 are dispensed by a network pharmacy for less than a 30 days' supply
28 if the prescriber or pharmacist indicates the fill or refill is in the
29 best interest of the covered person or is for the purpose of
30 synchronizing the covered person's chronic medications;

31 (2) provide coverage for a drug prescribed for the treatment of a
32 chronic illness dispensed in accordance with a plan among the
33 covered person, the prescriber and the pharmacist to synchronize
34 the refilling of multiple prescriptions for the covered person; and

35 (3) determine dispensing fees based exclusively on the total
36 number of prescriptions dispensed; dispensing fees shall not be
37 prorated or based on the number of the days' supply of medication
38 prescribed or dispensed.

39 b. This section shall apply to all policies in which the insurer
40 has reserved the right to change the premium.

41 ¹c. This section shall not apply to prescriptions for opioid
42 analgesics. "Opioid analgesic" means a drug in the opioid analgesic
43 drug class prescribed to treat moderate to severe pain or other
44 conditions, whether in immediate release or extended release form,
45 and whether or not combined with other drug substances to form a
46 single drug product or dosage form.¹

1 5. a. Every group health insurance policy or contract delivered,
2 issued, executed or renewed in this State, or approved for issuance
3 or renewal in this State on or after the effective date of this act,
4 which provides benefits for pharmacy services, prescription drugs,
5 or for participation in a prescription drug plan, shall ¹, on at least
6 one occasion per year for each covered person¹:

7 (1) apply a prorated daily cost-sharing rate to prescriptions that
8 are dispensed by a network pharmacy for less than a 30 days' supply
9 if the prescriber or pharmacist indicates the fill or refill is in the
10 best interest of the covered person or is for the purpose of
11 synchronizing the covered person's chronic medications;

12 (2) provide coverage for a drug prescribed for the treatment of a
13 chronic illness dispensed in accordance with a plan among the
14 covered person, the prescriber and the pharmacist to synchronize
15 the refilling of multiple prescriptions for the covered person; and

16 (3) determine dispensing fees based exclusively on the total
17 number of prescriptions dispensed; dispensing fees shall not be
18 prorated or based on the number of the days' supply of medication
19 prescribed or dispensed.

20 b. This section shall apply to all policies in which the insurer
21 has reserved the right to change the premium.

22 ¹c. This section shall not apply to prescriptions for opioid
23 analgesics. "Opioid analgesic" means a drug in the opioid analgesic
24 drug class prescribed to treat moderate to severe pain or other
25 conditions, whether in immediate release or extended release form,
26 and whether or not combined with other drug substances to form a
27 single drug product or dosage form.¹

28
29 6. a. Every certificate of authority to establish and operate a
30 health maintenance organization in this State issued, continued or
31 renewed in this State, or approved for issuance, continuation or
32 renewal in this State on or after the effective date of this act, which
33 provides benefits for pharmacy services, prescription drugs, or for
34 participation in a prescription drug plan, shall ¹, on at least one
35 occasion per year for each covered person¹:

36 (1) apply a prorated daily cost-sharing rate to prescriptions that
37 are dispensed by a network pharmacy for less than a 30 days' supply
38 if the prescriber or pharmacist indicates the fill or refill is in the
39 best interest of the covered person or is for the purpose of
40 synchronizing the covered person's chronic medications;

41 (2) provide coverage for a drug prescribed for the treatment of a
42 chronic illness dispensed in accordance with a plan among the
43 covered person, the prescriber and the pharmacist to synchronize
44 the refilling of multiple prescriptions for the covered person; and

45 (3) determine dispensing fees based exclusively on the total
46 number of prescriptions dispensed; dispensing fees shall not be

1 prorated or based on the number of the days' supply of medication
2 prescribed or dispensed.

3 b. This section shall apply to all enrollee agreements in which
4 the health maintenance organization has reserved the right to
5 change the schedule of charges.

6 ¹c. This section shall not apply to prescriptions for opioid
7 analgesics. "Opioid analgesic" means a drug in the opioid analgesic
8 drug class prescribed to treat moderate to severe pain or other
9 conditions, whether in immediate release or extended release form,
10 and whether or not combined with other drug substances to form a
11 single drug product or dosage form.¹

12

13 7. a. Every individual health benefits plan delivered, issued,
14 executed or renewed in this State pursuant to P.L.1992, c.161
15 (C.17B:27A-2 et seq.), or approved for issuance or renewal in this
16 State on or after the effective date of this act, which provides
17 benefits for pharmacy services, prescription drugs, or for
18 participation in a prescription drug plan, shall ¹, on at least one
19 occasion per year for each covered person¹:

20 (1) apply a prorated daily cost-sharing rate to prescriptions that
21 are dispensed by a network pharmacy for less than a 30 days' supply
22 if the prescriber or pharmacist indicates the fill or refill is in the
23 best interest of the covered person or is for the purpose of
24 synchronizing the covered person's chronic medications;

25 (2) provide coverage for a drug prescribed for the treatment of a
26 chronic illness dispensed in accordance with a plan among the
27 covered person, the prescriber and the pharmacist to synchronize
28 the refilling of multiple prescriptions for the covered person; and

29 (3) determine dispensing fees based exclusively on the total
30 number of prescriptions dispensed; dispensing fees shall not be
31 prorated or based on the number of the days' supply of medication
32 prescribed or dispensed.

33 b. This section shall apply to all health benefits plans in which
34 the carrier has reserved the right to change the premium.

35 ¹c. This section shall not apply to prescriptions for opioid
36 analgesics. "Opioid analgesic" means a drug in the opioid analgesic
37 drug class prescribed to treat moderate to severe pain or other
38 conditions, whether in immediate release or extended release form,
39 and whether or not combined with other drug substances to form a
40 single drug product or dosage form.¹

41

42 8. a. Every small employer health benefits plan delivered,
43 issued, executed or renewed in this State pursuant to P.L.1992,
44 c.162 (C.17B:27A-17 et seq.), or approved for issuance or renewal
45 in this State on or after the effective date of this act, which provides
46 benefits for pharmacy services, prescription drugs, or for

1 participation in a prescription drug plan, shall ¹, on at least one
2 occasion per year for each covered person¹:

3 (1) apply a prorated daily cost-sharing rate to prescriptions that
4 are dispensed by a network pharmacy for less than a 30 days' supply
5 if the prescriber or pharmacist indicates the fill or refill is in the
6 best interest of the covered person or is for the purpose of
7 synchronizing the covered person's chronic medications;

8 (2) provide coverage for a drug prescribed for the treatment of a
9 chronic illness dispensed in accordance with a plan among the
10 covered person, the prescriber and the pharmacist to synchronize
11 the refilling of multiple prescriptions for the covered person; and

12 (3) determine dispensing fees based exclusively on the total
13 number of prescriptions dispensed; dispensing fees shall not be
14 prorated or based on the number of the days' supply of medication
15 prescribed or dispensed.

16 b. This section shall apply to all health benefits plans in which
17 the carrier has reserved the right to change the premium.

18 ¹c. This section shall not apply to prescriptions for opioid
19 analgesics. "Opioid analgesic" means a drug in the opioid analgesic
20 drug class prescribed to treat moderate to severe pain or other
21 conditions, whether in immediate release or extended release form,
22 and whether or not combined with other drug substances to form a
23 single drug product or dosage form.¹

24

25 9. The State Health Benefits Commission shall ensure that
26 every contract under the State Health Benefits Program purchased
27 on or after the effective date of this act, which provides benefits for
28 pharmacy services, prescription drugs, or for participation in a
29 prescription drug plan, shall ¹, on at least one occasion per year for
30 each covered person¹:

31 (1) apply a prorated daily cost-sharing rate to prescriptions that
32 are dispensed by a network pharmacy for less than a 30 days' supply
33 if the prescriber or pharmacist indicates the fill or refill is in the
34 best interest of the covered person or is for the purpose of
35 synchronizing the covered person's chronic medications;

36 (2) provide coverage for a drug prescribed for the treatment of a
37 chronic illness dispensed in accordance with a plan among the
38 covered person, the prescriber and the pharmacist to synchronize
39 the refilling of multiple prescriptions for the covered person; and

40 (3) determine dispensing fees based exclusively on the total
41 number of prescriptions dispensed; dispensing fees shall not be
42 prorated or based on the number of the days' supply of medication
43 prescribed or dispensed.

44 ¹This section shall not apply to prescriptions for opioid
45 analgesics. "Opioid analgesic" means a drug in the opioid analgesic
46 drug class prescribed to treat moderate to severe pain or other
47 conditions, whether in immediate release or extended release form,

1 and whether or not combined with other drug substances to form a
2 single drug product or dosage form.¹

3

4 10. The School Employees' Health Benefits Commission shall
5 ensure that every contract under the School Employees' Health
6 Benefits Program purchased on or after the effective date of this act,
7 which provides benefits for pharmacy services, prescription drugs,
8 or for participation in a prescription drug plan, shall ¹, on at least
9 one occasion per year for each covered person¹:

10 (1) apply a prorated daily cost-sharing rate to prescriptions that
11 are dispensed by a network pharmacy for less than a 30 days' supply
12 if the prescriber or pharmacist indicates the fill or refill is in the
13 best interest of the covered person or is for the purpose of
14 synchronizing the covered person's chronic medications;

15 (2) provide coverage for a drug prescribed for the treatment of a
16 chronic illness dispensed in accordance with a plan among the
17 covered person, the prescriber and the pharmacist to synchronize
18 the refilling of multiple prescriptions for the covered person; and

19 (3) determine dispensing fees based exclusively on the total
20 number of prescriptions dispensed; dispensing fees shall not be
21 prorated or based on the number of the days' supply of medication
22 prescribed or dispensed.

23 ¹This section shall not apply to prescriptions for opioid
24 analgesics. "Opioid analgesic" means a drug in the opioid analgesic
25 drug class prescribed to treat moderate to severe pain or other
26 conditions, whether in immediate release or extended release form,
27 and whether or not combined with other drug substances to form a
28 single drug product or dosage form.¹

29

30 11. This act shall take effect on the 180th day next following
31 enactment.

32

33

34

35

36 _____
37 Requires health benefits coverage for synchronization of
prescribed medications under certain circumstances.

ASSEMBLY, No. 3331

STATE OF NEW JERSEY 216th LEGISLATURE

INTRODUCED JUNE 5, 2014

Sponsored by:

Assemblyman DANIEL R. BENSON

District 14 (Mercer and Middlesex)

Assemblywoman MARIA RODRIGUEZ-GREGG

District 8 (Atlantic, Burlington and Camden)

Assemblyman CRAIG J. COUGHLIN

District 19 (Middlesex)

Co-Sponsored by:

Assemblymen McKeon and Singleton

SYNOPSIS

Requires health benefits coverage for synchronization of prescribed medications under certain circumstances.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 6/26/2015)

1 AN ACT concerning health benefits coverage for synchronization of
2 prescribed medications and supplementing various parts of the
3 statutory law.

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

7
8 1. a. Every group or individual hospital service corporation
9 contract delivered, issued, executed or renewed in this State, or
10 approved for issuance or renewal in this State on or after the
11 effective date of this act, which provides benefits for pharmacy
12 services, prescription drugs, or for participation in a prescription
13 drug plan shall:

14 (1) apply a prorated daily cost-sharing rate to prescriptions that
15 are dispensed by a network pharmacy for less than a 30 days' supply
16 if the prescriber or pharmacist indicates the fill or refill is in the
17 best interest of the covered person or is for the purpose of
18 synchronizing the covered person's chronic medications;

19 (2) provide coverage for a drug prescribed for the treatment of a
20 chronic illness dispensed in accordance with a plan among the
21 covered person, the prescriber and the pharmacist to synchronize
22 the refilling of multiple prescriptions for the covered person; and

23 (3) determine dispensing fees based exclusively on the total
24 number of prescriptions dispensed; dispensing fees shall not be
25 prorated or based on the number of the days' supply of medication
26 prescribed or dispensed.

27 b. This section shall apply to all contracts in which the hospital
28 service corporation has reserved the right to change the premium.

29
30 2. a. Every group or individual medical service corporation
31 contract delivered, issued, executed or renewed in this State, or
32 approved for issuance or renewal in this State on or after the
33 effective date of this act, which provides benefits for pharmacy
34 services, prescription drugs, or for participation in a prescription
35 drug plan, shall:

36 (1) apply a prorated daily cost-sharing rate to prescriptions that
37 are dispensed by a network pharmacy for less than a 30 days' supply
38 if the prescriber or pharmacist indicates the fill or refill is in the
39 best interest of the covered person or is for the purpose of
40 synchronizing the covered person's chronic medications;

41 (2) provide coverage for a drug prescribed for the treatment of a
42 chronic illness dispensed in accordance with a plan among the
43 covered person, the prescriber and the pharmacist to synchronize
44 the refilling of multiple prescriptions for the covered person; and

45 (3) determine dispensing fees based exclusively on the total
46 number of prescriptions dispensed; dispensing fees shall not be
47 prorated or based on the number of the days' supply of medication
48 prescribed or dispensed.

1 b. This section shall apply to all contracts in which the medical
2 service corporation has reserved the right to change the premium.

3

4 3. a. Every group or individual health service corporation
5 contract delivered, issued, executed or renewed in this State, or
6 approved for issuance or renewal in this State on or after the
7 effective date of this act, which provides benefits for pharmacy
8 services, prescription drugs, or for participation in a prescription
9 drug plan, shall:

10 (1) apply a prorated daily cost-sharing rate to prescriptions that
11 are dispensed by a network pharmacy for less than a 30 days' supply
12 if the prescriber or pharmacist indicates the fill or refill is in the
13 best interest of the covered person or is for the purpose of
14 synchronizing the covered person's chronic medications;

15 (2) provide coverage for a drug prescribed for the treatment of a
16 chronic illness dispensed in accordance with a plan among the
17 covered person, the prescriber and the pharmacist to synchronize
18 the refilling of multiple prescriptions for the covered person; and

19 (3) determine dispensing fees based exclusively on the total
20 number of prescriptions dispensed; dispensing fees shall not be
21 prorated or based on the number of the days' supply of medication
22 prescribed or dispensed.

23 b. This section shall apply to all contracts in which the health
24 service corporation has reserved the right to change the premium.

25

26 4. a. Every individual health insurance policy or contract
27 delivered, issued, executed or renewed in this State, or approved for
28 issuance or renewal in this State on or after the effective date of this
29 act, which provides benefits for pharmacy services, prescription
30 drugs, or for participation in a prescription drug plan, shall:

31 (1) apply a prorated daily cost-sharing rate to prescriptions that
32 are dispensed by a network pharmacy for less than a 30 days' supply
33 if the prescriber or pharmacist indicates the fill or refill is in the
34 best interest of the covered person or is for the purpose of
35 synchronizing the covered person's chronic medications;

36 (2) provide coverage for a drug prescribed for the treatment of a
37 chronic illness dispensed in accordance with a plan among the
38 covered person, the prescriber and the pharmacist to synchronize
39 the refilling of multiple prescriptions for the covered person; and

40 (3) determine dispensing fees based exclusively on the total
41 number of prescriptions dispensed; dispensing fees shall not be
42 prorated or based on the number of the days' supply of medication
43 prescribed or dispensed.

44 b. This section shall apply to all policies in which the insurer
45 has reserved the right to change the premium.

46

47 5. a. Every group health insurance policy or contract delivered,
48 issued, executed or renewed in this State, or approved for issuance

1 or renewal in this State on or after the effective date of this act,
2 which provides benefits for pharmacy services, prescription drugs,
3 or for participation in a prescription drug plan, shall:

4 (1) apply a prorated daily cost-sharing rate to prescriptions that
5 are dispensed by a network pharmacy for less than a 30 days' supply
6 if the prescriber or pharmacist indicates the fill or refill is in the
7 best interest of the covered person or is for the purpose of
8 synchronizing the covered person's chronic medications;

9 (2) provide coverage for a drug prescribed for the treatment of a
10 chronic illness dispensed in accordance with a plan among the
11 covered person, the prescriber and the pharmacist to synchronize
12 the refilling of multiple prescriptions for the covered person; and

13 (3) determine dispensing fees based exclusively on the total
14 number of prescriptions dispensed; dispensing fees shall not be
15 prorated or based on the number of the days' supply of medication
16 prescribed or dispensed.

17 b. This section shall apply to all policies in which the insurer
18 has reserved the right to change the premium.

19

20 6. a. Every certificate of authority to establish and operate a
21 health maintenance organization in this State issued, continued or
22 renewed in this State, or approved for issuance, continuation or
23 renewal in this State on or after the effective date of this act, which
24 provides benefits for pharmacy services, prescription drugs, or for
25 participation in a prescription drug plan, shall:

26 (1) apply a prorated daily cost-sharing rate to prescriptions that
27 are dispensed by a network pharmacy for less than a 30 days' supply
28 if the prescriber or pharmacist indicates the fill or refill is in the
29 best interest of the covered person or is for the purpose of
30 synchronizing the covered person's chronic medications;

31 (2) provide coverage for a drug prescribed for the treatment of a
32 chronic illness dispensed in accordance with a plan among the
33 covered person, the prescriber and the pharmacist to synchronize
34 the refilling of multiple prescriptions for the covered person; and

35 (3) determine dispensing fees based exclusively on the total
36 number of prescriptions dispensed; dispensing fees shall not be
37 prorated or based on the number of the days' supply of medication
38 prescribed or dispensed.

39 b. This section shall apply to all enrollee agreements in which
40 the health maintenance organization has reserved the right to
41 change the schedule of charges.

42

43 7. a. Every individual health benefits plan delivered, issued,
44 executed or renewed in this State pursuant to P.L.1992, c.161
45 (C.17B:27A-2 et seq.), or approved for issuance or renewal in this
46 State on or after the effective date of this act, which provides
47 benefits for pharmacy services, prescription drugs, or for
48 participation in a prescription drug plan, shall:

1 (1) apply a prorated daily cost-sharing rate to prescriptions that
2 are dispensed by a network pharmacy for less than a 30 days' supply
3 if the prescriber or pharmacist indicates the fill or refill is in the
4 best interest of the covered person or is for the purpose of
5 synchronizing the covered person's chronic medications;

6 (2) provide coverage for a drug prescribed for the treatment of a
7 chronic illness dispensed in accordance with a plan among the
8 covered person, the prescriber and the pharmacist to synchronize
9 the refilling of multiple prescriptions for the covered person; and

10 (3) determine dispensing fees based exclusively on the total
11 number of prescriptions dispensed; dispensing fees shall not be
12 prorated or based on the number of the days' supply of medication
13 prescribed or dispensed.

14 b. This section shall apply to all health benefits plans in which
15 the carrier has reserved the right to change the premium.

16

17 8. a. Every small employer health benefits plan delivered,
18 issued, executed or renewed in this State pursuant to P.L.1992,
19 c.162 (C.17B:27A-17 et seq.), or approved for issuance or renewal
20 in this State on or after the effective date of this act, which provides
21 benefits for pharmacy services, prescription drugs, or for
22 participation in a prescription drug plan, shall:

23 (1) apply a prorated daily cost-sharing rate to prescriptions that
24 are dispensed by a network pharmacy for less than a 30 days' supply
25 if the prescriber or pharmacist indicates the fill or refill is in the
26 best interest of the covered person or is for the purpose of
27 synchronizing the covered person's chronic medications;

28 (2) provide coverage for a drug prescribed for the treatment of a
29 chronic illness dispensed in accordance with a plan among the
30 covered person, the prescriber and the pharmacist to synchronize
31 the refilling of multiple prescriptions for the covered person; and

32 (3) determine dispensing fees based exclusively on the total
33 number of prescriptions dispensed; dispensing fees shall not be
34 prorated or based on the number of the days' supply of medication
35 prescribed or dispensed.

36 b. This section shall apply to all health benefits plans in which
37 the carrier has reserved the right to change the premium.

38

39 9. The State Health Benefits Commission shall ensure that
40 every contract under the State Health Benefits Program purchased
41 on or after the effective date of this act, which provides benefits for
42 pharmacy services, prescription drugs, or for participation in a
43 prescription drug plan, shall:

44 (1) apply a prorated daily cost-sharing rate to prescriptions that
45 are dispensed by a network pharmacy for less than a 30 days' supply
46 if the prescriber or pharmacist indicates the fill or refill is in the
47 best interest of the covered person or is for the purpose of
48 synchronizing the covered person's chronic medications;

1 (2) provide coverage for a drug prescribed for the treatment of a
2 chronic illness dispensed in accordance with a plan among the
3 covered person, the prescriber and the pharmacist to synchronize
4 the refilling of multiple prescriptions for the covered person; and

5 (3) determine dispensing fees based exclusively on the total
6 number of prescriptions dispensed; dispensing fees shall not be
7 prorated or based on the number of the days' supply of medication
8 prescribed or dispensed.

9
10 10. The School Employees' Health Benefits Commission shall
11 ensure that every contract under the School Employees' Health
12 Benefits Program purchased on or after the effective date of this act,
13 which provides benefits for pharmacy services, prescription drugs,
14 or for participation in a prescription drug plan, shall:

15 (1) apply a prorated daily cost-sharing rate to prescriptions that
16 are dispensed by a network pharmacy for less than a 30 days' supply
17 if the prescriber or pharmacist indicates the fill or refill is in the
18 best interest of the covered person or is for the purpose of
19 synchronizing the covered person's chronic medications;

20 (2) provide coverage for a drug prescribed for the treatment of a
21 chronic illness dispensed in accordance with a plan among the
22 covered person, the prescriber and the pharmacist to synchronize
23 the refilling of multiple prescriptions for the covered person; and

24 (3) determine dispensing fees based exclusively on the total
25 number of prescriptions dispensed; dispensing fees shall not be
26 prorated or based on the number of the days' supply of medication
27 prescribed or dispensed.

28
29 11. This act shall take effect on the 180th day next following
30 enactment.

31
32

33 STATEMENT

34
35 This bill requires health insurers, the State Health Benefits
36 Program and the School Employees' Health Benefits Program, in
37 any health insurance policies or contracts, or health benefits plans,
38 which provide benefits for pharmacy services, prescription drugs, or
39 for participation in a prescription drug plan, to:

40 (1) apply a prorated daily cost-sharing rate to prescriptions that
41 are dispensed by a network pharmacy for less than a 30 days' supply
42 if the prescriber or pharmacist indicates the fill or refill is in the
43 best interest of the covered person or is for the purpose of
44 synchronizing the covered person's chronic medications;

45 (2) provide coverage for a drug prescribed for the treatment of a
46 chronic illness dispensed in accordance with a plan among the
47 covered person, the prescriber and the pharmacist to synchronize
48 the refilling of multiple prescriptions for the covered person; and

1 (3) determine dispensing fees based exclusively on the total
2 number of prescriptions dispensed and not on a prorated basis.

3 The bill is intended to eliminate barriers to medication
4 synchronization and reduce the waste of medications that results
5 when prescriptions are changed during a mid-30 day supply.
6 Medication synchronization is a service that has been shown to
7 improve rates of medication adherence, and thus lower overall
8 health care expenditures.

9 By eliminating such barriers, the bill will provide patients with
10 the ability to synchronize their prescriptions in consultation with
11 their pharmacists without having to pay a full month's cost-sharing
12 when less than a month's supply of medications is dispensed during
13 the synchronization process until all medications are on the same 30
14 (or more) day refill schedule. This ability to synchronize
15 medications will especially benefit patients when they are initially
16 prescribed a new medication that has significant side effects, is
17 frequently poorly tolerated, may pose drug-drug interactions with
18 their current regimen, and when less than a month's supply of the
19 prescription drug is clinically appropriate.

20 This bill is also intended to protect pharmacists, when providing
21 a partial fill, from being compensated on a prorated basis for any
22 dispensing fee. A dispensing fee is a fee received by the pharmacy
23 and associated with the costs of operating the pharmacy, including
24 packaging and other overhead costs, and does not relate to the
25 amount of medication dispensed.

FISCAL NOTE
ASSEMBLY, No. 3331
STATE OF NEW JERSEY
216th LEGISLATURE

DATED: JUNE 30, 2015

SUMMARY

- Synopsis:** Requires health benefits coverage for synchronization of prescribed medications under certain circumstances.
- Type of Impact:** Expenditure increase to the State General Fund and local governments funds.
- Agencies Affected:** Division of Pensions and Benefits, Department of the Treasury; local boards of education; local government entities.

Executive Estimate

Fiscal Impact	<u>FY 2016</u>	<u>FY 2017</u>	<u>FY 2018</u>
State Cost	Minimal Fiscal Impact – See comments below		
Local Cost	Minimal Fiscal Impact – See comments below		

- The Office of Legislative Services (OLS) **concurs** with the Executive fiscal estimate. Limiting the estimate to the State Health Benefits Program and the School Employees’ Health Benefits Program (SEHBP), The Division of Pensions and Benefits in the Department of the Treasury estimates that the provisions of the bill would have no material impact on the cost of the SHBP/SEHBP.
- This bill requires health benefits coverage for synchronization of prescribed medications under certain circumstances. Synchronization of prescribed medications is the process of aligning all of a patient’s medications to be refilled on the same day.
- Because federal law requires the synchronization of prescribed medications under Medicare, Medicare enrollees in the SHBP/SEHBP are already covered. Accordingly, the provisions of this bill would affect only the additional costs associated with providing coverage for the non-Medicare enrollee population of the SHBP/SEHBP, where the need for synchronization is much lower.

BILL DESCRIPTION

Assembly Bill No. 3331 of 2014 requires health insurers, the State Health Benefits Program and the School Employees’ Health Benefits Program, in any health insurance policies or



contracts, or health benefits plans, which provide benefits for pharmacy services, prescription drugs, or for participation in a prescription drug plan, to:

(1) apply a prorated daily cost-sharing rate to prescriptions that are dispensed by a network pharmacy for less than a 30 days' supply if the prescriber or pharmacist indicates the fill or refill is in the best interest of the covered person or is for the purpose of synchronizing the covered person's chronic medications;

(2) provide coverage for a drug prescribed for the treatment of a chronic illness dispensed in accordance with a plan among the covered person, the prescriber and the pharmacist to synchronize the refilling of multiple prescriptions for the covered person; and

(3) determine dispensing fees based exclusively on the total number of prescriptions dispensed and not on a prorated basis.

The bill is intended to eliminate barriers to medication synchronization and reduce the waste of medications that results when prescriptions are changed during a mid-30 day supply. Medication synchronization is a service that has been shown to improve rates of medication adherence, and thus lower overall health care expenditures.

By eliminating such barriers, the bill will provide patients with the ability to synchronize their prescriptions in consultation with their pharmacists without having to pay a full month's cost-sharing when less than a month's supply of medications is dispensed during the synchronization process until all medications are on the same 30 (or more) day refill schedule. This ability to synchronize medications will especially benefit patients when they are initially prescribed a new medication that has significant side effects, is frequently poorly tolerated, may pose drug-drug interactions with their current regimen, and when less than a month's supply of the prescription drug is clinically appropriate.

FISCAL ANALYSIS

EXECUTIVE BRANCH

According to the Division of Pensions and Benefits, Department of the Treasury, this bill will have no material impact on SHBP/SEHBP costs. Federal law requires synchronization of prescribed medications for Medicare, thus the SHBP and the SEHBP already provide coverage for Medicare enrollees. Accordingly, the provisions of this bill would affect only the additional costs associated with providing coverage for the non-Medicare enrollee population of the SHBP/SEHBP, where the need for synchronization is much lower.

OFFICE OF LEGISLATIVE SERVICES

The OLS concurs with the Executive estimate.

Section: State Government

Analyst: Kimberly McCord Clemmensen
Senior Fiscal Analyst

Approved: David J. Rosen
Legislative Budget and Finance Officer

This fiscal note has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

SENATE COMMERCE COMMITTEE

STATEMENT TO

ASSEMBLY, No. 3331

with committee amendments

STATE OF NEW JERSEY

DATED: OCTOBER 19, 2015

The Senate Commerce Committee reports favorably, and with committee amendments, Assembly Bill No. 3331.

This bill, as amended, requires health insurers, the State Health Benefits Program and the School Employees' Health Benefits Program, in any health insurance policies or contracts, or health benefits plans, which provide benefits for pharmacy services, prescription drugs, or for participation in a prescription drug plan, to, on at least one occasion per year for each covered person:

(1) apply a prorated daily cost-sharing rate to prescriptions that are dispensed by a network pharmacy for less than a 30 days' supply if the prescriber or pharmacist indicates the fill or refill is in the best interest of the covered person or is for the purpose of synchronizing the covered person's chronic medications;

(2) provide coverage for a drug prescribed for the treatment of a chronic illness dispensed in accordance with a plan among the covered person, the prescriber and the pharmacist to synchronize the refilling of multiple prescriptions for the covered person; and

(3) determine dispensing fees based exclusively on the total number of prescriptions dispensed and not on a prorated basis.

The bill is intended to eliminate barriers to medication synchronization and reduce the waste of medications that results when prescriptions are changed midway during a 30 day supply. Medication synchronization is a service that has been shown to improve rates of medication adherence, and thus lower overall health care expenditures.

By eliminating such barriers, the bill will provide patients with the ability to synchronize their prescriptions in consultation with their pharmacists without having to pay a full month's cost-sharing when less than a month's supply of medications is dispensed during the synchronization process until all medications are on the same 30 (or more) day refill schedule. This ability to synchronize medications will especially benefit patients when they are initially prescribed a new medication that has significant side effects, is frequently poorly tolerated, may pose drug-drug interactions with their current regimen, or when less than a month's supply of the prescription drug is clinically appropriate.

COMMITTEE AMENDMENTS

The committee amended the bill to:

- Provide that the provisions of the bill shall be offered on at least one occasion per year for each covered person;
- Exclude from the bill's provisions prescriptions for opioid analgesics. "Opioid analgesic" means a drug in the opioid analgesic drug class prescribed to treat moderate to severe pain or other conditions, whether in immediate release or extended release form, and whether or not combined with other drug substances to form a single drug product or dosage form.

SENATE BUDGET AND APPROPRIATIONS COMMITTEE

STATEMENT TO

[First Reprint]

ASSEMBLY, No. 3331

STATE OF NEW JERSEY

DATED: DECEMBER 10, 2015

The Senate Budget and Appropriations Committee reports favorably Assembly Bill No. 3331 (1R).

This bill requires health insurers, the State Health Benefits Program and the School Employees' Health Benefits Program, in any health insurance policies or contracts, or health benefits plans, which provide benefits for pharmacy services, prescription drugs, or for participation in a prescription drug plan, to, on at least one occasion per year for each covered person:

(1) apply a prorated daily cost-sharing rate to prescriptions that are dispensed by a network pharmacy for less than a 30 days' supply if the prescriber or pharmacist indicates the fill or refill is in the best interest of the covered person or is for the purpose of synchronizing the covered person's chronic medications;

(2) provide coverage for a drug prescribed for the treatment of a chronic illness dispensed in accordance with a plan among the covered person, the prescriber and the pharmacist to synchronize the refilling of multiple prescriptions for the covered person; and

(3) determine dispensing fees based exclusively on the total number of prescriptions dispensed and not on a prorated basis.

The bill is intended to eliminate barriers to medication synchronization and reduce the waste of medications that results when prescriptions are changed midway during a 30 day supply. Medication synchronization is a service that has been shown to improve rates of medication adherence, and thus lower overall health care expenditures.

By eliminating these barriers, the bill will provide patients with the ability to synchronize their prescriptions in consultation with their pharmacists without having to pay a full month's cost-sharing when less than a month's supply of medications is dispensed during the synchronization process until all medications are on the same 30 (or more) day refill schedule. This ability to synchronize medications will especially benefit patients when they are initially prescribed a new medication that has significant side effects, is frequently poorly tolerated, may pose drug-drug interactions with their current regimen, or when less than a month's supply of the prescription drug is clinically appropriate.

The bill also is intended to protect pharmacists, when providing a partial fill, from being compensated on a prorated basis for any dispensing fee. A dispensing fee is a fee received by the pharmacy and associated with the costs of operating the pharmacy, including packaging and other overhead costs, and does not relate to the amount of medication dispensed.

As reported, this bill is identical to Senate Bill No. 3111 (1R), as reported by the committee.

FISCAL IMPACT:

According to the Division of Pensions and Benefits in the Department of the Treasury, the additional requirements of this bill will have no material impact on State Health Benefits Program and School Employees' Health Benefits Program costs. Federal law currently requires synchronization of prescribed medications for Medicare, thus the State Health Benefits Program and the School Employees' Health Benefits Program already provide coverage for Medicare enrollees. Accordingly, the bill will only affect the additional costs associated with providing coverage for the non-Medicare enrollee population of the State Health Benefits Program and the School Employees' Health Benefits Program, where the need for synchronization is much lower.

FISCAL NOTE
 [First Reprint]
ASSEMBLY, No. 3331
STATE OF NEW JERSEY
216th LEGISLATURE

DATED: DECEMBER 14, 2015

SUMMARY

- Synopsis:** Requires health benefits coverage for synchronization of prescribed medications under certain circumstances.
- Type of Impact:** Expenditure increase to the State General Fund and local governments.
- Agencies Affected:** Division of Pensions and Benefits, Department of the Treasury; local boards of education; local government entities.

Executive Estimate

Fiscal Impact	<u>FY 2016</u>	<u>FY 2017</u>	<u>FY 2018</u>
State Cost	Minimal Fiscal Impact – See comments below		
Local Cost	Minimal Fiscal Impact – See comments below		

- The Office of Legislative Services **concurs** with the Executive fiscal estimate. Limiting the estimate to the State Health Benefits Program (SHBP) and the School Employees’ Health Benefits Program (SEHBP), the Division of Pensions and Benefits in the Department of the Treasury estimates that the provisions of the bill would have no material impact SHBP/SEHBP cost.
- Because federal law requires the synchronization of prescribed medications under Medicare, Medicare enrollees in the SHBP/SEHBP are already covered. Accordingly, the provisions of this bill would affect only the additional costs associated with providing coverage for the non-Medicare enrollee population of the SHBP/SEHBP, where the need for synchronization is much lower.
- This bill requires health benefits coverage for synchronization of prescribed medications under certain circumstances. Synchronization of prescribed medications is the process of aligning all of a patient’s medications to be refilled on the same day.

BILL DESCRIPTION

Assembly Bill No. 3331 (1R) of 2014 requires health insurers, the SHBP and the SEHBP, in any health insurance policies or contracts, or health benefits plans, which provide benefits for pharmacy services, prescription drugs, or for participation in a prescription drug plan, to, on at least one occasion per year for each covered person:

(1) apply a prorated daily cost-sharing rate to prescriptions that are dispensed by a network pharmacy for less than a 30 days' supply if the prescriber or pharmacist indicates the fill or refill is in the best interest of the covered person or is for the purpose of synchronizing the covered person's chronic medications;

(2) except for opioid analgesics, provide coverage for a drug prescribed for the treatment of a chronic illness dispensed in accordance with a plan among the covered person, the prescriber and the pharmacist to synchronize the refilling of multiple prescriptions for the covered person; and

(3) determine dispensing fees based exclusively on the total number of prescriptions dispensed and not on a prorated basis.

The bill is intended to eliminate barriers to medication synchronization and reduce the waste of medications that results when prescriptions are changed during a mid-30 day supply. Medication synchronization is a service that has been shown to improve rates of medication adherence, and thus lower overall health care expenditures.

By eliminating such barriers, the bill will provide patients with the ability to synchronize their prescriptions in consultation with their pharmacists without having to pay a full month's cost-sharing when less than a month's supply of medications is dispensed during the synchronization process until all medications are on the same 30 (or more) day refill schedule. This ability to synchronize medications will especially benefit patients when they are initially prescribed a new medication that has significant side effects, is frequently poorly tolerated, may pose drug-drug interactions with their current regimen, and when less than a month's supply of the prescription drug is clinically appropriate.

FISCAL ANALYSIS

EXECUTIVE BRANCH

According to the Division of Pensions and Benefits, Department of the Treasury, this bill will have no material impact on SHBP/SEHBP costs. Federal law requires synchronization of prescribed medications for Medicare, thus the SHBP and the SEHBP already provide coverage for Medicare enrollees. Accordingly, the provisions of this bill would affect only the additional costs associated with providing coverage for the non-Medicare enrollee population of the SHBP/SEHBP, where the need for synchronization is much lower.

OFFICE OF LEGISLATIVE SERVICES

The Office of Legislative Services concurs with the Executive estimate.

Section: State Government

*Analyst: Kimberly McCord Clemmensen
Senior Fiscal Analyst*

*Approved: Frank W. Haines III
Legislative Budget and Finance Officer*

This fiscal note has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

ASSEMBLY FINANCIAL INSTITUTIONS AND INSURANCE
COMMITTEE

STATEMENT TO

ASSEMBLY, No. 3331

STATE OF NEW JERSEY

DATED: JUNE 15, 2015

The Assembly Financial Institutions and Insurance Committee reports favorably Assembly Bill No. 3331.

This bill requires health insurers, the State Health Benefits Program and the School Employees' Health Benefits Program, in any health insurance policies or contracts, or health benefits plans, which provide benefits for pharmacy services, prescription drugs, or for participation in a prescription drug plan, to:

(1) apply a prorated daily cost-sharing rate to prescriptions that are dispensed by a network pharmacy for less than a 30 days' supply if the prescriber or pharmacist indicates the fill or refill is in the best interest of the covered person or is for the purpose of synchronizing the covered person's chronic medications;

(2) provide coverage for a drug prescribed for the treatment of a chronic illness dispensed in accordance with a plan among the covered person, the prescriber and the pharmacist to synchronize the refilling of multiple prescriptions for the covered person; and

(3) determine dispensing fees based exclusively on the total number of prescriptions dispensed and not on a prorated basis.

The bill is intended to eliminate barriers to medication synchronization and reduce the waste of medications that results when prescriptions are changed during a mid-30 day supply. Medication synchronization is a service that has been shown to improve rates of medication adherence, and thus lower overall health care expenditures.

By eliminating such barriers, the bill will provide patients with the ability to synchronize their prescriptions in consultation with their pharmacists without having to pay a full month's cost-sharing when less than a month's supply of medications is dispensed during the synchronization process until all medications are on the same 30 (or more) day refill schedule. This ability to synchronize medications will especially benefit patients when they are initially prescribed a new medication that has significant side effects, is frequently poorly tolerated, may pose drug-drug interactions with their current regimen, and when less than a month's supply of the prescription drug is clinically appropriate.

This bill is also intended to protect pharmacists, when providing a partial fill, from being compensated on a prorated basis for any dispensing fee. A dispensing fee is a fee received by the pharmacy and associated with the costs of operating the pharmacy, including packaging and other overhead costs, and does not relate to the amount of medication dispensed.

SENATE, No. 3111

STATE OF NEW JERSEY 216th LEGISLATURE

INTRODUCED JULY 24, 2015

Sponsored by:

Senator NIA H. GILL

District 34 (Essex and Passaic)

Senator JAMES BEACH

District 6 (Burlington and Camden)

Co-Sponsored by:

Senator T.Kean

SYNOPSIS

Requires health benefits coverage for synchronization of prescribed medications under certain circumstances.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 10/20/2015)

1 AN ACT concerning health benefits coverage for synchronization of
2 prescribed medications and supplementing various parts of the
3 statutory law.

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

7
8 1. a. Every group or individual hospital service corporation
9 contract delivered, issued, executed or renewed in this State, or
10 approved for issuance or renewal in this State on or after the
11 effective date of this act, which provides benefits for pharmacy
12 services, prescription drugs, or for participation in a prescription
13 drug plan shall:

14 (1) apply a prorated daily cost-sharing rate to prescriptions that
15 are dispensed by a network pharmacy for less than a 30 days' supply
16 if the prescriber or pharmacist indicates the fill or refill is in the
17 best interest of the covered person or is for the purpose of
18 synchronizing the covered person's chronic medications;

19 (2) provide coverage for a drug prescribed for the treatment of a
20 chronic illness dispensed in accordance with a plan among the
21 covered person, the prescriber and the pharmacist to synchronize
22 the refilling of multiple prescriptions for the covered person; and

23 (3) determine dispensing fees based exclusively on the total
24 number of prescriptions dispensed; dispensing fees shall not be
25 prorated or based on the number of the days' supply of medication
26 prescribed or dispensed.

27 b. This section shall apply to all contracts in which the hospital
28 service corporation has reserved the right to change the premium.

29
30 2. a. Every group or individual medical service corporation
31 contract delivered, issued, executed or renewed in this State, or
32 approved for issuance or renewal in this State on or after the
33 effective date of this act, which provides benefits for pharmacy
34 services, prescription drugs, or for participation in a prescription
35 drug plan, shall:

36 (1) apply a prorated daily cost-sharing rate to prescriptions that
37 are dispensed by a network pharmacy for less than a 30 days' supply
38 if the prescriber or pharmacist indicates the fill or refill is in the
39 best interest of the covered person or is for the purpose of
40 synchronizing the covered person's chronic medications;

41 (2) provide coverage for a drug prescribed for the treatment of a
42 chronic illness dispensed in accordance with a plan among the
43 covered person, the prescriber and the pharmacist to synchronize
44 the refilling of multiple prescriptions for the covered person; and

45 (3) determine dispensing fees based exclusively on the total
46 number of prescriptions dispensed; dispensing fees shall not be
47 prorated or based on the number of the days' supply of medication
48 prescribed or dispensed.

1 b. This section shall apply to all contracts in which the medical
2 service corporation has reserved the right to change the premium.

3

4 3. a. Every group or individual health service corporation
5 contract delivered, issued, executed or renewed in this State, or
6 approved for issuance or renewal in this State on or after the
7 effective date of this act, which provides benefits for pharmacy
8 services, prescription drugs, or for participation in a prescription
9 drug plan, shall:

10 (1) apply a prorated daily cost-sharing rate to prescriptions that
11 are dispensed by a network pharmacy for less than a 30 days' supply
12 if the prescriber or pharmacist indicates the fill or refill is in the
13 best interest of the covered person or is for the purpose of
14 synchronizing the covered person's chronic medications;

15 (2) provide coverage for a drug prescribed for the treatment of a
16 chronic illness dispensed in accordance with a plan among the
17 covered person, the prescriber and the pharmacist to synchronize
18 the refilling of multiple prescriptions for the covered person; and

19 (3) determine dispensing fees based exclusively on the total
20 number of prescriptions dispensed; dispensing fees shall not be
21 prorated or based on the number of the days' supply of medication
22 prescribed or dispensed.

23 b. This section shall apply to all contracts in which the health
24 service corporation has reserved the right to change the premium.

25

26 4. a. Every individual health insurance policy or contract
27 delivered, issued, executed or renewed in this State, or approved for
28 issuance or renewal in this State on or after the effective date of this
29 act, which provides benefits for pharmacy services, prescription
30 drugs, or for participation in a prescription drug plan, shall:

31 (1) apply a prorated daily cost-sharing rate to prescriptions that
32 are dispensed by a network pharmacy for less than a 30 days' supply
33 if the prescriber or pharmacist indicates the fill or refill is in the
34 best interest of the covered person or is for the purpose of
35 synchronizing the covered person's chronic medications;

36 (2) provide coverage for a drug prescribed for the treatment of a
37 chronic illness dispensed in accordance with a plan among the
38 covered person, the prescriber and the pharmacist to synchronize
39 the refilling of multiple prescriptions for the covered person; and

40 (3) determine dispensing fees based exclusively on the total
41 number of prescriptions dispensed; dispensing fees shall not be
42 prorated or based on the number of the days' supply of medication
43 prescribed or dispensed.

44 b. This section shall apply to all policies in which the insurer
45 has reserved the right to change the premium.

46

47 5. a. Every group health insurance policy or contract delivered,
48 issued, executed or renewed in this State, or approved for issuance

1 or renewal in this State on or after the effective date of this act,
2 which provides benefits for pharmacy services, prescription drugs,
3 or for participation in a prescription drug plan, shall:

4 (1) apply a prorated daily cost-sharing rate to prescriptions that
5 are dispensed by a network pharmacy for less than a 30 days' supply
6 if the prescriber or pharmacist indicates the fill or refill is in the
7 best interest of the covered person or is for the purpose of
8 synchronizing the covered person's chronic medications;

9 (2) provide coverage for a drug prescribed for the treatment of a
10 chronic illness dispensed in accordance with a plan among the
11 covered person, the prescriber and the pharmacist to synchronize
12 the refilling of multiple prescriptions for the covered person; and

13 (3) determine dispensing fees based exclusively on the total
14 number of prescriptions dispensed; dispensing fees shall not be
15 prorated or based on the number of the days' supply of medication
16 prescribed or dispensed.

17 b. This section shall apply to all policies in which the insurer
18 has reserved the right to change the premium.

19

20 6. a. Every certificate of authority to establish and operate a
21 health maintenance organization in this State issued, continued or
22 renewed in this State, or approved for issuance, continuation or
23 renewal in this State on or after the effective date of this act, which
24 provides benefits for pharmacy services, prescription drugs, or for
25 participation in a prescription drug plan, shall:

26 (1) apply a prorated daily cost-sharing rate to prescriptions that
27 are dispensed by a network pharmacy for less than a 30 days' supply
28 if the prescriber or pharmacist indicates the fill or refill is in the
29 best interest of the covered person or is for the purpose of
30 synchronizing the covered person's chronic medications;

31 (2) provide coverage for a drug prescribed for the treatment of a
32 chronic illness dispensed in accordance with a plan among the
33 covered person, the prescriber and the pharmacist to synchronize
34 the refilling of multiple prescriptions for the covered person; and

35 (3) determine dispensing fees based exclusively on the total
36 number of prescriptions dispensed; dispensing fees shall not be
37 prorated or based on the number of the days' supply of medication
38 prescribed or dispensed.

39 b. This section shall apply to all enrollee agreements in which
40 the health maintenance organization has reserved the right to
41 change the schedule of charges.

42

43 7. a. Every individual health benefits plan delivered, issued,
44 executed or renewed in this State pursuant to P.L.1992, c.161
45 (C.17B:27A-2 et seq.), or approved for issuance or renewal in this
46 State on or after the effective date of this act, which provides
47 benefits for pharmacy services, prescription drugs, or for
48 participation in a prescription drug plan, shall:

1 (1) apply a prorated daily cost-sharing rate to prescriptions that
2 are dispensed by a network pharmacy for less than a 30 days' supply
3 if the prescriber or pharmacist indicates the fill or refill is in the
4 best interest of the covered person or is for the purpose of
5 synchronizing the covered person's chronic medications;

6 (2) provide coverage for a drug prescribed for the treatment of a
7 chronic illness dispensed in accordance with a plan among the
8 covered person, the prescriber and the pharmacist to synchronize
9 the refilling of multiple prescriptions for the covered person; and

10 (3) determine dispensing fees based exclusively on the total
11 number of prescriptions dispensed; dispensing fees shall not be
12 prorated or based on the number of the days' supply of medication
13 prescribed or dispensed.

14 b. This section shall apply to all health benefits plans in which
15 the carrier has reserved the right to change the premium.

16

17 8. a. Every small employer health benefits plan delivered,
18 issued, executed or renewed in this State pursuant to P.L.1992,
19 c.162 (C.17B:27A-17 et seq.), or approved for issuance or renewal
20 in this State on or after the effective date of this act, which provides
21 benefits for pharmacy services, prescription drugs, or for
22 participation in a prescription drug plan, shall:

23 (1) apply a prorated daily cost-sharing rate to prescriptions that
24 are dispensed by a network pharmacy for less than a 30 days' supply
25 if the prescriber or pharmacist indicates the fill or refill is in the
26 best interest of the covered person or is for the purpose of
27 synchronizing the covered person's chronic medications;

28 (2) provide coverage for a drug prescribed for the treatment of a
29 chronic illness dispensed in accordance with a plan among the
30 covered person, the prescriber and the pharmacist to synchronize
31 the refilling of multiple prescriptions for the covered person; and

32 (3) determine dispensing fees based exclusively on the total
33 number of prescriptions dispensed; dispensing fees shall not be
34 prorated or based on the number of the days' supply of medication
35 prescribed or dispensed.

36 b. This section shall apply to all health benefits plans in which
37 the carrier has reserved the right to change the premium.

38

39 9. The State Health Benefits Commission shall ensure that
40 every contract under the State Health Benefits Program purchased
41 on or after the effective date of this act, which provides benefits for
42 pharmacy services, prescription drugs, or for participation in a
43 prescription drug plan, shall:

44 (1) apply a prorated daily cost-sharing rate to prescriptions that
45 are dispensed by a network pharmacy for less than a 30 days' supply
46 if the prescriber or pharmacist indicates the fill or refill is in the
47 best interest of the covered person or is for the purpose of
48 synchronizing the covered person's chronic medications;

1 (2) provide coverage for a drug prescribed for the treatment of a
2 chronic illness dispensed in accordance with a plan among the
3 covered person, the prescriber and the pharmacist to synchronize
4 the refilling of multiple prescriptions for the covered person; and

5 (3) determine dispensing fees based exclusively on the total
6 number of prescriptions dispensed; dispensing fees shall not be
7 prorated or based on the number of the days' supply of medication
8 prescribed or dispensed.

9
10 10. The School Employees' Health Benefits Commission shall
11 ensure that every contract under the School Employees' Health
12 Benefits Program purchased on or after the effective date of this act,
13 which provides benefits for pharmacy services, prescription drugs,
14 or for participation in a prescription drug plan, shall:

15 (1) apply a prorated daily cost-sharing rate to prescriptions that
16 are dispensed by a network pharmacy for less than a 30 days' supply
17 if the prescriber or pharmacist indicates the fill or refill is in the
18 best interest of the covered person or is for the purpose of
19 synchronizing the covered person's chronic medications;

20 (2) provide coverage for a drug prescribed for the treatment of a
21 chronic illness dispensed in accordance with a plan among the
22 covered person, the prescriber and the pharmacist to synchronize
23 the refilling of multiple prescriptions for the covered person; and

24 (3) determine dispensing fees based exclusively on the total
25 number of prescriptions dispensed; dispensing fees shall not be
26 prorated or based on the number of the days' supply of medication
27 prescribed or dispensed.

28
29 11. This act shall take effect on the 180th day next following
30 enactment.

31
32

33 STATEMENT

34
35 This bill requires health insurers, the State Health Benefits
36 Program and the School Employees' Health Benefits Program, in
37 any health insurance policies or contracts, or health benefits plans,
38 which provide benefits for pharmacy services, prescription drugs, or
39 for participation in a prescription drug plan, to:

40 (1) apply a prorated daily cost-sharing rate to prescriptions that
41 are dispensed by a network pharmacy for less than a 30 days' supply
42 if the prescriber or pharmacist indicates the fill or refill is in the
43 best interest of the covered person or is for the purpose of
44 synchronizing the covered person's chronic medications;

45 (2) provide coverage for a drug prescribed for the treatment of a
46 chronic illness dispensed in accordance with a plan among the
47 covered person, the prescriber and the pharmacist to synchronize
48 the refilling of multiple prescriptions for the covered person; and

S3111 GILL, BEACH

7

1 (3) determine dispensing fees based exclusively on the total
2 number of prescriptions dispensed and not on a prorated basis.

3 The bill is intended to eliminate barriers to medication
4 synchronization and reduce the waste of medications that results
5 when prescriptions are changed during a mid-30 day supply.
6 Medication synchronization is a service that has been shown to
7 improve rates of medication adherence, and thus lower overall
8 health care expenditures.

9 By eliminating such barriers, the bill will provide patients with
10 the ability to synchronize their prescriptions in consultation with
11 their pharmacists without having to pay a full month's cost-sharing
12 when less than a month's supply of medications is dispensed during
13 the synchronization process until all medications are on the same 30
14 (or more) day refill schedule. This ability to synchronize
15 medications will especially benefit patients when they are initially
16 prescribed a new medication that has significant side effects, is
17 frequently poorly tolerated, may pose drug-drug interactions with
18 their current regimen, and when less than a month's supply of the
19 prescription drug is clinically appropriate.

20 This bill is also intended to protect pharmacists, when providing
21 a partial fill, from being compensated on a prorated basis for any
22 dispensing fee. A dispensing fee is a fee received by the pharmacy
23 and associated with the costs of operating the pharmacy, including
24 packaging and other overhead costs, and does not relate to the
25 amount of medication dispensed.

SENATE COMMERCE COMMITTEE

STATEMENT TO

SENATE, No. 3111

with committee amendments

STATE OF NEW JERSEY

DATED: OCTOBER 19, 2015

The Senate Commerce Committee reports favorably, and with committee amendments, Senate Bill No. 3111.

This bill, as amended, requires health insurers, the State Health Benefits Program and the School Employees' Health Benefits Program, in any health insurance policies or contracts, or health benefits plans, which provide benefits for pharmacy services, prescription drugs, or for participation in a prescription drug plan, to, on at least one occasion per year for each covered person:

(1) apply a prorated daily cost-sharing rate to prescriptions that are dispensed by a network pharmacy for less than a 30 days' supply if the prescriber or pharmacist indicates the fill or refill is in the best interest of the covered person or is for the purpose of synchronizing the covered person's chronic medications;

(2) provide coverage for a drug prescribed for the treatment of a chronic illness dispensed in accordance with a plan among the covered person, the prescriber and the pharmacist to synchronize the refilling of multiple prescriptions for the covered person; and

(3) determine dispensing fees based exclusively on the total number of prescriptions dispensed and not on a prorated basis.

The amended bill is intended to eliminate barriers to medication synchronization and reduce the waste of medications that results when prescriptions are changed midway during a 30 day supply. Medication synchronization is a service that has been shown to improve rates of medication adherence, and thus lower overall health care expenditures.

By eliminating such barriers, the bill will provide patients with the ability to synchronize their prescriptions in consultation with their pharmacists without having to pay a full month's cost-sharing when less than a month's supply of medications is dispensed during the synchronization process until all medications are on the same 30 (or more) day refill schedule. This ability to synchronize medications will especially benefit patients when they are initially prescribed a new medication that has significant side effects, is frequently poorly tolerated, may pose drug-drug interactions with their current regimen, or when less than a month's supply of the prescription drug is clinically appropriate.

This amended bill is also intended to protect pharmacists, when providing a partial fill, from being compensated on a prorated basis for any dispensing fee. A dispensing fee is a fee received by the pharmacy and associated with the costs of operating the pharmacy, including packaging and other overhead costs, and does not relate to the amount of medication dispensed.

COMMITTEE AMENDMENTS

The committee amended the bill to:

- Provide that the provisions of the bill shall be offered on at least one occasion per year for each covered person;
- Exclude from the bill's provisions prescriptions for opioid analgesics. "Opioid analgesic" means a drug in the opioid analgesic drug class prescribed to treat moderate to severe pain or other conditions, whether in immediate release or extended release form, and whether or not combined with other drug substances to form a single drug product or dosage form.

FISCAL NOTE
SENATE, No. 3111
STATE OF NEW JERSEY
216th LEGISLATURE

DATED: NOVEMBER 13, 2015

SUMMARY

Synopsis: Requires health benefits coverage for synchronization of prescribed medications under certain circumstances.

Type of Impact: Expenditure increase to the State General Fund and local governments funds.

Agencies Affected: Division of Pensions and Benefits, Department of the Treasury; local boards of education; local government entities.

Executive Estimate

Fiscal Impact	<u>FY 2016</u>	<u>FY 2017</u>	<u>FY 2018</u>
State Cost	Minimal Fiscal Impact – See comments below		
Local Cost	Minimal Fiscal Impact – See comments below		

- The Office of Legislative Services (OLS) **concurs** with the Executive fiscal estimate. Limiting the estimate to the State Health Benefits Program and the School Employees' Health Benefits Program (SEHBP), The Division of Pensions and Benefits in the Department of the Treasury estimates that the provisions of the bill would have no material impact on the cost of the SHBP/SEHBP.
- This bill requires health benefits coverage for synchronization of prescribed medications under certain circumstances. Synchronization of prescribed medications is the process of aligning all of a patient's medications to be refilled on the same day.
- Because federal law requires the synchronization of prescribed medications under Medicare, Medicare enrollees in the SHBP/SEHBP are already covered. Accordingly, the provisions of this bill would affect only the additional costs associated with providing coverage for the non-Medicare enrollee population of the SHBP/SEHBP, where the need for synchronization is much lower.

BILL DESCRIPTION

Senate Bill No. 3111 of 2015 requires health insurers, the State Health Benefits Program and the School Employees' Health Benefits Program, in any health insurance policies or contracts, or

health benefits plans, which provide benefits for pharmacy services, prescription drugs, or for participation in a prescription drug plan, to:

(1) apply a prorated daily cost-sharing rate to prescriptions that are dispensed by a network pharmacy for less than a 30 days' supply if the prescriber or pharmacist indicates the fill or refill is in the best interest of the covered person or is for the purpose of synchronizing the covered person's chronic medications;

(2) provide coverage for a drug prescribed for the treatment of a chronic illness dispensed in accordance with a plan among the covered person, the prescriber and the pharmacist to synchronize the refilling of multiple prescriptions for the covered person; and

(3) determine dispensing fees based exclusively on the total number of prescriptions dispensed and not on a prorated basis.

The bill is intended to eliminate barriers to medication synchronization and reduce the waste of medications that results when prescriptions are changed during a mid-30 day supply. Medication synchronization is a service that has been shown to improve rates of medication adherence, and thus lower overall health care expenditures.

By eliminating such barriers, the bill will provide patients with the ability to synchronize their prescriptions in consultation with their pharmacists without having to pay a full month's cost-sharing when less than a month's supply of medications is dispensed during the synchronization process until all medications are on the same 30 (or more) day refill schedule. This ability to synchronize medications will especially benefit patients when they are initially prescribed a new medication that has significant side effects, is frequently poorly tolerated, may pose drug-drug interactions with their current regimen, and when less than a month's supply of the prescription drug is clinically appropriate.

FISCAL ANALYSIS

EXECUTIVE BRANCH

According to the Division of Pensions and Benefits, Department of the Treasury, this bill will have no material impact on SHBP/SEHBP costs. Federal law requires synchronization of prescribed medications for Medicare, thus the SHBP and the SEHBP already provide coverage for Medicare enrollees. Accordingly, the provisions of this bill would affect only the additional costs associated with providing coverage for the non-Medicare enrollee population of the SHBP/SEHBP, where the need for synchronization is much lower.

OFFICE OF LEGISLATIVE SERVICES

The OLS concurs with the Executive estimate.

Section: State Government

Analyst: Kimberly McCord Clemmensen
Senior Fiscal Analyst

Approved: Frank W. Haines III
Legislative Budget and Finance Officer

This fiscal note has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

SENATE BUDGET AND APPROPRIATIONS COMMITTEE

STATEMENT TO

[First Reprint]

SENATE, No. 3111

STATE OF NEW JERSEY

DATED: DECEMBER 10, 2015

The Senate Budget and Appropriations Committee reports favorably Senate Bill No. 3111 (1R).

This bill requires health insurers, the State Health Benefits Program and the School Employees' Health Benefits Program, in any health insurance policies or contracts, or health benefits plans, which provide benefits for pharmacy services, prescription drugs, or for participation in a prescription drug plan, to, on at least one occasion per year for each covered person:

(1) apply a prorated daily cost-sharing rate to prescriptions that are dispensed by a network pharmacy for less than a 30 days' supply if the prescriber or pharmacist indicates the fill or refill is in the best interest of the covered person or is for the purpose of synchronizing the covered person's chronic medications;

(2) provide coverage for a drug prescribed for the treatment of a chronic illness dispensed in accordance with a plan among the covered person, the prescriber and the pharmacist to synchronize the refilling of multiple prescriptions for the covered person; and

(3) determine dispensing fees based exclusively on the total number of prescriptions dispensed and not on a prorated basis.

The bill is intended to eliminate barriers to medication synchronization and reduce the waste of medications that results when prescriptions are changed midway during a 30 day supply. Medication synchronization is a service that has been shown to improve rates of medication adherence, and thus lower overall health care expenditures.

By eliminating these barriers, the bill will provide patients with the ability to synchronize their prescriptions in consultation with their pharmacists without having to pay a full month's cost-sharing when less than a month's supply of medications is dispensed during the synchronization process until all medications are on the same 30 (or more) day refill schedule. This ability to synchronize medications will especially benefit patients when they are initially prescribed a new medication that has significant side effects, is frequently poorly tolerated, may pose drug-drug interactions with their current regimen, or when less than a month's supply of the prescription drug is clinically appropriate.

The bill also is intended to protect pharmacists, when providing a partial fill, from being compensated on a prorated basis for any dispensing fee. A dispensing fee is a fee received by the pharmacy and associated with the costs of operating the pharmacy, including packaging and other overhead costs, and does not relate to the amount of medication dispensed.

As reported, this bill is identical to Assembly Bill No. 3331 (1R), as reported by the committee.

FISCAL IMPACT:

According to the Division of Pensions and Benefits in the Department of the Treasury, the additional requirements of this bill will have no material impact on State Health Benefits Program and School Employees' Health Benefits Program costs. Federal law currently requires synchronization of prescribed medications for Medicare, thus the State Health Benefits Program and the School Employees' Health Benefits Program already provide coverage for Medicare enrollees. Accordingly, the bill will only affect the additional costs associated with providing coverage for the non-Medicare enrollee population of the State Health Benefits Program and the School Employees' Health Benefits Program, where the need for synchronization is much lower.

FISCAL NOTE
[First Reprint]
SENATE, No. 3111
STATE OF NEW JERSEY
216th LEGISLATURE

DATED: DECEMBER 14, 2015

SUMMARY

- Synopsis:** Requires health benefits coverage for synchronization of prescribed medications under certain circumstances.
- Type of Impact:** Expenditure increase to the State General Fund and local governments.
- Agencies Affected:** Division of Pensions and Benefits, Department of the Treasury; local boards of education; local government entities.

Executive Estimate

Fiscal Impact	<u>FY 2016</u>	<u>FY 2017</u>	<u>FY 2018</u>
State Cost	Minimal Fiscal Impact – See comments below		
Local Cost	Minimal Fiscal Impact – See comments below		

- The Office of Legislative Services **concurs** with the Executive fiscal estimate. Limiting the estimate to the State Health Benefits Program (SHBP) and the School Employees' Health Benefits Program (SEHBP), the Division of Pensions and Benefits in the Department of the Treasury estimates that the provisions of the bill would have no material impact on the cost of the SHBP/SEHBP.
- Because federal law requires the synchronization of prescribed medications under Medicare, Medicare enrollees in the SHBP/SEHBP are already covered. Accordingly, the provisions of this bill would affect only the additional costs associated with providing coverage for the non-Medicare enrollee population of the SHBP/SEHBP, where the need for synchronization is much lower.
- This bill requires health benefits coverage for synchronization of prescribed medications under certain circumstances. Synchronization of prescribed medications is the process of aligning all of a patient's medications to be refilled on the same day.

BILL DESCRIPTION

Senate Bill No. 3111 (1R) of 2015 requires health insurers, the SHBP and the SEHBP, in any health insurance policies or contracts, or health benefits plans, which provide benefits for pharmacy services, prescription drugs, or for participation in a prescription drug plan, to, on at least one occasion per year for each covered person:

(1) apply a prorated daily cost-sharing rate to prescriptions that are dispensed by a network pharmacy for less than a 30 days' supply if the prescriber or pharmacist indicates the fill or refill is in the best interest of the covered person or is for the purpose of synchronizing the covered person's chronic medications;

(2) except for opioid analgesics, provide coverage for a drug prescribed for the treatment of a chronic illness dispensed in accordance with a plan among the covered person, the prescriber and the pharmacist to synchronize the refilling of multiple prescriptions for the covered person; and

(3) determine dispensing fees based exclusively on the total number of prescriptions dispensed and not on a prorated basis.

The bill is intended to eliminate barriers to medication synchronization and reduce the waste of medications that results when prescriptions are changed during a mid-30 day supply. Medication synchronization is a service that has been shown to improve rates of medication adherence, and thus lower overall health care expenditures.

By eliminating such barriers, the bill will provide patients with the ability to synchronize their prescriptions in consultation with their pharmacists without having to pay a full month's cost-sharing when less than a month's supply of medications is dispensed during the synchronization process until all medications are on the same 30 (or more) day refill schedule. This ability to synchronize medications will especially benefit patients when they are initially prescribed a new medication that has significant side effects, is frequently poorly tolerated, may pose drug-drug interactions with their current regimen, and when less than a month's supply of the prescription drug is clinically appropriate.

FISCAL ANALYSIS

EXECUTIVE BRANCH

According to the Division of Pensions and Benefits, Department of the Treasury, this bill will have no material impact on SHBP/SEHBP costs. Federal law requires synchronization of prescribed medications for Medicare, thus the SHBP and the SEHBP already provide coverage for Medicare enrollees. Accordingly, the provisions of this bill would affect only the additional costs associated with providing coverage for the non-Medicare enrollee population of the SHBP/SEHBP, where the need for synchronization is much lower.

OFFICE OF LEGISLATIVE SERVICES

The Office of Legislative Services concurs with the Executive estimate.

FN to S3111 [1R]

3

Section: State Government

*Analyst: Kimberly McCord Clemmensen
Senior Fiscal Analyst*

*Approved: Frank W. Haines III
Legislative Budget and Finance Officer*

This fiscal note has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

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Governor Christie Takes Action On Pending Legislation

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Trenton, NJ – Governor Chris Christie today took action on legislation, including a bill aimed at helping inmates who were victims of domestic violence and a second bill designed to help non-violent drug offenders reclaim their lives by streamlining the process for expungement of their criminal records.

The Governor suggested minor changes to strengthen Senate Bill No. 995, which seeks to help domestic violence victims who have been convicted of crimes against their abusers by establishing a community reentry program to assist victim-offenders assimilate into society upon release from custody and prevent further victimization.

Governor Christie conditionally vetoed the bill, proposing that the program be established solely in the Department of Corrections.

"The goal of this bill is commendable and I sincerely support its objective," Governor Christie said. "Domestic violence is tragic, and victims deserve support and counseling. However, the bill conflates the statutory and regulatory responsibilities of the Department of Corrections and the State Parole Board, combining the agencies' separate residential program functions. Accordingly, I suggest minor amendments, in accordance with the intent of the legislation to establish this program within the Department of Corrections, consistent with its existing reintegration programming and tailored to the specific needs of this limited inmate population."

The bill as written also called for an automatic early release program for this specific subset of inmates upon successful completion of the reentry program, an element of the bill that Governor Christie does not support.

"I cannot support the creation of early release programs because they would begin to chisel away at the long-standing function of the State Parole Board," Governor Christie said. "For decades, the State Parole Board has faithfully fulfilled its charge to carefully review and consider the underlying facts and circumstances of each applicant for parole. While I continue to encourage the Legislature to explore reforms that will create efficiencies in State government, I remain grounded in my belief that the review of parole applications is best accomplished through the reasoned, compassionate, experienced and individualized judgment of the State Parole Board and not through an automatic process based upon one factor."

Governor Christie similarly took action to strengthen the Assembly Committee Substitute for Assembly Bills Nos. 206, 471, 1663, 2879, 3060 and 3108, and urged quick approval from the Legislature.

The bill proposes to allow those who have successfully completed the Drug Court program to expunge the related criminal charges, and it further aims to make the expungement process more efficient.

Seeking to balance the needs of non-violent ex-offenders with public safety, Governor Christie conditionally vetoed the bill, retaining the current waiting period for expungements for indictable offenses, currently 10 years, or five years if a court determines that expungement is in the public's interest.

"While I support breaking down barriers to employment and education for non-violent ex-offenders, I cannot endorse a bill that compromises public safety," Governor Christie said. "As written, this bill would cut in half the presumptive waiting period to expunge indictable offenses, often felonies, from ten years to five years, and eliminate an important safeguard which allows a judge to consider whether granting an expungement is in the public's interest. The current public interest exception to the presumptive waiting period is an effective and efficient way to help ex-offenders combat the collateral consequences of their offense, while also ensuring that public safety is not compromised."

Governor Christie further suggested retaining the five-year waiting period for disorderly persons offenses, while adopting the bill's provision to lower this waiting period to three years, if a court determines that expungement is in the public interest.

The Governor also took the following action on other pending legislation:

BILL SIGNINGS:

S-475/A-3223 (Madden, Sweeney/Mosquera, Webber, Moriarty, Mukherji, Garcia, Munoz, Lampitt) - Requires certain information regarding Down syndrome be provided to certain parents and families

S-650 (Doherty, Beach/DiMaio, Andrzejczak, Peterson, DeAngelo) - Designates State Route 173 between Clinton and Phillipsburg as "173rd Airborne Brigade Highway"

S-835/A-1972 (Bateman/Garcia, Danielson) - Enhances penalties for false incrimination and making fictitious reports

S-939/A-2913 (Bateman, A.R. Bucco/Caride, Dancer, A.M. Bucco) - Designates Black Swallowtail butterfly as State Butterfly

S-1940/A-2893 (Oroho, Van Drew/Burzichelli, Space) - Exempts board of education and local government payments to entities under BPU jurisdiction from certain certification requirements

S-2145/A-631 (Van Drew, Madden/Moriarty, Burzichelli, Tucker, DeAngelo, Danielson, Mukherji) - Authorizes hiring preference for veterans in non-civil service jurisdictions

S-2301/A-3522 (Greenstein, Stack/Stender, Mukherji, Lagana, Diegnan) - Regulates pharmacy benefits managers and requires certain disclosures concerning multiple source generic drug pricing

S-2432/A-4720 (Madden/Moriarty, Mosquera) - Requires notification of member or retiree of State-administered retirement system under certain circumstances when member or retiree requests change in beneficiary for group life insurance

S-2453/A-3805 (Weinberg, Allen/Burzichelli, Singleton) - Requires earlier mandatory polling hours for school elections; requires discretionary additional polling hours be consistent with current primary and general elections

S-2523/A-3917 (Gill, Greenstein, Benson/DeAngelo, Johnson) - Permits municipalities and municipal parking authorities to create Senior Citizen Priority Parking Program

SCS for S-2586, 2587, A-3217, and 3218 (Stack, Cunningham, Mukherji, Pintor Marin, Garcia) - Requires certain sanitary and protective procedures for used mattresses

SCS for S-2668/A-4270 (Beach, Madden/Lampitt, Vainieri Huttie, Benson, Spencer, Wimberly, Mosquera) - Establishes "MVP Emergency Alert System" for missing persons with mental, intellectual, or developmental disabilities

SS for S-2770/AS for A-3956 (Sweeney, Addiego/Lampitt, Greenwald, Vainieri Huttie, Benson, Mazzeo) - Authorizes establishment of Achieving a Better Life Experience accounts for persons with certain disabilities

S-2940/A-4531 (Singer, Sweeney/Spencer, Benson, Casagrande, Muoio) - Creates new criminal offenses concerning endangering another person; repeals N.J.S.2C:12-2 and N.J.S.2C:24-7

S-2961/A-4188 (Codey, Vitale/Garcia, Lagana, Taliaferro, Vainieri Huttie, Danielsens, Holley, Benson, Jimenez) - Clarifies that Alzheimer's disease and related disorders may be listed as secondary cause of death on death certificate when appropriate

S-2978/A-4194 (Van Drew, Oroho/Burzichelli, Spencer, Rumana, Webber, Benson) - Authorizes mobile electronic waste destruction units to operate without DEP permit

S-3004/A-4685 (Cunningham, Van Drew/Andrzejczak, Johnson, Muoio, Wimberly) - Permits municipality with UEZ to participate in Downtown Business Improvements Zone Loan Fund

S-3076/A-4621 (Weinberg, Bateman/Johnson, Caride) - Increases maximum legal fee to represent victims from \$1,000 to \$3,000

S-3110/A-4617 (Scutari/Johnson, Webber) - Permits certain health clubs to offer swimming lessons and otherwise remain exempt from first aid personnel and lifeguarding requirements

S-3117/A-4781 (Gordon, Bateman, Sweeney, T. Kean/Vainieri Huttie, Eustace, Gusciora, Lampitt, Angelini, Moriarty) - Prohibits Division of Developmental Disabilities from compelling transfers of individuals with developmental disabilities from out-of-State to in-State facilities unless certain exceptions apply

S-3220/A-4790 (Sweeney, O'Toole, Vitale/Greenwald, Conaway, Vainieri Huttie, Handlin, Garcia) - Establishes a process to integrate certain health data and other data from publicly supported programs for population health research

S-3232/A-4834 (Sarlo, Oroho/Lagana, Burzichelli, Schaer, DeAngelo, Phoebus) - Allows businesses due to receive grant under Business Employment Incentive Program to receive tax credit instead of grant

S-3270/A-4705 (Gill, Bateman/Schaer, Coughlin, Lagana, S. Kean, Ciattarelli) - "Certificates of Insurance Act;" governs use of certificates of insurance; provides DOBI with enforcement authority

SJR-81/AJR-122 (Barnes/Vainieri Huttle, Schaer, Lampitt) - Condemns Boycott, Divestment, and Sanctions movement against Israel

A-308/S-2203 (Russo, Rumana/O'Toole, Smith) - Prohibits escrow agent evaluation services from charging escrow agents fees

A-1098/S-671 (Vainieri Huttle, Eustace, Diegnan, Giblin/Pou, Sarlo, Weinberg) - Requires DHS and DMVA to conduct or contract for follow-up studies of former residents transitioning to community from their facilities

A-1355/S-2963 (Stender, Lampitt, Holley, Moriarty/T. Kean, Vitale) - Requires DOH to provide information about crib safety on its Internet website

A-1783/S-2020 (McKeon, Rible, Sumter, Moriarty/Vitale, Cunningham) - "Art Therapist Licensing Act"

A-2023/S-2675 (Greenwald, Benson/Cruz-Perez) - Revises definition of "responsible charge" as it pertains to licensed professional engineers and licensed architects

A-2229 (Wisniewski, Diegnan) - Concerns contracts for asphalt work under the "Local Public Contracts Law"

A-2301/S-1481 (Andrzejczak/Van Drew) - Designates certain interchanges of Garden State Parkway in honor of Melvin M. Loftus and Christopher Meyer

A-3052/S-1090 (Mazzeo, Pinkin, Mukherji, Wimberly/A.R. Bucco, Whelan) - Concerns property taxes due and owing on real property damaged or destroyed during, or as the result of, a natural disaster when a state of emergency is declared by the Governor

A-3246/S-3069 (Dancer, Burzichelli, Vainieri Huttle/Oroho, Sarlo) - Requires timeframe of standardbred mare residing in New Jersey breeding farm be inclusive of foaling instead of between foal's conception and birth

A-3293/S-2146 (Mazzeo, Andrzejczak, Pinkin, Webber, Simon, Mukherji/Van Drew, Doherty) - Allows military personnel and veterans to present certain identifying documents in lieu of municipal beach tags to gain admission to certain beaches

A-3331/S-3111 (Benson, Rodriguez-Gregg, Coughlin/Gill, Beach) - Requires health benefits coverage for synchronization of prescribed medications under certain circumstances

A-3390/S-2309 (Coughlin, Pinkin, Webber, Diegnan/Vitale) - Permits transmittal of certain land use documents via email

A-3395/S-2294 (Wisniewski/Sacco) - Allows insurer to obtain certificates of ownership or salvage certificates of title for motor vehicles under certain circumstances

A-3499/S-2256 (Andrzejczak, Mazzeo, Johnson, Pinkin, DeAngelo/Van Drew) - Requires DMVA to encourage and facilitate returning service members' registration with VA

A-3507/S-2677 (Eustace, Webber, Munoz, Schepisi, Rumana/Gordon, Sarlo) - Amends law concerning county and municipal stream cleaning activities

A-3749/S-2568 (Lampitt, Mazzeo, Andrzejczak, Mukherji, Pinkin/Beach, Allen) - Establishes program to provide assistance to qualified veterans in in-patient and out-patient treatment programs to travel to medical counseling in State

A-3849/SCS for S-2466 (DeAngelo, Eustace, Mazzeo, Pintor Marin, Benson/Turner, Singer) - Requires BPU to provide links to pricing information to customers from electric and gas public utilities, and third-party electric power and gas suppliers

A-3950/S-2832 (Prieto, Jimenez, Quijano/Greenstein, Turner) - Permits correctional facilities to utilize body imaging scanning equipment

A-4079/S-2819 (Eustace, Andrzejczak, Taliaferro, Benson, Dancer/Van Drew, Beach) - Directs Department of Agriculture to publish on its website "New Jersey Gleaning Week" and "Farmers Against Hunger Day" page

A-4094/S-2884 (Conaway, Singleton, Wimberly, Lampitt, Benson/Whelan, Madden) - Permits administration of epinephrine auto-injector device by persons who complete approved educational program

A-4438/S-3202 (Mukherji, Burzichelli/Scutari, Madden) - Raises maximum workers' compensation fees for evaluating physicians

A-4518/S-3010 (Schaer, Eustace, Benson, Pintor Marin/Sarlo) - Modifies and clarifies provisions of certain economic incentive programs

AJR-57/SJR-42 (Space/Oroho) - Designates April of each year as "Sarcoidosis Awareness Month"

AJR-93/SJR-73 (Eustace, Andrzejczak, Taliaferro, Benson/Van Drew, Beach) - Designates third week of September as "New Jersey Gleaning Week"

AJR-94/SJR-74 (Eustace, Andrzejczak, Taliaferro, Benson/Van Drew, Beach) - Designates Wednesday of third week of September as "Farmers Against Hunger Day"

AJR-100/SJR-70 (Andrzejczak, Tucker, DeAngelo, Mazzeo/Van Drew, Whelan) - Designates first week in August of each year as "Coast Guard Week" and honors Cape May as U.S. Coast Guard's enlisted accession point and recruit training center

BILLS VETOED:

S-264/A-1347 (Greenstein, Cunningham/Stender, Egan, O'Donnell, Wimberly) – **ABSOLUTE** - "Thomas P. Canzanella Twenty First Century First Responders Protection Act"; concerns workers compensation for public safety workers

S-374/A-3403 (Scutari, Beck/Rible, DeAngelo, Mukherji) - **ABSOLUTE** - Concerns attorney fees for workers' compensation awards

SCS for S-779, 1952/ACS for A-2474 (Weinberg, Sarlo, Lesniak/Johnson, Garcia, Vainieri Huttie, Lagana, Mukherji, Moriarty) - **ABSOLUTE** - "Garden State Film and Digital Media Jobs Act" expands existing film and digital media production tax credit programs

S-995/A-1677 (Weinberg, Allen/Johnson, Vainieri Huttie, Lampitt, Mosquera) – **CONDITIONAL** - Establishes in DOC, supervised community reintegration program for certain victims of domestic abuse

S-1346/A-3837 (Rice/Coughlin, Garcia, Rodriguez-Gregg, Pintor Marin, Jasey) - **CONDITIONAL** - Concerns the recording of mortgages

S-2260/A-688 (Scutari, Cardinale/Schaer) - **CONDITIONAL** - Modifies certain fees charged by, and requirements imposed on, check casher licensees

S-2524/A-4067 (Gill, Allen/Lagana, Singleton, Moriarty) - **CONDITIONAL** - The "Municipal Volunteer Property Tax Reduction Act"; permits certain municipal property owners to perform volunteer services in return for property tax vouchers

S-2577/ACS for A-4139 (Stack, Schaer/Mazzeo, Andrzejczak, Mukherji, Quijano) - **CONDITIONAL** - Establishes temporary mortgage relief programs for certain owners of real property impacted by "Superstorm Sandy"

S-2867/A-4248 (Ruiz, Pou/Jasey, Sumter, Vainieri Huttie, Green, Holley, Wimberly) - **ABSOLUTE** - Permits municipal land banking in conjunction with online property database development

S-3024/A-4463 (Scutari/Giblin, Diegnan, Jimenez, Caputo, Vainieri Huttie) – **CONDITIONAL** - Revises laws concerning real estate licensees

S-3282/A-4850 (Rice, Cunningham/Wimberly, Mainor, Johnson) - **CONDITIONAL** - Expands Police Training Commission membership to include representative from Northern New Jersey and South Jersey Chapters of National Organization of Black Law Enforcement Executives

ACS for A-206, 471, 1663, 2879, 3060, and 3108/S-2663 (Green, Spencer, Gusciora, Johnson, McKeon, Giblin, Wimberly, Mainor, Quijano/Turner, Lesniak, Pou) - **CONDITIONAL** - Shortens waiting periods for expungement of criminal and other records and information; makes various changes to other expungement procedures and requirements

A-3257/S-2125 (Andrzejczak, Mazzeo, Burzichelli/Van Drew) - **CONDITIONAL** - Provides that determination by county agriculture development board or State Agriculture Development Committee as to what qualifies as farm-based recreational activity in pinelands protection area is binding on Pinelands Commission

A-4103/S-2840 (Mazzeo, Andrzejczak, Giblin/Allen, Whelan) - **ABSOLUTE** - Creates workforce training program for former casino workers

A-4233/S-2435 (Jasey, McKeon, Vainieri Huttie, Mukherji, Lampitt/Codey, Vitale) - **ABSOLUTE** - Provides Medicaid coverage for advance care planning

A-4275/S2831 (Prieto, Eustace, Lagana, Greewald, Quijano, Danielsen, Mukherji/Sweeney, Turner, Sarlo) – **CONDITIONAL** - "New Jersey Secure Choice Savings Program Act"; establishes retirement savings program for certain workers

A-4326/S-2942 (Schaer, Lagana, Eustace, Prieto/Gordon, Barnes) - **ABSOLUTE** - Reforms annual State revenue estimating and reporting, and executive State budget presentation and revenue certification processes

A-4386/S-3042 (Coughlin, Pinkin/Vitale, Singer) - **CONDITIONAL** - Permits candidates for school board to circulate petitions jointly and be bracketed together on ballot; permits short nonpolitical designation of principles on petitions and ballots; provides for study of impact of changes

A-4638/S-3118 (Vainieri Huttie, Singleton, Holley, Mosquera, Tucker, Benson/Sweeney, Madden) - **ABSOLUTE** - Requires DCPP to implement policies and procedures to ensure caseworker safety; "Leah's Law"

A-4703/S-3172 (Spencer, Tucker, Pintor Marin, Egan, Muoio, Gusciora/Rice, Smith) - **ABSOLUTE** - Increases tax credit cap by \$165 million for certain qualified residential projects under Economic Redevelopment and Growth Grant program and restricts increase to certain projects

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