



**COMMITTEE STATEMENT:****ASSEMBLY:** Yes Health  
Appropriations**SENATE:** No

(Audio archived recordings of the committee meetings, corresponding to the date of the committee statement, **may possibly** be found at [www.njleg.state.nj.us](http://www.njleg.state.nj.us))

**FLOOR AMENDMENT STATEMENT:** No**LEGISLATIVE FISCAL ESTIMATE:** Yes**VETO MESSAGE:** No**GOVERNOR'S PRESS RELEASE ON SIGNING:** Yes**FOLLOWING WERE PRINTED:**

To check for circulating copies, contact New Jersey State Government Publications at the State Library (609) 278-2640 ext.103 or <mailto:refdesk@njstatelib.org>

**REPORTS:** No**HEARINGS:** No**NEWSPAPER ARTICLES:** Yes

Susan K. Livio and Brent Johnson - For The Star-Ledger, 'Murphy signs law protecting abortion rights in N.J. Measure follows up on 1982 state Supreme Court decision and precedes possible loss of federal safeguard.', *Star-Ledger, The*(online), 14 Jan 2022

RWH/JA



P.L. 2021, CHAPTER 376, *approved January 13, 2022*  
Senate Committee Substitute (*First Reprint*)  
for Senate, No. 413

1 AN ACT concerning insurance and Medicaid program coverage for  
2 prescribed contraceptives, amending P.L.2005, c.251, and  
3 supplementing P.L.1968, c.413 (C.30:4D-1 et seq.).  
4

5 **BE IT ENACTED** by the Senate and General Assembly of the State  
6 of New Jersey:  
7

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

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

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

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

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

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

34 (2) Voluntary male and female sterilization.

35 (3) Patient education and counseling on contraception.

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

**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:

<sup>1</sup>Assembly AHE committee amendments adopted January 3, 2022.

- 1 (a) Management of side effects;
- 2 (b) Counseling for continued adherence to a prescribed regimen;
- 3 (c) Device insertion and removal;
- 4 (d) Provision of alternative contraceptive drugs, devices or
- 5 products deemed medically appropriate in the judgment of the
- 6 subscriber's health care provider; and
- 7 (e) Diagnosis and treatment services provided pursuant to, or as
- 8 a follow-up to, a service required under this section.
- 9 b. The coverage provided shall include prescriptions for
- 10 dispensing contraceptives for:
- 11 (1) **【a three-month period for the first dispensing of the**
- 12 **contraceptive; and】** (Deleted by amendment, P.L. , c. ) (pending
- 13 before the Legislature as this bill)
- 14 (2) up to a 【six-month】 12-month period 【for any subsequent
- 15 dispensing of the same contraceptive, regardless of whether
- 16 coverage under the contract was in effect at the time of the first
- 17 dispensing, except that an entity subject to this section may provide
- 18 coverage for a supply of contraceptives that is for less than a six-
- 19 month period, if a six-month period would extend beyond the term
- 20 of the contract】 at one time.
- 21 c. (1) Except as provided in paragraph (2) of this subsection,
- 22 the benefits shall be provided to the same extent as for any other
- 23 service, drug, device, product, or procedure under the contract,
- 24 except no deductible, coinsurance, copayment, or any other cost-
- 25 sharing requirement on the coverage shall be imposed.
- 26 (2) In the case of a high deductible health plan, benefits for male
- 27 sterilization or male contraceptives shall be provided at the lowest
- 28 deductible and other cost-sharing permitted for a high deductible
- 29 health plan under section 223(c)(2)(A) of the Internal Revenue
- 30 Code (26 U.S.C. s.223).
- 31 d. This section shall apply to those contracts in which the
- 32 hospital service corporation has reserved the right to change the
- 33 premium.
- 34 e. Nothing in this section shall limit coverage of any additional
- 35 preventive service for women, as identified or recommended by the
- 36 United States Preventive Services Task Force or the Health
- 37 Resources and Services Administration of the United States
- 38 Department of Health and Human Services pursuant to the
- 39 provisions of 42 U.S.C. 300gg-13.
- 40 (cf: P.L.2019, c.361, s.1)
- 41
- 42 2. Section 2 of P.L.2005, c.251 (C.17:48A-7bb) is amended to
- 43 read as follows:
- 44 2. a. A medical service corporation that provides hospital or
- 45 medical expense benefits shall provide coverage under every
- 46 contract delivered, issued, executed or renewed in this State or
- 47 approved for issuance or renewal in this State by the Commissioner
- 48 of Banking and Insurance, on or after the effective date of this act,

1 for expenses incurred in the purchase of prescription female  
2 contraceptives, and the following services, drugs, devices, products,  
3 and procedures on an in-network basis:

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

7 (a) If there is a therapeutic equivalent of a contraceptive drug,  
8 device or product approved by the United States Food and Drug  
9 Administration, coverage shall be provided for either the requested  
10 contraceptive drug, device or product or for one or more therapeutic  
11 equivalents of the requested drug, device or product.

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

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

20 (2) Voluntary male and female sterilization.

21 (3) Patient education and counseling on contraception.

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

25 (a) Management of side effects;

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

27 (c) Device insertion and removal;

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

31 (e) Diagnosis and treatment services provided pursuant to, or as  
32 a follow-up to, a service required under this section.

33 b. The coverage provided shall include prescriptions for  
34 dispensing contraceptives for:

35 (1) **【a three-month period for the first dispensing of the**  
36 **contraceptive; and】** (Deleted by amendment, P.L. , c. ) (pending  
37 before the Legislature as this bill)

38 (2) up to a **【six-month】** 12-month period **【for any subsequent**  
39 **dispensing of the same contraceptive, regardless of whether**  
40 **coverage under the contract was in effect at the time of the first**  
41 **dispensing, except that an entity subject to this section may provide**  
42 **coverage for a supply of contraceptives that is for less than a six-**  
43 **month period, if a six-month period would extend beyond the term**  
44 **of the contract】** at one time.

45 c. (1) Except as provided in paragraph (2) of this subsection,  
46 the benefits shall be provided to the same extent as for any other  
47 service, drug, device, product, or procedure under the contract,

1 except no deductible, coinsurance, copayment, or any other cost-  
2 sharing requirement on the coverage shall be imposed.

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

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

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

17 (cf: P.L.2019, c.361, s.2)

18

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

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

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

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

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

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

45 (2) Voluntary male and female sterilization.

46 (3) Patient education and counseling on contraception.

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

4 (a) Management of side effects;

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

6 (c) Device insertion and removal;

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

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

12 b. The coverage provided shall include prescriptions for  
13 dispensing contraceptives for:

14 (1) **【a three-month period for the first dispensing of the**  
15 **contraceptive; and】** (Deleted by amendment, P.L. , c. ) (pending  
16 before the Legislature as this bill)

17 (2) up to a 【six-month】 12-month period 【for any subsequent  
18 dispensing of the same contraceptive, regardless of whether  
19 coverage under the contract was in effect at the time of the first  
20 dispensing, except that an entity subject to this section may provide  
21 coverage for a supply of contraceptives that is for less than a six-  
22 month period, if a six-month period would extend beyond the term  
23 of the contract】 at one time.

24 c. (1) Except as provided in paragraph (2) of this subsection,  
25 the benefits shall be provided to the same extent as for any other  
26 service, drug, device, product, or procedure under the contract,  
27 except no deductible, coinsurance, copayment, or any other cost-  
28 sharing requirement on the coverage shall be imposed.

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

34 d. This section shall apply to those contracts in which the  
35 health service corporation has reserved the right to change the  
36 premium.

37 e. Nothing in this section shall limit coverage of any additional  
38 preventive service for women, as identified or recommended by the  
39 United States Preventive Services Task Force or the Health  
40 Resources and Services Administration of the United States  
41 Department of Health and Human Services pursuant to the  
42 provisions of 42 U.S.C. 300gg-13.

43 (cf: P.L.2019, c.361, s.3)

44  
45 4. Section 4 of P.L.2005, c.251 (C.17B:27-46.1ee) is amended  
46 to read as follows:

47 4. a. A group health insurer that provides hospital or medical  
48 expense benefits shall provide coverage under every policy



1 delivered, issued, executed or renewed in this State or approved for  
2 issuance or renewal in this State by the Commissioner of Banking  
3 and Insurance, on or after the effective date of this act, for expenses  
4 incurred in the purchase of prescription female contraceptives, and  
5 the following services, drugs, devices, products, and procedures on  
6 an in-network basis:

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

10 (a) If there is a therapeutic equivalent of a contraceptive drug,  
11 device or product approved by the United States Food and Drug  
12 Administration, coverage shall be provided for either the requested  
13 contraceptive drug, device or product or for one or more therapeutic  
14 equivalents of the requested drug, device or product.

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

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

23 (2) Voluntary male and female sterilization.

24 (3) Patient education and counseling on contraception.

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

28 (a) Management of side effects;

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

30 (c) Device insertion and removal;

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

34 (e) Diagnosis and treatment services provided pursuant to, or as  
35 a follow-up to, a service required under this section.

36 b. The coverage provided shall include prescriptions for  
37 dispensing contraceptives for:

38 (1) **【a three-month period for the first dispensing of the**  
39 **contraceptive; and】** (Deleted by amendment, P.L. , c. ) (pending  
40 before the Legislature as this bill)

41 (2) up to a 【six-month】 12-month period **【for any subsequent**  
42 **dispensing of the same contraceptive, regardless of whether**  
43 **coverage under the contract was in effect at the time of the first**  
44 **dispensing, except that an entity subject to this section may provide**  
45 **coverage for a supply of contraceptives that is for less than a six-**  
46 **month period, if a six-month period would extend beyond the term**  
47 **of the contract】** at one time.

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

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

11 d. This section shall apply to those policies in which the insurer  
12 has reserved the right to change the premium.

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

19 (cf: P.L.2019, c.361, s.4)

20

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

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

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

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

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

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

47 (2) Voluntary male and female sterilization.

48 (3) Patient education and counseling on contraception.

- 1 (4) Services related to the administration and monitoring of  
2 drugs, devices, products and services required under this section,  
3 including but not limited to:
- 4 (a) Management of side effects;
  - 5 (b) Counseling for continued adherence to a prescribed regimen;
  - 6 (c) Device insertion and removal;
  - 7 (d) Provision of alternative contraceptive drugs, devices or  
8 products deemed medically appropriate in the judgment of the  
9 subscriber's health care provider; and
  - 10 (e) Diagnosis and treatment services provided pursuant to, or as  
11 a follow-up to, a service required under this section.
- 12 b. The coverage provided shall include prescriptions for  
13 dispensing contraceptives for:
- 14 (1) **【a three-month period for the first dispensing of the**  
15 **contraceptive; and】** (Deleted by amendment, P.L. , c. ) (pending  
16 before the Legislature as this bill)
  - 17 (2) up to a 【six-month】 12-month period 【for any subsequent  
18 dispensing of the same contraceptive, regardless of whether  
19 coverage under the contract was in effect at the time of the first  
20 dispensing, except that an entity subject to this section may provide  
21 coverage for a supply of contraceptives that is for less than a six-  
22 month period, if a six-month period would extend beyond the term  
23 of the contract】 at one time.
- 24 c. (1) Except as provided in paragraph (2) of this subsection,  
25 the benefits shall be provided to the same extent as for any other  
26 service, drug, device, product, or procedure under the policy, except  
27 no deductible, coinsurance, copayment, or any other cost-sharing  
28 requirement on the coverage shall be imposed.
- 29 (2) In the case of a high deductible health plan, benefits for male  
30 sterilization or male contraceptives shall be provided at the lowest  
31 deductible and other cost-sharing permitted for a high deductible  
32 health plan under section 223(c)(2)(A) of the Internal Revenue  
33 Code (26 U.S.C. s.223).
- 34 d. This section shall apply to those policies in which the insurer  
35 has reserved the right to change the premium.
- 36 e. Nothing in this section shall limit coverage of any additional  
37 preventive service for women, as identified or recommended by the  
38 United States Preventive Services Task Force or the Health  
39 Resources and Services Administration of the United States  
40 Department of Health and Human Services pursuant to the  
41 provisions of 42 U.S.C. 300gg-13.  
42 (cf: P.L.2019, c.361, s.5)
- 43
- 44 6. Section 6 of P.L.2005, c.251 (C.26:2J-4.30) is amended to  
45 read as follows:
- 46 6. a. A certificate of authority to establish and operate a health  
47 maintenance organization in this State shall not be issued or  
48 continued on or after the effective date of this act for a health

1 maintenance organization, unless the health maintenance  
2 organization provides health care services for prescription female  
3 contraceptives, and the following services, drugs, devices, products,  
4 and procedures on an in-network basis:

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

8 (a) If there is a therapeutic equivalent of a contraceptive drug,  
9 device or product approved by the United States Food and Drug  
10 Administration, coverage shall be provided for either the requested  
11 contraceptive drug, device or product or for one or more therapeutic  
12 equivalents of the requested drug, device or product.

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

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

21 (2) Voluntary male and female sterilization.

22 (3) Patient education and counseling on contraception.

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

26 (a) Management of side effects;

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

28 (c) Device insertion and removal;

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

32 (e) Diagnosis and treatment services provided pursuant to, or as  
33 a follow-up to, a service required under this section.

34 b. The coverage provided shall include prescriptions for  
35 dispensing contraceptives for:

36 (1) **【a three-month period for the first dispensing of the**  
37 **contraceptive; and】** (Deleted by amendment, P.L. , c. ) (pending  
38 before the Legislature as this bill)

39 (2) up to a **【six-month】** 12-month period **【for any subsequent**  
40 **dispensing of the same contraceptive, regardless of whether**  
41 **coverage under the contract was in effect at the time of the first**  
42 **dispensing, except that an entity subject to this section may provide**  
43 **coverage for a supply of contraceptives that is for less than a six-**  
44 **month period, if a six-month period would extend beyond the term**  
45 **of the contract】** at one time.

46 c. (1) Except as provided in paragraph (2) of this subsection,  
47 the health care services shall be provided to the same extent as for  
48 any other service, drug, device, product, or procedure under the

1 contract, except no deductible, coinsurance, copayment, or any  
2 other cost-sharing requirement on the coverage shall be imposed.

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

8 d. The provisions of this section shall apply to those contracts  
9 for health care services by health maintenance organizations under  
10 which the right to change the schedule of charges for enrollee  
11 coverage is reserved.

12 e. Nothing in this section shall limit coverage of any additional  
13 preventive service for women, as identified or recommended by the  
14 United States Preventive Services Task Force or the Health  
15 Resources and Services Administration of the United States  
16 Department of Health and Human Services pursuant to the  
17 provisions of 42 U.S.C. 300gg-13.  
18 (cf: P.L.2019, c.361, s.6)

19

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

22 7. a. An individual health benefits plan required pursuant to  
23 section 3 of P.L.1992, c.161 (C.17B:27A-4) shall provide coverage  
24 for expenses incurred in the purchase of prescription female  
25 contraceptives, and the following services, drugs, devices, products,  
26 and procedures on an in-network basis:

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

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

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

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

43 (2) Voluntary male and female sterilization.

44 (3) Patient education and counseling on contraception.

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

48 (a) Management of side effects;

- 1 (b) Counseling for continued adherence to a prescribed regimen;
- 2 (c) Device insertion and removal;
- 3 (d) Provision of alternative contraceptive drugs, devices or
- 4 products deemed medically appropriate in the judgment of the
- 5 subscriber's health care provider; and
- 6 (e) Diagnosis and treatment services provided pursuant to, or as
- 7 a follow-up to, a service required under this section.
- 8 b. The coverage provided shall include prescriptions for
- 9 dispensing contraceptives for:
- 10 (1) **【a three-month period for the first dispensing of the**
- 11 **contraceptive; and】** (Deleted by amendment, P.L. , c. ) (pending
- 12 before the Legislature as this bill)
- 13 (2) up to a 【six-month】 12-month period 【for any subsequent
- 14 dispensing of the same contraceptive, regardless of whether
- 15 coverage under the contract was in effect at the time of the first
- 16 dispensing, except that an entity subject to this section may provide
- 17 coverage for a supply of contraceptives that is for less than a six-
- 18 month period, if a six-month period would extend beyond the term
- 19 of the contract】 at one time.
- 20 c. (1) Except as provided in paragraph (2) of this subsection,
- 21 the benefits shall be provided to the same extent as for any other
- 22 service, drug, device, product, or procedure under the health
- 23 benefits plan, except no deductible, coinsurance, copayment, or any
- 24 other cost-sharing requirement on the coverage shall be imposed.
- 25 (2) In the case of a high deductible health plan, benefits for male
- 26 sterilization or male contraceptives shall be provided at the lowest
- 27 deductible and other cost-sharing permitted for a high deductible
- 28 health plan under section 223(c)(2)(A) of the Internal Revenue
- 29 Code (26 U.S.C. s.223).
- 30 d. This section shall apply to all individual health benefits
- 31 plans in which the carrier has reserved the right to change the
- 32 premium.
- 33 e. Nothing in this section shall limit coverage of any additional
- 34 preventive service for women, as identified or recommended by the
- 35 United States Preventive Services Task Force or the Health
- 36 Resources and Services Administration of the United States
- 37 Department of Health and Human Services pursuant to the
- 38 provisions of 42 U.S.C. 300gg-13.
- 39 (cf: P.L.2019, c.361, s.7)
- 40
- 41 8. Section 8 of P.L.2005, c.251 (C.17B:27A-19.15) is amended
- 42 to read as follows:
- 43 8. a. A small employer health benefits plan required pursuant to
- 44 section 3 of P.L.1992, c.162 (C.17B:27A-19) shall provide
- 45 coverage for expenses incurred in the purchase of prescription
- 46 female contraceptives, and the following services, drugs, devices,
- 47 products, and procedures on an in-network basis:

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

4 (a) If there is a therapeutic equivalent of a contraceptive drug,  
5 device or product approved by the United States Food and Drug  
6 Administration, coverage shall be provided for either the requested  
7 contraceptive drug, device or product or for one or more therapeutic  
8 equivalents of the requested drug, device or product.

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

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

17 (2) Voluntary male and female sterilization.

18 (3) Patient education and counseling on contraception.

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

22 (a) Management of side effects;

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

24 (c) Device insertion and removal;

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

28 (e) Diagnosis and treatment services provided pursuant to, or as  
29 a follow-up to, a service required under this section.

30 b. The coverage provided shall include prescriptions for  
31 dispensing contraceptives for:

32 (1) **【a three-month period for the first dispensing of the**  
33 **contraceptive; and】** (Deleted by amendment, P.L. , c. ) (pending  
34 before the Legislature as this bill)

35 (2) up to a 【six-month】 12-month period 【for any subsequent  
36 dispensing of the same contraceptive, regardless of whether  
37 coverage under the contract was in effect at the time of the first  
38 dispensing, except that an entity subject to this section may provide  
39 coverage for a supply of contraceptives that is for less than a six-  
40 month period, if a six-month period would extend beyond the term  
41 of the contract】 at one time.

42 c. (1) Except as provided in paragraph (2) of this subsection,  
43 the benefits shall be provided to the same extent as for any other  
44 service, drug, device, product, or procedure under the health  
45 benefits plan, except no deductible, coinsurance, copayment, or any  
46 other cost-sharing requirement on the coverage shall be imposed.

47 (2) In the case of a high deductible health plan, benefits for male  
48 sterilization or male contraceptives shall be provided at the lowest

1 deductible and other cost-sharing permitted for a high deductible  
2 health plan under section 223(c)(2)(A) of the Internal Revenue  
3 Code (26 U.S.C. s.223).

4 d. This section shall apply to all small employer health benefits  
5 plans in which the carrier has reserved the right to change the  
6 premium.

7 e. Nothing in this section shall limit coverage of any additional  
8 preventive service for women, as identified or recommended by the  
9 United States Preventive Services Task Force or the Health  
10 Resources and Services Administration of the United States  
11 Department of Health and Human Services pursuant to the  
12 provisions of 42 U.S.C. 300gg-13.  
13 (cf: P.L.2019, c.361, s.8)

14  
15 9. Section 9 of P.L.2005, c.251 (C.17:48F-13.2) is amended to  
16 read as follows:

17 9. a. A prepaid prescription service organization shall provide  
18 coverage under every contract delivered, issued, executed or  
19 renewed in this State or approved for issuance or renewal in this  
20 State by the Commissioner of Banking and Insurance, on or after  
21 the effective date of this act, for expenses incurred in the purchase  
22 of prescription female contraceptives, and the services, drugs,  
23 devices, products, and procedures on an in-network basis as  
24 determined to be required to be covered by the commissioner  
25 pursuant to subsection b. of this section.

26 b. The Commissioner of Banking and Insurance shall  
27 determine, in the commissioner's discretion, which provisions of the  
28 coverage requirements applicable to insurers pursuant to P.L.2019,  
29 c.361 shall apply to prepaid prescription organizations, and shall  
30 adopt regulations in accordance with the commissioner's  
31 determination.

32 c. The coverage provided shall include prescriptions for  
33 dispensing contraceptives for:

34 (1) **【a three-month period for the first dispensing of the**  
35 **contraceptive; and】** (Deleted by amendment, P.L. , c. ) (pending  
36 before the Legislature as this bill)

37 (2) up to a 【six-month】 12-month period 【for any subsequent  
38 dispensing of the same contraceptive, regardless of whether  
39 coverage under the contract was in effect at the time of the first  
40 dispensing, except that an entity subject to this section may provide  
41 coverage for a supply of contraceptives that is for less than a six-  
42 month period, if a six-month period would extend beyond the term  
43 of the contract】 at one time.

44 d. (1) Except as provided in paragraph (2) of this subsection,  
45 the benefits shall be provided to the same extent as for any other  
46 service, drug, device, product, or procedure under the contract,  
47 except no deductible, coinsurance, copayment, or any other cost-  
48 sharing requirement on the coverage shall be imposed.



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

6 e. This section shall apply to those prepaid prescription  
7 contracts in which the prepaid prescription service organization has  
8 reserved the right to change the premium.

9 f. Nothing in this section shall limit coverage of any additional  
10 preventive service for women, as identified or recommended by the  
11 United States Preventive Services Task Force or the Health  
12 Resources and Services Administration of the United States  
13 Department of Health and Human Services pursuant to the  
14 provisions of 42 U.S.C. 300gg-13.  
15 (cf: P.L.2019, c.361, s.9)

16

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

19 10. a. The State Health Benefits Commission shall ensure that  
20 every contract purchased by the commission on or after the  
21 effective date of this act shall provide benefits for expenses  
22 incurred in the purchase of prescription female contraceptives, and  
23 the following services, drugs, devices, products, and procedures on  
24 an in-network basis:

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

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

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

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

41 (2) Voluntary male and female sterilization.

42 (3) Patient education and counseling on contraception.

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

46 (a) Management of side effects;

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

48 (c) Device insertion and removal;

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

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

6 b. The coverage provided shall include prescriptions for  
7 dispensing contraceptives for:

8 (1) **【a three-month period for the first dispensing of the**  
9 **contraceptive; and】** (Deleted by amendment, P.L. , c. ) (pending  
10 before the Legislature as this bill)

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

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

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

27 d. Nothing in this section shall limit coverage of any additional  
28 preventive service for women, as identified or recommended by the  
29 United States Preventive Services Task Force or the Health  
30 Resources and Services Administration of the United States  
31 Department of Health and Human Services pursuant to the  
32 provisions of 42 U.S.C. 300gg-13.

33 (cf: P.L.2019, c.361, s.10)

34  
35 11. (New Section) Coverage for family planning services under  
36 the State Medicaid program shall include prescriptions for  
37 dispensing contraceptives for up to a 12-month period at one time.  
38 The Commissioner of Human Services shall apply for such State  
39 plan amendments or waivers as may be necessary to implement the  
40 provisions of this section and to secure federal financial  
41 participation for State Medicare expenditures under the federal  
42 Medicaid program.

43  
44 12. This act shall take effect on the 90th day next following  
45 enactment and shall apply to policies and contracts delivered, issued,  
46 executed or renewed on or after <sup>1</sup>**【the effective date of this act】**  
47 January 1, 2023<sup>1</sup> .

1

---

2

3

Expands requirements for health insurers and Medicaid program

4

to cover prescriptions for contraceptives for up to 12 months.

## CHAPTER 376

**AN ACT** concerning insurance and Medicaid program coverage for prescribed contraceptives, amending P.L.2005, c.251, and supplementing P.L.1968, c.413 (C.30:4D-1 et seq.).

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

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

C.17:48-6ee Hospital service corporation, coverage for contraceptives.

1. a. A hospital service corporation that provides hospital or medical expense benefits shall provide coverage under every contract delivered, issued, executed or renewed in this State or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance, on or after the effective date of this act, for expenses incurred in the purchase of prescription female contraceptives, and the following services, drugs, devices, products, and procedures on an in-network basis:

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

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

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

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

(2) Voluntary male and female sterilization.

(3) Patient education and counseling on contraception.

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

(a) Management of side effects;

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

(c) Device insertion and removal;

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

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

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

(1) (Deleted by amendment, P.L.2021, c.376)

(2) up to a 12-month period at one time.

c. (1) Except as provided in paragraph (2) of this subsection, the benefits shall be provided to the same extent as for any other service, drug, device, product, or procedure under the contract, except no deductible, coinsurance, copayment, or any other cost-sharing requirement on the coverage shall be imposed.

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

d. This section shall apply to those contracts in which the hospital service corporation has reserved the right to change the premium.

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

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

C.17:48A-7bb Medical service corporation, coverage for contraceptives.

2. a. A medical service corporation that provides hospital or medical expense benefits shall provide coverage under every contract delivered, issued, executed or renewed in this State or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance, on or after the effective date of this act, for expenses incurred in the purchase of prescription female contraceptives, and the following services, drugs, devices, products, and procedures on an in-network basis:

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

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

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

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

(2) Voluntary male and female sterilization.

(3) Patient education and counseling on contraception.

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

(a) Management of side effects;

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

(c) Device insertion and removal;

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

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

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

(1) (Deleted by amendment, P.L.2021, c.376)

(2) up to a 12-month period at one time.

c. (1) Except as provided in paragraph (2) of this subsection, the benefits shall be provided to the same extent as for any other service, drug, device, product, or procedure under the contract, except no deductible, coinsurance, copayment, or any other cost-sharing requirement on the coverage shall be imposed.

(2) In the case of a high-deductible health plan, benefits for male sterilization or male contraceptives shall be provided at the lowest deductible and other cost-sharing permitted for

a high-deductible health plan under section 223(c)(2)(A) of the Internal Revenue Code (26 U.S.C. s.223).

d. This section shall apply to those contracts in which the medical service corporation has reserved the right to change the premium.

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

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

C.17:48E-35.29 Health service corporation, coverage for contraceptives.

3. a. A health service corporation that provides hospital or medical expense benefits shall provide coverage under every contract delivered, issued, executed or renewed in this State or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance, on or after the effective date of this act, for expenses incurred in the purchase of prescription female contraceptives, and the following services, drugs, devices, products, and procedures on an in-network basis:

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

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

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

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

(2) Voluntary male and female sterilization.

(3) Patient education and counseling on contraception.

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

(a) Management of side effects;

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

(c) Device insertion and removal;

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

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

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

(1) (Deleted by amendment, P.L.2021, c.376)

(2) up to a 12-month period at one time.

c. (1) Except as provided in paragraph (2) of this subsection, the benefits shall be provided to the same extent as for any other service, drug, device, product, or procedure under the contract, except no deductible, coinsurance, copayment, or any other cost-sharing requirement on the coverage shall be imposed.

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

d. This section shall apply to those contracts in which the health service corporation has reserved the right to change the premium.

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

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

C.17B:27-46.1ee Group health insurers, coverage for contraceptives.

4. a. A group health insurer that provides hospital or medical expense benefits shall provide coverage under every policy delivered, issued, executed or renewed in this State or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance, on or after the effective date of this act, for expenses incurred in the purchase of prescription female contraceptives, and the following services, drugs, devices, products, and procedures on an in-network basis:

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

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

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

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

(2) Voluntary male and female sterilization.

(3) Patient education and counseling on contraception.

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

(a) Management of side effects;

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

(c) Device insertion and removal;

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

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

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

(1) (Deleted by amendment, P.L.2021, c.376)

(2) up to a 12-month period at one time.

c. (1) Except as provided in paragraph (2) of this subsection, the benefits shall be provided to the same extent as for any other service, drug, device, product, or procedure under the policy,

except no deductible, coinsurance, copayment, or any other cost-sharing requirement on the coverage shall be imposed.

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

d. This section shall apply to those policies in which the insurer has reserved the right to change the premium.

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

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

C.17B:26-2.1y Individual health insurer, coverage for contraceptives.

5. a. An individual health insurer that provides hospital or medical expense benefits shall provide coverage under every policy delivered, issued, executed or renewed in this State or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance, on or after the effective date of this act, for expenses incurred in the purchase of prescription female contraceptives, and the following services, drugs, devices, products, and procedures on an in-network basis:

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

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

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

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

(2) Voluntary male and female sterilization.

(3) Patient education and counseling on contraception.

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

(a) Management of side effects;

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

(c) Device insertion and removal;

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

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

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

(1) (Deleted by amendment, P.L.2021, c.376)

(2) up to a 12-month period at one time.



c. (1) Except as provided in paragraph (2) of this subsection, the benefits shall be provided to the same extent as for any other service, drug, device, product, or procedure under the policy, except no deductible, coinsurance, copayment, or any other cost-sharing requirement on the coverage shall be imposed.

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

d. This section shall apply to those policies in which the insurer has reserved the right to change the premium.

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

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

C.26:2J-4.30 Health maintenance organization, coverage for contraceptives.

6. a. A certificate of authority to establish and operate a health maintenance organization in this State shall not be issued or continued on or after the effective date of this act for a health maintenance organization, unless the health maintenance organization provides health care services for prescription female contraceptives, and the following services, drugs, devices, products, and procedures on an in-network basis:

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

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

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

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

(2) Voluntary male and female sterilization.

(3) Patient education and counseling on contraception.

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

(a) Management of side effects;

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

(c) Device insertion and removal;

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

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

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

(1) (Deleted by amendment, P.L.2021, c.376)

(2) up to a 12-month period at one time.

c. (1) Except as provided in paragraph (2) of this subsection, the health care services shall be provided to the same extent as for any other service, drug, device, product, or procedure under the contract, except no deductible, coinsurance, copayment, or any other cost-sharing requirement on the coverage shall be imposed.

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

d. The provisions of this section shall apply to those contracts for health care services by health maintenance organizations under which the right to change the schedule of charges for enrollee coverage is reserved.

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

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

C.17B:27A-7.12 Individual health benefits plan, coverage for contraceptives.

7. a. An individual health benefits plan required pursuant to section 3 of P.L.1992, c.161 (C.17B:27A-4) shall provide coverage for expenses incurred in the purchase of prescription female contraceptives, and the following services, drugs, devices, products, and procedures on an in-network basis:

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

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

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

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

(2) Voluntary male and female sterilization.

(3) Patient education and counseling on contraception.

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

(a) Management of side effects;

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

(c) Device insertion and removal;

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

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

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

(1) (Deleted by amendment, P.L.2021, c.376)

(2) up to a 12-month period at one time.

c. (1) Except as provided in paragraph (2) of this subsection, the benefits shall be provided to the same extent as for any other service, drug, device, product, or procedure under the health benefits plan, except no deductible, coinsurance, copayment, or any other cost-sharing requirement on the coverage shall be imposed.

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

d. This section shall apply to all individual health benefits plans in which the carrier has reserved the right to change the premium.

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

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

C.17B:27A-19.15 Small employer health benefits plan, coverage for contraceptives.

8. a. A small employer health benefits plan required pursuant to section 3 of P.L.1992, c.162 (C.17B:27A-19) shall provide coverage for expenses incurred in the purchase of prescription female contraceptives, and the following services, drugs, devices, products, and procedures on an in-network basis:

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

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

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

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

(2) Voluntary male and female sterilization.

(3) Patient education and counseling on contraception.

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

(a) Management of side effects;

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

(c) Device insertion and removal;

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

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

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

(1) (Deleted by amendment, P.L.2021, c.376)

(2) up to a 12-month period at one time.

c. (1) Except as provided in paragraph (2) of this subsection, the benefits shall be provided to the same extent as for any other service, drug, device, product, or procedure under the health benefits plan, except no deductible, coinsurance, copayment, or any other cost-sharing requirement on the coverage shall be imposed.

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

d. This section shall apply to all small employer health benefits plans in which the carrier has reserved the right to change the premium.

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

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

C.17:48F-13.2 Prepaid prescription service organization; coverage for contraceptives.

9. a. A prepaid prescription service organization shall provide coverage under every contract delivered, issued, executed or renewed in this State or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance, on or after the effective date of this act, for expenses incurred in the purchase of prescription female contraceptives, and the services, drugs, devices, products, and procedures on an in-network basis as determined to be required to be covered by the commissioner pursuant to subsection b. of this section.

b. The Commissioner of Banking and Insurance shall determine, in the commissioner's discretion, which provisions of the coverage requirements applicable to insurers pursuant to P.L.2019, c.361 shall apply to prepaid prescription organizations, and shall adopt regulations in accordance with the commissioner's determination.

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

(1) (Deleted by amendment, P.L.2021, c.376)

(2) up to a 12-month period at one time.

d. (1) Except as provided in paragraph (2) of this subsection, the benefits shall be provided to the same extent as for any other service, drug, device, product, or procedure under the contract, except no deductible, coinsurance, copayment, or any other cost-sharing requirement on the coverage shall be imposed.

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

e. This section shall apply to those prepaid prescription contracts in which the prepaid prescription service organization has reserved the right to change the premium.

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

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

C.52:14-17.29j SHBC, coverage for contraceptives.

10. a. The State Health Benefits Commission shall ensure that every contract purchased by the commission on or after the effective date of this act shall provide benefits for expenses incurred in the purchase of prescription female contraceptives, and the following services, drugs, devices, products, and procedures on an in-network basis:

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

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

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

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

(2) Voluntary male and female sterilization.

(3) Patient education and counseling on contraception.

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

(a) Management of side effects;

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

(c) Device insertion and removal;

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

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

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

(1) (Deleted by amendment, P.L.2021, c.376)

(2) up to a 12-month period at one time.

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

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

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

C.30:4D-6s State Medicaid program, coverage for family planning services.

11. Coverage for family planning services under the State Medicaid program shall include prescriptions for dispensing contraceptives for up to a 12-month period at one time. The

Commissioner of Human Services shall apply for such State plan amendments or waivers as may be necessary to implement the provisions of this section and to secure federal financial participation for State Medicare expenditures under the federal Medicaid program.

12. This act shall take effect on the 90th day next following enactment and shall apply to policies and contracts delivered, issued, executed or renewed on or after January 1, 2023.

Approved January 13, 2022.

# SENATE, No. 413

## STATE OF NEW JERSEY 219th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2020 SESSION

**Sponsored by:**

**Senator SHIRLEY K. TURNER**

**District 15 (Hunterdon and Mercer)**

**Senator M. TERESA RUIZ**

**District 29 (Essex)**

**Co-Sponsored by:**

**Senator Greenstein**

**SYNOPSIS**

Expands requirement for health insurers to cover prescriptions for contraceptives to 12 months.

**CURRENT VERSION OF TEXT**

Introduced Pending Technical Review by Legislative Counsel.



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

3

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

6

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

9 1. A hospital service corporation that provides hospital or  
10 medical expense benefits for expenses incurred in the purchase of  
11 outpatient prescription drugs under a contract shall provide  
12 coverage under every such contract delivered, issued, executed or  
13 renewed in this State or approved for issuance or renewal in this  
14 State by the Commissioner of Banking and Insurance, on or after  
15 the effective date of this act, for expenses incurred in the purchase  
16 of prescription female contraceptives. For the purposes of this  
17 section, "prescription female contraceptives" means any drug or  
18 device used for contraception by a female, which is approved by the  
19 federal Food and Drug Administration for that purpose, that can  
20 only be purchased in this State with a prescription written by a  
21 health care professional licensed or authorized to write  
22 prescriptions, and includes, but is not limited to, birth control pills  
23 and diaphragms. The coverage provided shall include prescriptions  
24 for dispensing contraceptives for:

25 a. a three-month period for the first dispensing of the  
26 contraceptive; and

27 b. a **【six-month】** 12-month period for any subsequent  
28 dispensing of the same contraceptive, regardless of whether  
29 coverage under the contract was in effect at the time of the first  
30 dispensing, except that an entity subject to this section may provide  
31 coverage for a supply of contraceptives that is for less than a **【six-**  
32 **month】** 12-month period, if a **【six-month】** 12-month period would  
33 extend beyond the term of the contract.

34 A religious employer may request, and a hospital service  
35 corporation shall grant, an exclusion under the contract for the  
36 coverage required by this section if the required coverage conflicts  
37 with the religious employer's bona fide religious beliefs and  
38 practices. A religious employer that obtains such an exclusion shall  
39 provide written notice thereof to prospective subscribers and  
40 subscribers. The provisions of this section shall not be construed as  
41 authorizing a hospital service corporation to exclude coverage for  
42 prescription drugs that are prescribed for reasons other than  
43 contraceptive purposes or for prescription female contraceptives  
44 that are necessary to preserve the life or health of a subscriber. For  
45 the purposes of this section, "religious employer" means an

**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.**



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

6 The benefits shall be provided to the same extent as for any other  
7 outpatient prescription drug under the contract.

8 This section shall apply to those contracts in which the hospital  
9 service corporation has reserved the right to change the premium.  
10 (cf: P.L.2017, c.241, s.1)

11

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

14 2. A medical service corporation that provides hospital or  
15 medical expense benefits for expenses incurred in the purchase of  
16 outpatient prescription drugs under a contract shall provide  
17 coverage under every such contract delivered, issued, executed or  
18 renewed in this State or approved for issuance or renewal in this  
19 State by the Commissioner of Banking and Insurance, on or after  
20 the effective date of this act, for expenses incurred in the purchase  
21 of prescription female contraceptives. For the purposes of this  
22 section, "prescription female contraceptives" means any drug or  
23 device used for contraception by a female, which is approved by the  
24 federal Food and Drug Administration for that purpose, that can  
25 only be purchased in this State with a prescription written by a  
26 health care professional licensed or authorized to write  
27 prescriptions, and includes, but is not limited to, birth control pills  
28 and diaphragms. The coverage provided shall include prescriptions  
29 for dispensing contraceptives for:

30 a. a three-month period for the first dispensing of the  
31 contraceptive; and

32 b. a **【six-month】** 12-month period for any subsequent  
33 dispensing of the same contraceptive, regardless of whether  
34 coverage under the contract was in effect at the time of the first  
35 dispensing, except that an entity subject to this section may provide  
36 coverage for a supply of contraceptives that is for less than a **【six-**  
37 **month】** 12-month period, if a **【six-month】** 12-month period would  
38 extend beyond the term of the contract.

39 A religious employer may request, and a medical service  
40 corporation shall grant, an exclusion under the contract for the  
41 coverage required by this section if the required coverage conflicts  
42 with the religious employer's bona fide religious beliefs and  
43 practices. A religious employer that obtains such an exclusion shall  
44 provide written notice thereof to prospective subscribers and  
45 subscribers. The provisions of this section shall not be construed as  
46 authorizing a medical service corporation to exclude coverage for  
47 prescription drugs that are prescribed for reasons other than  
48 contraceptive purposes or for prescription female contraceptives

1 that are necessary to preserve the life or health of a subscriber. For  
2 the purposes of this section, "religious employer" means an  
3 employer that is a church, convention or association of churches or  
4 an elementary or secondary school that is controlled, operated or  
5 principally supported by a church or by a convention or association  
6 of churches as defined in 26 U.S.C.s.3121(w)(3)(A), and that  
7 qualifies as a tax-exempt organization under 26 U.S.C.s.501(c)(3).

8 The benefits shall be provided to the same extent as for any other  
9 outpatient prescription drug under the contract.

10 This section shall apply to those contracts in which the medical  
11 service corporation has reserved the right to change the premium.

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

13  
14 3. Section 3 of P.L.2005, c.251 (C.17:48E-35.29) is amended  
15 to read as follows:

16 3. A health service corporation that provides hospital or  
17 medical expense benefits for expenses incurred in the purchase of  
18 outpatient prescription drugs under a contract shall provide  
19 coverage under every such contract delivered, issued, executed or  
20 renewed in this State or approved for issuance or renewal in this  
21 State by the Commissioner of Banking and Insurance, on or after  
22 the effective date of this act, for expenses incurred in the purchase  
23 of prescription female contraceptives. For the purposes of this  
24 section, "prescription female contraceptives" means any drug or  
25 device used for contraception by a female, which is approved by the  
26 federal Food and Drug Administration for that purpose, that can  
27 only be purchased in this State with a prescription written by a  
28 health care professional licensed or authorized to write  
29 prescriptions, and includes, but is not limited to, birth control pills  
30 and diaphragms. The coverage provided shall include prescriptions  
31 for dispensing contraceptives for:

32 a. a three-month period for the first dispensing of the  
33 contraceptive; and

34 b. a **【six-month】** 12-month period for any subsequent  
35 dispensing of the same contraceptive, regardless of whether  
36 coverage under the contract was in effect at the time of the first  
37 dispensing, except that an entity subject to this section may provide  
38 coverage for a supply of contraceptives that is for less than a **【six-**  
39 **month】** 12-month period, if a **【six-month】** 12-month period would  
40 extend beyond the term of the contract.

41 A religious employer may request, and a health service  
42 corporation shall grant, an exclusion under the contract for the  
43 coverage required by this section if the required coverage conflicts  
44 with the religious employer's bona fide religious beliefs and  
45 practices. A religious employer that obtains such an exclusion shall  
46 provide written notice thereof to prospective subscribers and  
47 subscribers. The provisions of this section shall not be construed as  
48 authorizing a health service corporation to exclude coverage for

1 prescription drugs that are prescribed for reasons other than  
2 contraceptive purposes or for prescription female contraceptives  
3 that are necessary to preserve the life or health of a subscriber. For  
4 the purposes of this section, "religious employer" means an  
5 employer that is a church, convention or association of churches or  
6 an elementary or secondary school that is controlled, operated or  
7 principally supported by a church or by a convention or association  
8 of churches as defined in 26 U.S.C.s.3121(w)(3)(A), and that  
9 qualifies as a tax-exempt organization under 26 U.S.C.s.501(c)(3).

10 The benefits shall be provided to the same extent as for any other  
11 outpatient prescription drug under the contract.

12 This section shall apply to those contracts in which the health  
13 service corporation has reserved the right to change the premium.

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

15

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

18 4. A group health insurer that provides hospital or medical  
19 expense benefits for expenses incurred in the purchase of outpatient  
20 prescription drugs under a policy shall provide coverage under  
21 every such policy delivered, issued, executed or renewed in this  
22 State or approved for issuance or renewal in this State by the  
23 Commissioner of Banking and Insurance, on or after the effective  
24 date of this act, for expenses incurred in the purchase of  
25 prescription female contraceptives. For the purposes of this section,  
26 "prescription female contraceptives" means any drug or device used  
27 for contraception by a female, which is approved by the federal  
28 Food and Drug Administration for that purpose, that can only be  
29 purchased in this State with a prescription written by a health care  
30 professional licensed or authorized to write prescriptions, and  
31 includes, but is not limited to, birth control pills and diaphragms.  
32 The coverage provided shall include prescriptions for dispensing  
33 contraceptives for:

34 a. a three-month period for the first dispensing of the  
35 contraceptive; and

36 b. a **【six-month】** 12-month period for any subsequent  
37 dispensing of the same contraceptive, regardless of whether  
38 coverage under the policy was in effect at the time of the first  
39 dispensing, except that an entity subject to this section may provide  
40 coverage for a supply of contraceptives that is for less than a **【six-**  
41 **month】** 12-month period, if a **【six-month】** 12-month period would  
42 extend beyond the term of the contract.

43 A religious employer may request, and an insurer shall grant, an  
44 exclusion under the policy for the coverage required by this section  
45 if the required coverage conflicts with the religious employer's bona  
46 fide religious beliefs and practices. A religious employer that  
47 obtains such an exclusion shall provide written notice thereof to  
48 prospective insureds and insureds. The provisions of this section

1 shall not be construed as authorizing an insurer to exclude coverage  
2 for prescription drugs that are prescribed for reasons other than  
3 contraceptive purposes or for prescription female contraceptives  
4 that are necessary to preserve the life or health of an insured. For  
5 the purposes of this section, "religious employer" means an  
6 employer that is a church, convention or association of churches or  
7 an elementary or secondary school that is controlled, operated or  
8 principally supported by a church or by a convention or association  
9 of churches as defined in 26 U.S.C.s.3121(w)(3)(A), and that  
10 qualifies as a tax-exempt organization under 26 U.S.C.s.501(c)(3).

11 The benefits shall be provided to the same extent as for any other  
12 outpatient prescription drug under the policy.

13 This section shall apply to those policies in which the insurer has  
14 reserved the right to change the premium.

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

16

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

19 5. An individual health insurer that provides hospital or  
20 medical expense benefits for expenses incurred in the purchase of  
21 outpatient prescription drugs under a policy shall provide coverage  
22 under every such policy delivered, issued, executed or renewed in  
23 this State or approved for issuance or renewal in this State by the  
24 Commissioner of Banking and Insurance, on or after the effective  
25 date of this act, for expenses incurred in the purchase of  
26 prescription female contraceptives. For the purposes of this section,  
27 "prescription female contraceptives" means any drug or device used  
28 for contraception by a female, which is approved by the federal  
29 Food and Drug Administration for that purpose, that can only be  
30 purchased in this State with a prescription written by a health care  
31 professional licensed or authorized to write prescriptions, and  
32 includes, but is not limited to, birth control pills and diaphragms.  
33 The coverage provided shall include prescriptions for dispensing  
34 contraceptives for:

35 a. a three-month period for the first dispensing of the  
36 contraceptive; and

37 b. a **【six-month】** 12-month period for any subsequent  
38 dispensing of the same contraceptive, regardless of whether  
39 coverage under the policy was in effect at the time of the first  
40 dispensing, except that an entity subject to this section may provide  
41 coverage for a supply of contraceptives that is for less than a **【six-**  
42 **month】** 12-month period, if a **【six-month】** 12-month period would  
43 extend beyond the term of the contract.

44 A religious employer may request, and an insurer shall grant, an  
45 exclusion under the policy for the coverage required by this section  
46 if the required coverage conflicts with the religious employer's bona  
47 fide religious beliefs and practices. A religious employer that  
48 obtains such an exclusion shall provide written notice thereof to

1 prospective insureds and insureds. The provisions of this section  
2 shall not be construed as authorizing an insurer to exclude coverage  
3 for prescription drugs that are prescribed for reasons other than  
4 contraceptive purposes or for prescription female contraceptives  
5 that are necessary to preserve the life or health of an insured. For  
6 the purposes of this section, "religious employer" means an  
7 employer that is a church, convention or association of churches or  
8 an elementary or secondary school that is controlled, operated or  
9 principally supported by a church or by a convention or association  
10 of churches as defined in 26 U.S.C.s.3121(w)(3)(A), and that  
11 qualifies as a tax-exempt organization under 26 U.S.C.s.501(c)(3).

12 The benefits shall be provided to the same extent as for any other  
13 outpatient prescription drug under the policy.

14 This section shall apply to those policies in which the insurer has  
15 reserved the right to change the premium.

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

17

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

20 6. A certificate of authority to establish and operate a health  
21 maintenance organization in this State shall not be issued or  
22 continued on or after the effective date of this act for a health  
23 maintenance organization that provides health care services for  
24 outpatient prescription drugs under a contract, unless the health  
25 maintenance organization also provides health care services for  
26 prescription female contraceptives. For the purposes of this section,  
27 "prescription female contraceptives" means any drug or device used  
28 for contraception by a female, which is approved by the federal  
29 Food and Drug Administration for that purpose, that can only be  
30 purchased in this State with a prescription written by a health care  
31 professional licensed or authorized to write prescriptions, and  
32 includes, but is not limited to, birth control pills and diaphragms.  
33 The coverage provided shall include prescriptions for dispensing  
34 contraceptives for:

35 a. a three-month period for the first dispensing of the  
36 contraceptive; and

37 b. a **【six-month】** 12-month period for any subsequent  
38 dispensing of the same contraceptive, regardless of whether  
39 coverage under the contract was in effect at the time of the first  
40 dispensing, except that an entity subject to this section may provide  
41 coverage for a supply of contraceptives that is for less than a **【six-**  
42 **month】** 12-month period, if a **【six-month】** 12-month period would  
43 extend beyond the term of the contract.

44 A religious employer may request, and a health maintenance  
45 organization shall grant, an exclusion under the contract for the  
46 health care services required by this section if the required health  
47 care services conflict with the religious employer's bona fide  
48 religious beliefs and practices. A religious employer that obtains

1 such an exclusion shall provide written notice thereof to prospective  
2 enrollees and enrollees. The provisions of this section shall not be  
3 construed as authorizing a health maintenance organization to  
4 exclude health care services for prescription drugs that are  
5 prescribed for reasons other than contraceptive purposes or for  
6 prescription female contraceptives that are necessary to preserve the  
7 life or health of an enrollee. For the purposes of this section,  
8 "religious employer" means an employer that is a church,  
9 convention or association of churches or an elementary or  
10 secondary school that is controlled, operated or principally  
11 supported by a church or by a convention or association of churches  
12 as defined in 26 U.S.C.s.3121(w)(3)(A), and that qualifies as a tax-  
13 exempt organization under 26 U.S.C.s.501(c)(3).

14 The health care services shall be provided to the same extent as  
15 for any other outpatient prescription drug under the contract.

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

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

21

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

24 7. An individual health benefits plan required pursuant to  
25 section 3 of P.L.1992, c.161 (C.17B:27A-4) that provides benefits  
26 for expenses incurred in the purchase of outpatient prescription  
27 drugs shall provide coverage for expenses incurred in the purchase  
28 of prescription female contraceptives. For the purposes of this  
29 section, "prescription female contraceptives" means any drug or  
30 device used for contraception by a female, which is approved by the  
31 federal Food and Drug Administration for that purpose, that can  
32 only be purchased in this State with a prescription written by a  
33 health care professional licensed or authorized to write  
34 prescriptions, and includes, but is not limited to, birth control pills  
35 and diaphragms. The coverage provided shall include prescriptions  
36 for dispensing contraceptives for:

37 a. a three-month period for the first dispensing of the  
38 contraceptive; and

39 b. a **【six-month】** 12-month period for any subsequent  
40 dispensing of the same contraceptive, regardless of whether  
41 coverage under the plan was in effect at the time of the first  
42 dispensing, except that an entity subject to this section may provide  
43 coverage for a supply of contraceptives that is for less than a **【six-**  
44 **month】** 12-month period, if a **【six-month】** 12-month period would  
45 extend beyond the term of the contract.

46 A religious employer may request, and a carrier shall grant, an  
47 exclusion under the health benefits plan for the coverage required  
48 by this section if the required coverage conflicts with the religious

1 employer's bona fide religious beliefs and practices. A religious  
2 employer that obtains such an exclusion shall provide written notice  
3 thereof to prospective covered persons and covered persons. The  
4 provisions of this section shall not be construed as authorizing a  
5 carrier to exclude coverage for prescription drugs that are  
6 prescribed for reasons other than contraceptive purposes or for  
7 prescription female contraceptives that are necessary to preserve the  
8 life or health of a covered person. For the purposes of this section,  
9 "religious employer" means an employer that is a church,  
10 convention or association of churches or an elementary or  
11 secondary school that is controlled, operated or principally  
12 supported by a church or by a convention or association of churches  
13 as defined in 26 U.S.C.s.3121(w)(3)(A), and that qualifies as a tax-  
14 exempt organization under 26 U.S.C.s.501(c)(3).

15 The benefits shall be provided to the same extent as for any other  
16 outpatient prescription drug under the health benefits plan.

17 This section shall apply to all individual health benefits plans in  
18 which the carrier has reserved the right to change the premium.  
19 (cf: P.L.2017, c.241, s.7)

20

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

23 8. A small employer health benefits plan required pursuant to  
24 section 3 of P.L.1992, c.162 (C.17B:27A-19) that provides benefits  
25 for expenses incurred in the purchase of outpatient prescription  
26 drugs shall provide coverage for expenses incurred in the purchase  
27 of prescription female contraceptives. For the purposes of this  
28 section, "prescription female contraceptives" means any drug or  
29 device used for contraception by a female, which is approved by the  
30 federal Food and Drug Administration for that purpose, that can  
31 only be purchased in this State with a prescription written by a  
32 health care professional licensed or authorized to write  
33 prescriptions, and includes, but is not limited to, birth control pills  
34 and diaphragms. The coverage provided shall include prescriptions  
35 for dispensing contraceptives for:

36 a. a three-month period for the first dispensing of the  
37 contraceptive; and

38 b. a **【six-month】** 12-month period for any subsequent  
39 dispensing of the same contraceptive, regardless of whether  
40 coverage under the plan was in effect at the time of the first  
41 dispensing, except that an entity subject to this section may provide  
42 coverage for a supply of contraceptives that is for less than a **【six-**  
43 **month】** 12-month period, if a **【six-month】** 12-month period would  
44 extend beyond the term of the contract.

45 A religious employer may request, and a carrier shall grant, an  
46 exclusion under the health benefits plan for the coverage required  
47 by this section if the required coverage conflicts with the religious  
48 employer's bona fide religious beliefs and practices. A religious

1 employer that obtains such an exclusion shall provide written notice  
2 thereof to prospective covered persons and covered persons. The  
3 provisions of this section shall not be construed as authorizing a  
4 carrier to exclude coverage for prescription drugs that are  
5 prescribed for reasons other than contraceptive purposes or for  
6 prescription female contraceptives that are necessary to preserve the  
7 life or health of a covered person. For the purposes of this section,  
8 "religious employer" means an employer that is a church,  
9 convention or association of churches or an elementary or  
10 secondary school that is controlled, operated or principally  
11 supported by a church or by a convention or association of churches  
12 as defined in 26 U.S.C.s.3121(w)(3)(A), and that qualifies as a tax-  
13 exempt organization under 26 U.S.C.s.501(c)(3).

14 The benefits shall be provided to the same extent as for any other  
15 outpatient prescription drug under the health benefits plan.

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

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

20

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

23 9. A prepaid prescription service organization that provides  
24 benefits for expenses incurred in the purchase of outpatient  
25 prescription drugs under a contract shall provide coverage under  
26 every such contract delivered, issued, executed or renewed in this  
27 State or approved for issuance or renewal in this State by the  
28 Commissioner of Banking and Insurance, on or after the effective  
29 date of this act, for expenses incurred in the purchase of  
30 prescription female contraceptives. For the purposes of this section,  
31 "prescription female contraceptives" means any drug or device used  
32 for contraception by a female, which is approved by the federal  
33 Food and Drug Administration for that purpose, that can only be  
34 purchased in this State with a prescription written by a health care  
35 professional licensed or authorized to write prescriptions, and  
36 includes, but is not limited to, birth control pills and diaphragms.  
37 The coverage provided shall include prescriptions for dispensing  
38 contraceptives for:

39 a. a three-month period for the first dispensing of the  
40 contraceptive; and

41 b. a **【six-month】** 12-month period for any subsequent  
42 dispensing of the same contraceptive, regardless of whether  
43 coverage under the contract was in effect at the time of the first  
44 dispensing, except that an entity subject to this section may provide  
45 coverage for a supply of contraceptives that is for less than a **【six-**  
46 **month】** 12-month period, if a **【six-month】** 12-month period would  
47 extend beyond the term of the contract.



1 A religious employer may request, and a prepaid prescription  
2 service organization shall grant, an exclusion under the contract for  
3 the coverage required by this section if the required coverage  
4 conflicts with the religious employer's bona fide religious beliefs  
5 and practices. A religious employer that obtains such an exclusion  
6 shall provide written notice thereof to prospective enrollees and  
7 enrollees. The provisions of this section shall not be construed as  
8 authorizing a prepaid prescription service organization to exclude  
9 coverage for prescription drugs that are prescribed for reasons other  
10 than contraceptive purposes or for prescription female  
11 contraceptives that are necessary to preserve the life or health of an  
12 enrollee. For the purposes of this section, "religious employer"  
13 means an employer that is a church, convention or association of  
14 churches or an elementary or secondary school that is controlled,  
15 operated or principally supported by a church or by a convention or  
16 association of churches as defined in 26 U.S.C.s.3121(w)(3)(A),  
17 and that qualifies as a tax-exempt organization under 26  
18 U.S.C.s.501(c)(3).

19 The benefits shall be provided to the same extent as for any other  
20 outpatient prescription drug under the contract.

21 This section shall apply to those prepaid prescription contracts in  
22 which the prepaid prescription service organization has reserved the  
23 right to change the premium.

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

25

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

28 10. The State Health Benefits Commission shall ensure that  
29 every contract purchased by the commission on or after the  
30 effective date of this act that provides benefits for expenses  
31 incurred in the purchase of outpatient prescription drugs shall  
32 provide benefits for expenses incurred in the purchase of  
33 prescription female contraceptives.

34 For the purposes of this section, "prescription female  
35 contraceptives" means any drug or device used for contraception by  
36 a female, which is approved by the federal Food and Drug  
37 Administration for that purpose, that can only be purchased in this  
38 State with a prescription written by a health care professional  
39 licensed or authorized to write prescriptions, and includes, but is  
40 not limited to, birth control pills and diaphragms. The coverage  
41 provided shall include prescriptions for dispensing contraceptives  
42 for:

43 a. a three-month period for the first dispensing of the  
44 contraceptive; and

45 b. a **[six-month]** 12-month period for any subsequent  
46 dispensing of the same contraceptive, regardless of whether  
47 coverage under the contract was in effect at the time of the first  
48 dispensing, except that an entity subject to this section may provide

1 coverage for a supply of contraceptives that is for less than a **【six-**  
2 **month】** 12-month period, if a **【six-month】** 12-month period would  
3 extend beyond the term of the contract.

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

5

6 11. This act shall take effect on the 90th day next following  
7 enactment and shall apply to policies and contracts delivered,  
8 issued, executed or renewed on or after the effective date of this act.

9

10

11

STATEMENT

12

13 This bill amends P.L.2005, c.251, the statute requiring health  
14 insurers that provide coverage for outpatient prescription drugs to  
15 cover prescription female contraceptives, to increase the  
16 requirement for coverage of dispensing contraceptives from up to  
17 six months to up to 12 months.

18 Current law, pursuant to P.L.2017, c.241, requires health insurers  
19 that provide coverage for outpatient prescription drugs to cover  
20 dispensing of prescription female contraceptives for up to six  
21 months. This bill would increase that requirement to 12 months.

22 Under the bill, the coverage provided shall include prescriptions  
23 for dispensing contraceptives for: (1) a three-month period for the  
24 first dispensing of the contraceptive; and (2) a 12-month period for  
25 any subsequent dispensing of the same contraceptive, regardless of  
26 whether coverage under that policy or contract was in effect at the  
27 time of the first dispensing.

28 These amendments apply to hospital, medical, and health service  
29 corporations, commercial, individual, small employer and group  
30 health insurers, health maintenance organizations, prepaid  
31 prescription service organizations, and the State Health Benefits  
32 Program.

# ASSEMBLY HEALTH COMMITTEE

## STATEMENT TO

### SENATE COMMITTEE SUBSTITUTE FOR **SENATE, No. 413**

with committee amendments

# STATE OF NEW JERSEY

DATED: JANUARY 3, 2022

The Assembly Health Committee reports favorably and with committee amendments Senate Bill No. 413 (SCS).

As amended by the committee, this bill requires health insurers and the State Medicaid program to provide coverage for the dispensing of prescription contraceptives for up to 12 months at one time. The bill applies to hospital, medical, and health service corporations, commercial, individual, small employer and group health insurers, health maintenance organizations, prepaid prescription service organizations, the State Health Benefits Program, and the State Medicaid program. With respect to the Medicaid program, the bill requires the Commissioner of Human Services to apply for any necessary waivers from the federal government to secure federal financial participation to implement the bill.

As amended, the provisions of this bill will apply to policies and contracts delivered, issued, executed, or renewed on or after January 1, 2023.

As reported by the committee with amendments, Senate Bill No. 413 (SCS) is identical to Assembly Bill No. 4698 which was also amended and reported by the committee on this date.

#### COMMITTEE AMENDMENTS:

The committee amendments provide that the provisions of this bill will apply to policies and contracts delivered, issued, executed, or renewed on or after January 1, 2023.

The committee amendments make a technical change to the synopsis concerning grammar.

# ASSEMBLY APPROPRIATIONS COMMITTEE

## STATEMENT TO

[First Reprint]

## SENATE COMMITTEE SUBSTITUTE FOR SENATE, No. 413

# STATE OF NEW JERSEY

DATED: JANUARY 6, 2022

The Assembly Appropriations Committee reports favorably Senate Committee Substitute for Bill No. 413 (1R).

This bill requires health insurers and the State Medicaid program to provide coverage for the dispensing of prescription contraceptives for to up to 12 months at one time. The bill applies to hospital, medical, and health service corporations, commercial, individual, small employer and group health insurers, health maintenance organizations, prepaid prescription service organizations, the State Health Benefits Program, and the State Medicaid program. With respect to the Medicaid program, the bill requires the Commissioner of Human Services to apply for any necessary waivers from the federal government to secure federal financial participation to implement the bill.

The provisions of this bill will apply to policies and contracts delivered, issued, executed, or renewed on or after January 1, 2023.

As reported by the committee, Senate Bill No. 413 (SCS/1R) is identical to Assembly Bill No. 4698 (1R), which also was reported by the committee on this date.

### FISCAL IMPACT:

The Office of Legislative Services (OLS) notes that current law requires health insurers, the State Health Benefits Program, and the School Employees' Health Benefits Program who provide coverage for prescription female contraceptives to dispense prescription female contraceptives on a three-month basis for the initial prescription and on a six-month basis thereafter.

According to the Division of Pensions and Benefits at the March 18, 2016 Pension and Health Benefits Review Commission meeting, dispensing contraceptive prescription drugs in batches of 12-months at a time may result in incurred "spillage/waste" costs, because a plan participant could stop using contraceptives prior to the end of the 12-month prescription period leaving a quantity of pills unused.

SENATE COMMERCE COMMITTEE

STATEMENT TO

SENATE COMMITTEE SUBSTITUTE FOR  
**SENATE, No. 413**

**STATE OF NEW JERSEY**

DATED: DECEMBER 6, 2021

The Senate Commerce Committee reports favorably the Senate Committee Substitute for Senate Bill No. 413.

This committee substitute requires health insurers and the State Medicaid program to provide coverage for the dispensing of prescription contraceptives for to up to 12 months at one time. The bill applies to hospital, medical, and health service corporations, commercial, individual, small employer and group health insurers, health maintenance organizations, prepaid prescription service organizations, the State Health Benefits Program, and the State Medicaid program. With respect to the Medicaid program, the bill requires the Commissioner of Human Services to apply for any necessary waivers from the federal government to secure federal financial participation to implement the bill.

# SENATE BUDGET AND APPROPRIATIONS COMMITTEE

## STATEMENT TO

### SENATE COMMITTEE SUBSTITUTE FOR **SENATE, No. 413**

# **STATE OF NEW JERSEY**

DATED: DECEMBER 16, 2021

The Senate Budget and Appropriations Committee reports favorably Senate Bill No. 413 (SCS).

This bill requires health insurers and the State Medicaid program to provide coverage for the dispensing of prescription contraceptives for to up to 12 months at one time. The bill applies to hospital, medical, and health service corporations, commercial, individual, small employer and group health insurers, health maintenance organizations, prepaid prescription service organizations, the State Health Benefits Program, and the State Medicaid program. With respect to the Medicaid program, the bill requires the Commissioner of Human Services to apply for any necessary waivers from the federal government to secure federal financial participation to implement the bill.

#### FISCAL IMPACT:

Fiscal information for this bill is currently unavailable.

**LEGISLATIVE FISCAL ESTIMATE**  
 [First Reprint]  
**SENATE COMMITTEE SUBSTITUTE FOR**  
**SENATE, No. 413**  
**STATE OF NEW JERSEY**  
**220th LEGISLATURE**

DATED: JANUARY 18, 2022

**SUMMARY**

**Synopsis:** Expands requirements for health insurers and Medicaid program to cover prescriptions for contraceptives to 12 months.

**Type of Impact:** Impact on State General Fund expenditures, local government funds.

**Agencies Affected:** Division of Pensions and Benefits in the Department of the Treasury; local government entities.

**Office of Legislative Services Estimate**

<b>Fiscal Impact</b>	<b><u>Year 1 and Thereafter</u></b>
<b>State Impact</b>	Marginal
<b>Local Impact</b>	Marginal

- The Office of Legislative Services (OLS) notes that current law requires health insurers, the State Health Benefits Program, and the School Employees’ Health Benefits Program who provide coverage for prescription female contraceptives to dispense prescription female contraceptives on a three-month basis for the initial prescription and on a six-month basis thereafter. The Medicaid State Plan provides that all initial prescriptions and refills, which would include contraceptives are limited to a 34-day supply or 100 unit doses, whichever is greater.
- According to the Division of Pensions and Benefits at the March 18, 2016 Pension and Health Benefits Review Commission meeting, dispensing contraceptive prescription drugs in batches of 12-months at a time may result in incurred “spillage/waste” costs to the State Health Benefits Program and the School Employees’ Health Benefits Program, because a plan participant could stop using contraceptives prior to the end of the 12-month prescription period leaving a quantity of pills unused. Savings from the reduction in unintended pregnancies is indeterminate.

- The OLS notes that according to an article published by the New Jersey Health Care Quality Institute, a May 2019 report issued by the New Jersey Mandated Health Benefits Advisory Commission stated that the change to dispensing contraceptives on a 12-months at a time basis “would actually ‘result in a net cost savings to insurers, employers, and consumers in New Jersey.’ The report, which was based on 2019 legislation that proposed the same expansion of coverage, estimated \$1.2 million to \$2.7 million in net savings for the state’s health care market and system in just the first year. The savings would be the result of reduced costs associated with unintended pregnancies and takes into account the potential for waste if an individual stops or changes their contraceptive. These estimates do not include extending this policy to the state’s Medicaid program — which, if included, could result in more savings to the state.”

## **BILL DESCRIPTION**

This bill would require health insurers, the State Health Benefits Program and the School Employees’ Health Benefits Program, and the State’s Medicaid program to dispense prescription female contraceptives for up to 12 months at one time.

## **FISCAL ANALYSIS**

### ***EXECUTIVE BRANCH***

None received.

### ***OFFICE OF LEGISLATIVE SERVICES***

Current law requires health insurers, the State Health Benefits Program, and the School Employees’ Health Benefits Program who provide coverage for prescription female contraceptives to dispense prescription female contraceptives on a three-month basis for the initial prescription and on a six-month basis thereafter. Optum Rx currently dispenses female oral contraceptives on a three-month basis. This bill would require health insurers, the State Health Benefits Program and the School Employees’ Health Benefits Program, and the State’s Medicaid Program to dispense prescription female contraceptives for up to 12 months at one time.

According to the Division of Pensions and Benefits at the March 18, 2016 Pension and Health Benefits Review Commission meeting, dispensing contraceptive prescription drugs in batches of 12-months at time may result in incurred “spillage/waste” costs, because a plan participant could stop using contraceptives prior to the end of the 12-month prescription period leaving a quantity of pills unused.

The OLS notes that according to an article published by the New Jersey Health Care Quality Institute, a May 2019 report issued by the New Jersey Mandated Health Benefits Advisory Commission stated that the change to dispensing contraceptives on a 12-months at a time basis “would actually ‘result in a net cost savings to insurers, employers, and consumers in New Jersey.’ The report, which was based on 2019 legislation that proposed the same expansion of coverage, estimated \$1.2 million to \$2.7 million in net savings for the state’s health care market and system in just the first year. The savings would be the result of reduced costs associated with unintended pregnancies and takes into account the potential for waste if an individual stops or changes their contraceptive. These estimates do not include extending this policy to the state’s Medicaid



program — which, if included, could result in more savings to the state.” The OLS notes that according to the Medicaid State Plan, all initial prescriptions and refills are limited to a 34-day supply or 100 unit doses, whichever is greater.

The OLS also notes that in September 2016, California enacted the “Female Contraceptive Act” to allow, beginning in 2017, 12-month prescriptions for female contraceptives. University of California medical researchers estimated that the bill could save employers, consumers, and government agencies a combined \$42.8 million a year by reducing the number of unanticipated pregnancies that occur as a result of inconsistent dosing due to delays in patients’ diligence and barriers to access in filling their prescriptions. Barriers to access include “women who have financial constraints that make transportation, taking time off, and child care issues” difficult to get to the pharmacy to fill prescriptions regularly.

In an article in the March 2011 Journal of Obstetrics and Gynecology published by the United States Library of Medicine, National Institute of Health, researchers found that dispensing a one-year supply of contraceptives reduced unanticipated pregnancies by 30 percent compared to dispensing on a 30-day or 90-day basis. The researchers concluded that “making oral contraceptives more accessible may reduce the incidence of unintended pregnancy and abortion. Health insurance programs and public health programs may avert costly unintended pregnancies by increasing dispensing limits on oral contraceptives to a one-year supply.”

In addition to California, Oregon and the District of Columbia (D.C.) have enacted laws to allow women access to 12-month prescriptions for contraceptives. Oregon was the first state to enact such a law in 2015. According to the Oregon Legislative Fiscal Office, the legislation was determined to have a “minimal expenditure impact on state or local government.”

In 2015, the Council of the District of Columbia enacted the “Access to Contraceptive Amendment Act of 2015” to allow women access to 12-month prescriptions. According to the National Women’s Law Center, quoted in an article published on September 25, 2015 in Kaiser Health News, “this law ‘is going to make a difference for D.C., there’s a high teen pregnancy rate, and pharmacies are not well located for low-income areas.” The Associate Commissioner of the District of Columbia Department of Insurance, Securities and Banking testified that “the bill would not have any effect on the cost of health insurance premiums.”

According to the Kaiser Foundation in a 2016 report, 11 states dispensed contraceptives on a 12-month basis.

*Section:* Legislative Budget and Finance Office  
*Analyst:* Kimberly M. Clemmensen  
Assistant Legislative Budget and Finance Officer  
*Approved:* Thomas Koenig  
Legislative Budget and Finance Officer

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

# ASSEMBLY, No. 4698

## STATE OF NEW JERSEY 219th LEGISLATURE

INTRODUCED SEPTEMBER 21, 2020

**Sponsored by:**

**Assemblywoman VALERIE VAINIERI HUTTLE**

**District 37 (Bergen)**

**Assemblywoman MILA M. JASEY**

**District 27 (Essex and Morris)**

**Assemblyman RAJ MUKHERJI**

**District 33 (Hudson)**

**Co-Sponsored by:**

**Assemblyman Benson, Assemblywomen Reynolds-Jackson and Jimenez**

**SYNOPSIS**

Expands requirements for health insurers and Medicaid program to cover prescriptions for contraceptives for up to 12 months.

**CURRENT VERSION OF TEXT**

As introduced.



**(Sponsorship Updated As Of: 1/3/2022)**

1 AN ACT concerning insurance and Medicaid program coverage for  
2 prescribed contraceptives, amending P.L.2005, c.251, and  
3 supplementing P.L.1968, c.413 (C.30:4D-1 et seq.).  
4

5 **BE IT ENACTED** by the Senate and General Assembly of the State  
6 of New Jersey:  
7

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

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

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

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

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

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

34 (2) Voluntary male and female sterilization.

35 (3) Patient education and counseling on contraception.

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

39 (a) Management of side effects;

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

41 (c) Device insertion and removal;

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

45 (e) Diagnosis and treatment services provided pursuant to, or as

**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.

1 a follow-up to, a service required under this section.

2 b. The coverage provided shall include prescriptions for  
3 dispensing contraceptives for:

4 (1) **【a three-month period for the first dispensing of the**  
5 **contraceptive; and】** (Deleted by amendment, P.L. , c. )(pending  
6 before the Legislature as this bill)

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

14 c. (1) Except as provided in paragraph (2) of this subsection,  
15 the benefits shall be provided to the same extent as for any other  
16 service, drug, device, product, or procedure under the contract,  
17 except no deductible, coinsurance, copayment, or any other cost-  
18 sharing requirement on the coverage shall be imposed.

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

24 d. This section shall apply to those contracts in which the  
25 hospital service corporation has reserved the right to change the  
26 premium.

27 e. Nothing in this section shall limit coverage of any additional  
28 preventive service for women, as identified or recommended by the  
29 United States Preventive Services Task Force or the Health  
30 Resources and Services Administration of the United States  
31 Department of Health and Human Services pursuant to the  
32 provisions of 42 U.S.C. 300gg-13.

33 (cf: P.L.2019, c.361, s.1)

34

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

37 2. a. A medical service corporation that provides hospital or  
38 medical expense benefits shall provide coverage under every  
39 contract delivered, issued, executed or renewed in this State or  
40 approved for issuance or renewal in this State by the Commissioner  
41 of Banking and Insurance, on or after the effective date of this act,  
42 for expenses incurred in the purchase of prescription female  
43 contraceptives, and the following services, drugs, devices, products,  
44 and procedures on an in-network basis:

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

1 (a) If there is a therapeutic equivalent of a contraceptive drug,  
2 device or product approved by the United States Food and Drug  
3 Administration, coverage shall be provided for either the requested  
4 contraceptive drug, device or product or for one or more therapeutic  
5 equivalents of the requested drug, device or product.

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

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

14 (2) Voluntary male and female sterilization.

15 (3) Patient education and counseling on contraception.

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

19 (a) Management of side effects;

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

21 (c) Device insertion and removal;

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

25 (e) Diagnosis and treatment services provided pursuant to, or as  
26 a follow-up to, a service required under this section.

27 b. The coverage provided shall include prescriptions for  
28 dispensing contraceptives for:

29 (1) **【a three-month period for the first dispensing of the**  
30 **contraceptive; and】** (Deleted by amendment, P.L. , c. )(pending  
31 before the Legislature as this bill)

32 (2) up to a 【six-month】 12 month period 【for any subsequent  
33 dispensing of the same contraceptive, regardless of whether  
34 coverage under the contract was in effect at the time of the first  
35 dispensing, except that an entity subject to this section may provide  
36 coverage for a supply of contraceptives that is for less than a six-  
37 month period, if a six-month period would extend beyond the term  
38 of the contract】 at one time.

39 c. (1) Except as provided in paragraph (2) of this subsection,  
40 the benefits shall be provided to the same extent as for any other  
41 service, drug, device, product, or procedure under the contract,  
42 except no deductible, coinsurance, copayment, or any other cost-  
43 sharing requirement on the coverage shall be imposed.

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

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

4 e. Nothing in this section shall limit coverage of any additional  
5 preventive service for women, as identified or recommended by the  
6 United States Preventive Services Task Force or the Health  
7 Resources and Services Administration of the United States  
8 Department of Health and Human Services pursuant to the  
9 provisions of 42 U.S.C. 300gg-13.  
10 (cf: P.L.2019, c.361, s.2)

11  
12 3. Section 3 of P.L.2005, c.251 (C.17:48E-35.29) is amended  
13 to read as follows:

14 3. a. A health service corporation that provides hospital or  
15 medical expense benefits shall provide coverage under every  
16 contract delivered, issued, executed or renewed in this State or  
17 approved for issuance or renewal in this State by the Commissioner  
18 of Banking and Insurance, on or after the effective date of this act,  
19 for expenses incurred in the purchase of prescription female  
20 contraceptives, and the following services, drugs, devices, products,  
21 and procedures on an in-network basis:

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

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

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

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

38 (2) Voluntary male and female sterilization.

39 (3) Patient education and counseling on contraception.

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

43 (a) Management of side effects;

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

45 (c) Device insertion and removal;

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

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

3 b. The coverage provided shall include prescriptions for  
4 dispensing contraceptives for:

5 (1) **【a three-month period for the first dispensing of the**  
6 **contraceptive; and】** (Deleted by amendment, P.L. , c. )(pending  
7 before the Legislature as this bill)

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

15 c. (1) Except as provided in paragraph (2) of this subsection,  
16 the benefits shall be provided to the same extent as for any other  
17 service, drug, device, product, or procedure under the contract,  
18 except no deductible, coinsurance, copayment, or any other cost-  
19 sharing requirement on the coverage shall be imposed.

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

25 d. This section shall apply to those contracts in which the  
26 health service corporation has reserved the right to change the  
27 premium.

28 e. Nothing in this section shall limit coverage of any additional  
29 preventive service for women, as identified or recommended by the  
30 United States Preventive Services Task Force or the Health  
31 Resources and Services Administration of the United States  
32 Department of Health and Human Services pursuant to the  
33 provisions of 42 U.S.C. 300gg-13.

34 (cf: P.L.2019, c.361, s.3)

35

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

38 4. a. A group health insurer that provides hospital or medical  
39 expense benefits shall provide coverage under every policy  
40 delivered, issued, executed or renewed in this State or approved for  
41 issuance or renewal in this State by the Commissioner of Banking  
42 and Insurance, on or after the effective date of this act, for expenses  
43 incurred in the purchase of prescription female contraceptives, and  
44 the following services, drugs, devices, products, and procedures on  
45 an in-network basis:

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

1 (a) If there is a therapeutic equivalent of a contraceptive drug,  
2 device or product approved by the United States Food and Drug  
3 Administration, coverage shall be provided for either the requested  
4 contraceptive drug, device or product or for one or more therapeutic  
5 equivalents of the requested drug, device or product.

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

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

14 (2) Voluntary male and female sterilization.

15 (3) Patient education and counseling on contraception.

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

19 (a) Management of side effects;

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

21 (c) Device insertion and removal;

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

25 (e) Diagnosis and treatment services provided pursuant to, or as  
26 a follow-up to, a service required under this section.

27 b. The coverage provided shall include prescriptions for  
28 dispensing contraceptives for:

29 (1) **【a three-month period for the first dispensing of the**  
30 **contraceptive; and】** (Deleted by amendment, P.L. , c. )(pending  
31 before the Legislature as this bill)

32 (2) up to a 【six-month】 12 month period 【for any subsequent  
33 dispensing of the same contraceptive, regardless of whether  
34 coverage under the contract was in effect at the time of the first  
35 dispensing, except that an entity subject to this section may provide  
36 coverage for a supply of contraceptives that is for less than a six-  
37 month period, if a six-month period would extend beyond the term  
38 of the contract】 at one time.

39 c. (1) Except as provided in paragraph (2) of this subsection,  
40 the benefits shall be provided to the same extent as for any other  
41 service, drug, device, product, or procedure under the policy, except  
42 no deductible, coinsurance, copayment, or any other cost-sharing  
43 requirement on the coverage shall be imposed.

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



1 d. This section shall apply to those policies in which the insurer  
2 has reserved the right to change the premium.

3 e. Nothing in this section shall limit coverage of any additional  
4 preventive service for women, as identified or recommended by the  
5 United States Preventive Services Task Force or the Health  
6 Resources and Services Administration of the United States  
7 Department of Health and Human Services pursuant to the  
8 provisions of 42 U.S.C. 300gg-13.

9 (cf: P.L.2019, c.361, s.4)

10

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

13 5. a. An individual health insurer that provides hospital or  
14 medical expense benefits shall provide coverage under every policy  
15 delivered, issued, executed or renewed in this State or approved for  
16 issuance or renewal in this State by the Commissioner of Banking  
17 and Insurance, on or after the effective date of this act, for expenses  
18 incurred in the purchase of prescription female contraceptives, and  
19 the following services, drugs, devices, products, and procedures on  
20 an in-network basis:

21 (1) Any contraceptive drug, device or product approved by the  
22 United States Food and Drug Administration, which coverage shall  
23 be

24 subject to all of the following conditions:

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

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

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

38 (2) Voluntary male and female sterilization.

39 (3) Patient education and counseling on contraception.

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

43 (a) Management of side effects;

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

45 (c) Device insertion and removal;

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

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

3 b. The coverage provided shall include prescriptions for  
4 dispensing contraceptives for:

5 (1) **【a three-month period for the first dispensing of the**  
6 **contraceptive; and】** (Deleted by amendment, P.L. , c. )(pending  
7 before the Legislature as this bill)

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

15 c. (1) Except as provided in paragraph (2) of this subsection,  
16 the benefits shall be provided to the same extent as for any other  
17 service, drug, device, product, or procedure under the policy, except  
18 no deductible, coinsurance, copayment, or any other cost-sharing  
19 requirement on the coverage shall be imposed.

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

25 d. This section shall apply to those policies in which the insurer  
26 has reserved the right to change the premium.

27 e. Nothing in this section shall limit coverage of any additional  
28 preventive service for women, as identified or recommended by the  
29 United States Preventive Services Task Force or the Health  
30 Resources and Services Administration of the United States  
31 Department of Health and Human Services pursuant to the  
32 provisions of 42 U.S.C. 300gg-13.

33 (cf: P.L.2019, c.361, s.5)

34

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

37 6. a. A certificate of authority to establish and operate a health  
38 maintenance organization in this State shall not be issued or  
39 continued on or after the effective date of this act for a health  
40 maintenance organization, unless the health maintenance  
41 organization provides health care services for prescription female  
42 contraceptives, and the following services, drugs, devices, products,  
43 and procedures on an in-network basis:

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

47 (a) If there is a therapeutic equivalent of a contraceptive drug,  
48 device or product approved by the United States Food and Drug

1 Administration, coverage shall be provided for either the requested  
2 contraceptive drug, device or product or for one or more therapeutic  
3 equivalents of the requested drug, device or product.

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

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

12 (2) Voluntary male and female sterilization.

13 (3) Patient education and counseling on contraception.

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

17 (a) Management of side effects;

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

19 (c) Device insertion and removal;

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

23 (e) Diagnosis and treatment services provided pursuant to, or as  
24 a follow-up to, a service required under this section.

25 b. The coverage provided shall include prescriptions for  
26 dispensing contraceptives for:

27 (1) **[a three-month period for the first dispensing of the**  
28 **contraceptive; and]** (Deleted by amendment, P.L. , c. )(pending  
29 before the Legislature as this bill)

30 (2) up to a [six-month] 12 month period **[for any subsequent**  
31 **dispensing of the same contraceptive, regardless of whether**  
32 **coverage under the contract was in effect at the time of the first**  
33 **dispensing, except that an entity subject to this section may provide**  
34 **coverage for a supply of contraceptives that is for less than a six-**  
35 **month period, if a six-month period would extend beyond the term**  
36 **of the contract]** at one time.

37 c. (1) Except as provided in paragraph (2) of this subsection,  
38 the health care services shall be provided to the same extent as for  
39 any other service, drug, device, product, or procedure under the  
40 contract, except no deductible, coinsurance, copayment, or any  
41 other cost-sharing requirement on the coverage shall be imposed.

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

47 d. The provisions of this section shall apply to those contracts  
48 for health care services by health maintenance organizations under

1 which the right to change the schedule of charges for enrollee  
2 coverage is reserved.

3 e. Nothing in this section shall limit coverage of any additional  
4 preventive service for women, as identified or recommended by the  
5 United States Preventive Services Task Force or the Health  
6 Resources and Services Administration of the United States  
7 Department of Health and Human Services pursuant to the  
8 provisions of 42 U.S.C. 300gg-13.  
9 (cf: P.L.2019, c.361, s.6)

10

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

13 7. a. An individual health benefits plan required pursuant to  
14 section 3 of P.L.1992, c.161 (C.17B:27A-4) shall provide coverage  
15 for expenses incurred in the purchase of prescription female  
16 contraceptives, and the following services, drugs, devices, products,  
17 and procedures on an in-network basis:

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

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

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

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

34 (2) Voluntary male and female sterilization.

35 (3) Patient education and counseling on contraception.

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

39 (a) Management of side effects;

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

41 (c) Device insertion and removal;

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

45 (e) Diagnosis and treatment services provided pursuant to, or as  
46 a follow-up to, a service required under this section.

47 b. The coverage provided shall include prescriptions for  
48 dispensing contraceptives for:

1 (1) **【a three-month period for the first dispensing of the**  
2 **contraceptive; and】** (Deleted by amendment, P.L. , c. )(pending  
3 before the Legislature as this bill)

4 (2) up to a 【six-month】 12 month period 【for any subsequent  
5 dispensing of the same contraceptive, regardless of whether  
6 coverage under the contract was in effect at the time of the first  
7 dispensing, except that an entity subject to this section may provide  
8 coverage for a supply of contraceptives that is for less than a six-  
9 month period, if a six-month period would extend beyond the term  
10 of the contract】 at one time.

11 c. (1) Except as provided in paragraph (2) of this subsection,  
12 the benefits shall be provided to the same extent as for any other  
13 service, drug, device, product, or procedure under the health  
14 benefits plan, except no deductible, coinsurance, copayment, or any  
15 other cost-sharing requirement on the coverage shall be imposed.

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

21 d. This section shall apply to all individual health benefits  
22 plans in which the carrier has reserved the right to change the  
23 premium.

24 e. Nothing in this section shall limit coverage of any additional  
25 preventive service for women, as identified or recommended by the  
26 United States Preventive Services Task Force or the Health  
27 Resources and Services Administration of the United States  
28 Department of Health and Human Services pursuant to the  
29 provisions of 42 U.S.C. 300gg-13.

30 (cf: P.L.2019, c.361, s.7)

31  
32 8. Section 8 of P.L.2005, c.251 (C.17B:27A-19.15) is amended  
33 to read as follows:

34 8. a. A small employer health benefits plan required pursuant to  
35 section 3 of P.L.1992, c.162 (C.17B:27A-19) shall provide  
36 coverage for expenses incurred in the purchase of prescription  
37 female contraceptives, and the following services, drugs, devices,  
38 products, and procedures on an in-network basis:

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

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

- 1 (b) Coverage shall be provided without a prescription for all  
2 contraceptive drugs available for over-the-counter sale that are  
3 approved by the United States Food and Drug Administration.
- 4 (c) Coverage shall be provided without any infringement upon a  
5 subscriber's choice of contraception and medical necessity shall be  
6 determined by the provider for covered contraceptive drugs, devices  
7 or other products approved by the United States Food and Drug  
8 Administration.
- 9 (2) Voluntary male and female sterilization.
- 10 (3) Patient education and counseling on contraception.
- 11 (4) Services related to the administration and monitoring of  
12 drugs, devices, products and services required under this section,  
13 including but not limited to:
- 14 (a) Management of side effects;
- 15 (b) Counseling for continued adherence to a prescribed regimen;
- 16 (c) Device insertion and removal;
- 17 (d) Provision of alternative contraceptive drugs, devices or  
18 products deemed medically appropriate in the judgment of the  
19 subscriber's health care provider; and
- 20 (e) Diagnosis and treatment services provided pursuant to, or as  
21 a follow-up to, a service required under this section.
- 22 b. The coverage provided shall include prescriptions for  
23 dispensing contraceptives for:
- 24 (1) **[a three-month period for the first dispensing of the**  
25 **contraceptive; and] (Deleted by amendment, P.L. , c. )(pending**  
26 **before the Legislature as this bill**)
- 27 (2) **up to a [six-month] 12 month** period **[for any subsequent**  
28 **dispensing of the same contraceptive, regardless of whether**  
29 **coverage under the contract was in effect at the time of the first**  
30 **dispensing, except that an entity subject to this section may provide**  
31 **coverage for a supply of contraceptives that is for less than a six-**  
32 **month period, if a six-month period would extend beyond the term**  
33 **of the contract] at one time.**
- 34 c. (1) Except as provided in paragraph (2) of this subsection,  
35 the benefits shall be provided to the same extent as for any other  
36 service, drug, device, product, or procedure under the health  
37 benefits plan, except no deductible, coinsurance, copayment, or any  
38 other cost-sharing requirement on the coverage shall be imposed.
- 39 (2) In the case of a high deductible health plan, benefits for male  
40 sterilization or male contraceptives shall be provided at the lowest  
41 deductible and other cost-sharing permitted for a high deductible  
42 health plan under section 223(c)(2)(A) of the Internal Revenue  
43 Code (26 U.S.C. s.223).
- 44 d. This section shall apply to all small employer health benefits  
45 plans in which the carrier has reserved the right to change the  
46 premium.
- 47 e. Nothing in this section shall limit coverage of any additional  
48 preventive service for women, as identified or recommended by the

1 United States Preventive Services Task Force or the Health  
2 Resources and Services Administration of the United States  
3 Department of Health and Human Services pursuant to the  
4 provisions of 42 U.S.C. 300gg-13.  
5 (cf: P.L.2019, c.361, s.8)

6  
7 9. Section 9 of P.L.2005, c.251 (C.17:48F-13.2) is amended to  
8 read as follows:

9 9. a. A prepaid prescription service organization shall provide  
10 coverage under every contract delivered, issued, executed or  
11 renewed in this State or approved for issuance or renewal in this  
12 State by the Commissioner of Banking and Insurance, on or after  
13 the effective date of this act, for expenses incurred in the purchase  
14 of prescription female contraceptives, and the services, drugs,  
15 devices, products, and procedures on an in-network basis as  
16 determined to be required to be covered by the commissioner  
17 pursuant to subsection b. of this section.

18 b. The Commissioner of Banking and Insurance shall  
19 determine, in the commissioner's discretion, which provisions of the  
20 coverage requirements applicable to insurers pursuant to P.L.2019,  
21 c.361 shall apply to prepaid prescription organizations, and shall  
22 adopt regulations in accordance with the commissioner's  
23 determination.

24 c. The coverage provided shall include prescriptions for  
25 dispensing contraceptives for:

26 (1) **[a three-month period for the first dispensing of the**  
27 **contraceptive; and]** ~~(Deleted by amendment, P.L. , c. )(pending~~  
28 ~~before the Legislature as this bill)~~

29 (2) up to a [six-month] 12 month period **[for any subsequent**  
30 **dispensing of the same contraceptive, regardless of whether**  
31 **coverage under the contract was in effect at the time of the first**  
32 **dispensing, except that an entity subject to this section may provide**  
33 **coverage for a supply of contraceptives that is for less than a six-**  
34 **month period, if a six-month period would extend beyond the term**  
35 **of the contract]** at one time.

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

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

46 e. This section shall apply to those prepaid prescription  
47 contracts in which the prepaid prescription service organization has  
48 reserved the right to change the premium.

1 f. Nothing in this section shall limit coverage of any additional  
2 preventive service for women, as identified or recommended by the  
3 United States Preventive Services Task Force or the Health  
4 Resources and Services Administration of the United States  
5 Department of Health and Human Services pursuant to the  
6 provisions of 42 U.S.C. 300gg-13.  
7 (cf: P.L.2019, c.361, s.9)

8  
9 10. Section 10 of P.L.2005, c.251 (C.52:14-17.29j) is amended  
10 to read as follows:

11 10. a. The State Health Benefits Commission shall ensure that  
12 every contract purchased by the commission on or after the  
13 effective date of this act shall provide benefits for expenses  
14 incurred in the purchase of prescription female contraceptives, and  
15 the following services, drugs, devices, products, and procedures on  
16 an in-network basis:

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

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

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

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

33 (2) Voluntary male and female sterilization.

34 (3) Patient education and counseling on contraception.

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

38 (a) Management of side effects;

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

40 (c) Device insertion and removal;

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

44 (e) Diagnosis and treatment services provided pursuant to, or as  
45 a follow-up to, a service required under this section.

46 b. The coverage provided shall include prescriptions for  
47 dispensing contraceptives for:



1 (1) **[a three-month period for the first dispensing of the**  
2 **contraceptive; and]** (Deleted by amendment, P.L. , c. )(pending  
3 before the Legislature as this bill)

4 (2) up to a [six-month] 12 month period [for any subsequent  
5 dispensing of the same contraceptive, regardless of whether  
6 coverage under the contract was in effect at the time of the first  
7 dispensing, except that an entity subject to this section may provide  
8 coverage for a supply of contraceptives that is for less than a six-  
9 month period, if a six-month period would extend beyond the term  
10 of the contract] at one time.

11 c. (1) Except as provided in paragraph (2) of this subsection,  
12 the contract shall specify that no deductible, coinsurance,  
13 copayment, or any other cost-sharing requirement may be imposed  
14 on the coverage required pursuant to this section.

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

20 d. Nothing in this section shall limit coverage of any additional  
21 preventive service for women, as identified or recommended by the  
22 United States Preventive Services Task Force or the Health  
23 Resources and Services Administration of the United States  
24 Department of Health and Human Services pursuant to the  
25 provisions of 42 U.S.C. 300gg-13.

26 (cf: P.L.2019, c.361, s.10)

27  
28 11. (New Section) Coverage for family planning services  
29 under the State Medicaid program shall include prescriptions for  
30 dispensing contraceptives for up to a 12-month period at one time.  
31 The Commissioner of Human Services shall apply for such State  
32 plan amendments or waivers as may be necessary to implement the  
33 provisions of this section and to secure federal financial  
34 participation for State Medicare expenditures under the federal  
35 Medicaid program.

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

40  
41  
42 STATEMENT

43  
44 This bill, as amended, requires health insurers and the State  
45 Medicaid program to provide coverage for the dispensing of  
46 prescription contraceptives for to up to 12 months at one time. The  
47 bill applies to hospital, medical, and health service corporations,  
48 commercial, individual, small employer and group health insurers,

1 health maintenance organizations, prepaid prescription service  
2 organizations, the State Health Benefits Program, and the State  
3 Medicaid program. With respect to the Medicaid program, the bill  
4 requires the Commissioner of Human Services to apply for any  
5 necessary waivers from the federal government to secure federal  
6 financial participation to implement the bill.

# ASSEMBLY HEALTH COMMITTEE

## STATEMENT TO

### ASSEMBLY, No. 4698

with committee amendments

# STATE OF NEW JERSEY

DATED: JANUARY 3, 2022

The Assembly Health Committee reports favorably and with committee amendments Assembly Bill No. 4698.

As amended by committee, this bill requires health insurers and the State Medicaid program to provide coverage for the dispensing of prescription contraceptives for up to 12 months at one time. The bill applies to hospital, medical, and health service corporations, commercial, individual, small employer and group health insurers, health maintenance organizations, prepaid prescription service organizations, the State Health Benefits Program, and the State Medicaid program. With respect to the Medicaid program, the bill requires the Commissioner of Human Services to apply for any necessary waivers from the federal government to secure federal financial participation to implement the bill.

As amended, the provisions of this bill will apply to policies and contracts delivered, issued, executed, or renewed on or after January 1, 2023.

As reported by the committee with amendments, Assembly Bill No. 4698 is identical to Senate Bill No. 413 (SCS) which was also amended and reported by the committee on this date.

#### COMMITTEE AMENDMENTS:

The committee amendments provide that the provisions of this bill will apply to policies and contracts delivered, issued, executed, or renewed on or after January 1, 2023.

The committee amendments make technical changes concerning style and usage.

# LEGISLATIVE FISCAL ESTIMATE

[First Reprint]

## ASSEMBLY, No. 4698

### STATE OF NEW JERSEY 220th LEGISLATURE

DATED: JANUARY 10, 2022

#### SUMMARY

- Synopsis:** Expands requirements for health insurers and Medicaid program to cover prescriptions for contraceptives to 12 months.
- Type of Impact:** Increase in State General Fund expenditures, local government funds.
- Agencies Affected:** Division of Pensions and Benefits in the Department of the Treasury; local government entities.

#### Office of Legislative Services Estimate

<b>Fiscal Impact</b>	<b><u>Year 1 and Thereafter</u></b>
<b>State Cost Increase</b>	Marginal
<b>Local Cost Increase</b>	Marginal

- The Office of Legislative Services (OLS) notes that current law requires health insurers, the State Health Benefits Program, and the School Employees' Health Benefits Program who provide coverage for prescription female contraceptives to dispense prescription female contraceptives on a three-month basis for the initial prescription and on a six-month basis thereafter.
- According to the Division of Pensions and Benefits at the March 18, 2016 Pension and Health Benefits Review Commission meeting, dispensing contraceptive prescription drugs in batches of 12-months at a time may result in incurred "spillage/waste" costs, because a plan participant could stop using contraceptives prior to the end of the 12-month prescription period leaving a quantity of pills unused.

#### BILL DESCRIPTION

This bill would require the State Health Benefits Program and the School Employees' Health Benefits Program to dispense prescription female contraceptives for up to 12 months at one time.

## FISCAL ANALYSIS

### *EXECUTIVE BRANCH*

None received.

### *OFFICE OF LEGISLATIVE SERVICES*

Current law requires health insurers, the State Health Benefits Program, and the School Employees' Health Benefits Program who provide coverage for prescription female contraceptives to dispense prescription female contraceptives on a three-month basis for the initial prescription and on a six-month basis thereafter. Optum Rx currently dispenses female oral contraceptives on a three-month basis. This bill would require the State Health Benefits Program and the School Employees' Health Benefits Program to dispense prescription female contraceptives for up to 12 months at one time.

According to the Division of Pensions and Benefits at the March 18, 2016 Pension and Health Benefits Review Commission meeting, dispensing contraceptive prescription drugs in batches of 12-months at time may result in incurred "spillage/waste" costs, because a plan participant could stop using contraceptives prior to the end of the 12-month prescription period leaving a quantity of pills unused.

The OLS notes that in September 2016, California enacted the "Female Contraceptive Act" to allow, beginning in 2017, 12-month prescriptions for female contraceptives. University of California medical researchers estimated that the bill could save employers, consumers, and government agencies a combined \$42.8 million a year by reducing the number of unanticipated pregnancies that occur as a result of inconsistent dosing due to delays in patients' diligence and barriers to access in filling their prescriptions. Barriers to access include "women who have financial constraints that make transportation, taking time off, and child care issues" difficult to get to the pharmacy to fill prescriptions regularly.

In an article in the March 2011 Journal of Obstetrics and Gynecology published by the United States Library of Medicine, National Institute of Health, researchers found that dispensing a one-year supply of contraceptives reduced unanticipated pregnancies by 30 percent compared to dispensing on a 30-day or 90-day basis. The researchers concluded that "making oral contraceptives more accessible may reduce the incidence of unintended pregnancy and abortion. Health insurance programs and public health programs may avert costly unintended pregnancies by increasing dispensing limits on oral contraceptives to a one-year supply."

In addition to California, Oregon and the District of Columbia (D.C.) have enacted laws to allow women access to 12-month prescriptions for contraceptives. Oregon was the first state to enact such a law in 2015. According to the Oregon Legislative Fiscal Office, the legislation was determined to have a "minimal expenditure impact on state or local government."

In 2015, the Council of the District of Columbia enacted the "Access to Contraceptive Amendment Act of 2015" to allow women access to 12-month prescriptions. According to the National Women's Law Center, quoted in an article published on September 25, 2015 in Kaiser Health News, "this law 'is going to make a difference for D.C., there's a high teen pregnancy rate, and pharmacies are not well located for low-income areas.'" The Associate Commissioner of the District of Columbia Department of Insurance, Securities and Banking testified that "the bill would not have any effect on the cost of health insurance premiums."

*Section: Legislative Budget and Finance Office*

*Analyst: Kimberly M. Clemmensen*  
*Assistant Legislative Budget and Finance Officer*

*Approved: Thomas Koenig*  
*Legislative Budget and Finance Officer*

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

# Governor Murphy Signs Historic Legislation to Expand and Protect Reproductive Freedom in New Jersey

01/13/2022

*Freedom of Reproductive Choice Act Codifies Reproductive Choice into State Law*

**TEANECK** – Governor Phil Murphy, alongside Lieutenant Governor Sheila Oliver, former Senate Majority Leader Loretta Weinberg, Senate President Nicholas Scutari, former Assemblywoman Valerie Vainieri Huttle, and Alexis McGill Johnson, President of the Planned Parenthood Action Fund, and many other legislative sponsors and advocates, today signed the historic Freedom of Reproductive Choice Act (S49/A6260), which codifies the constitutional right to freedom of reproductive choice in New Jersey. Governor Murphy also signed S413/A4698, which expands the contraception coverage required under private insurance and Medicaid from a 6-month supply to a 12-month supply.

These laws expand and protect reproductive freedom in New Jersey at a time when the U.S. Supreme Court considers whether to limit or overturn the ruling in *Roe v. Wade*. With this legislation, if *Roe v. Wade* were overturned, the right to reproductive choice would be protected in New Jersey.

“In New Jersey, we trust each individual person to make their reproductive choices for themselves,” **said Governor Murphy**. “With *Roe v. Wade* under attack, today’s historic legislation makes clear that New Jersey’s position in supporting the right to reproductive choice remains protected. Together, with expanding contraception coverage, these two pieces of legislation serve to meaningfully and tangibly increase access to reproductive health care, and ensure that New Jersey residents are now, and will remain, in control of their reproductive choices.”

“Reproductive health and the ability for women to make medical decisions about their own bodies are fundamental rights that should never be taken away. Today, we are codifying those rights into law in New Jersey,” **said Lt. Governor Sheila Oliver**. “I want to thank the legislators who have championed this bill and Governor Murphy for signing it into law. Women’s rights are human rights and will always be respected and protected in New Jersey.”

“Today is a historic day for reproductive health in the Garden State,” **said Alexis McGill Johnson, president of Planned Parenthood Action Fund**. “By ensuring that reproductive health decisions – about birth control, abortion, and pregnancy – are protected in state law, New Jersey has taken an important step forward for reproductive freedom. We are grateful for the constant advocacy by the governor, legislative champions, Planned Parenthood Action Fund of New Jersey, the Thrive New Jersey Coalition, and more to ensure the state met the moment and secured access to essential health care in the state. At a time when access to reproductive health care is under attack across the country, New Jersey has shown what it means to stand up for its residents. Planned Parenthood is eager to continue working to ensure that abortion is not only a right, but accessible for all New Jerseyans, regardless of their immigration status, insurance coverage, or income.”

Primary sponsors for S49/A6260 include former Senate Majority Leader Weinberg, former Senate President Steve Sweeney, and Senators Greenstein and Gopal. Assembly sponsors include former Assemblywoman Valerie Vainieri Huttle, and Assemblymembers Mila Jasey and Raj Mukherji.

“With a woman’s right to choose under *Roe v. Wade* under attack in the U.S. Supreme Court, it is critical that we have enacted legislation rooted in the New Jersey Constitution that clearly and unequivocally protects freedom of reproductive choice, including the right to access contraception, the right to terminate a pregnancy, and the right to carry a pregnancy to term,” **said former Senate Majority Leader Loretta Weinberg, who was the lead sponsor of the bill**.

“January 22<sup>nd</sup> is the 49<sup>th</sup> anniversary of *Roe v. Wade*. With the enactment of S49 into law, the Legislature and the Governor are sending a clear message to the nation that in New Jersey, a woman’s right to choose is, and will remain, a fundamental right,” **said former Senate President Steve Sweeney, a prime sponsor of the bill.** “I was proud to join Senator Weinberg in fighting to ensure that the Freedom of Reproductive Choice Act would become law.”

“Enacting the Freedom of Reproductive Choice Act into statute will help protect the reproductive rights of women in New Jersey against the potential reversal by the United States Supreme Court. It is rooted in the State Constitution, consistent with decisions by the New Jersey Supreme Court and written to safeguard the fundamental right of women to make their own decisions on reproductive care. We will not allow these rights to be lost to forces outside the state that run counter to the core beliefs of the people of New Jersey, including the principle of equal treatment for women by insurance companies. Coverage for contraceptives should be granted the same level of importance as other prescriptions. These laws enshrine protections and make progress for women in New Jersey,” **said Senate President Nicholas Scutari.**

“The Freedom of Reproductive Choice Act is a comprehensive bill that guarantees women will continue to have the right to make their own personal decisions on their reproductive care, regardless of how the U.S. Supreme Court rules,” **said Senator Linda Greenstein.**

“A person’s right of reproductive choice, in effect a right of control over one’s own body, remains a fundamental right enshrined in our Constitution,” **said Senator Vin Gopal.** “This law, the Freedom of Reproductive Choice Act, will protect this basic freedom under New Jersey statute and ensure individual choice on when and whether to have children in a time and place that is compatible with their lifestyles and beliefs. Self-determination is one of the founding principles of this state and this nation. That principle should and must extend to any person in New Jersey regarding reproductive rights.”

“Everyone has the right to reproductive choice, yet there have been far too many attempts throughout our country to control the decisions a person can make in that regard. Legal challenges to the reproductive rights of Americans, which have steadily increased in recent years, threaten to limit access to family planning services. This act will promote the health and well-being of the people in our state while showing the country that New Jersey stands for compassion, dignity and freedom,” **said Assemblymembers Vainieri Huttle, Jasey, and Mukherji.**

Primary sponsors for S413/A4698 include Senators Shirley Turner and Teresa Ruiz, as well as former Assemblywoman Valerie Vainieri Huttle, and Assemblymembers Mila Jasey and Raj Mukherji.

“With a woman’s right to safely choose to end an unwanted pregnancy now being threatened, we must counter that threat by putting the policies in place that help to protect the health of women,” **said Senator Shirley Turner.** “This law will make it easier for women to access contraceptives to prevent pregnancy from happening in the first place, which is one of the best ways to help women maintain control over their own bodies and their lives.”

“Many other medications are available to order long term supplies to ensure individuals are able to take them without interruption. Unfortunately, insurance companies are not always willing to cover a 12-month supply of birth control,” **said Senate Majority Leader M. Teresa Ruiz.** “There is no reason contraceptives should not be granted the same level of importance as other prescriptions. This law will ensure residents are able to get their medication in a manner that is conducive to their schedule.”

“Prescription contraceptives safeguard the mental and physical health of countless women by giving them more control over their lives,” **said former Assemblywoman Valerie Vainieri Huttle, Assemblywoman Mila Jasey and Assemblyman Raj Mukherji.** “Ensuring coverage of these prescriptions for up to 12 months will allow more New Jerseyans to prepare ahead. Making it easier and more likely for women to access birth control is a crucial component of the family planning services our state is taking steps to protect.”



"Access to reproductive health care and a woman's right to choose are fundamental rights in New Jersey," **said New Jersey Department of Health Commissioner Judith Persichilli**. "Now more than ever, the Freedom of Reproductive Choice Act is crucial."

"Today's historic legislation affirms the dignity and bodily autonomy of every New Jerseyan," **said First Lady Tammy Murphy**. "Further, expanding access to and affordability of reproductive health care, including contraception, is an essential part of our efforts to solve our state's maternal health crisis. I am incredibly proud to see New Jersey take this important step forward."

"With Governor Murphy's signature today, New Jersey reaffirmed and protected the right to abortion," **said ACLU-NJ Executive Director Amol Sinha**. "In light of ongoing attacks on reproductive rights across the country, codifying a declaration of strong, unwavering rights is crucial. However, far too many New Jerseyans remain unable to access this fundamental right. We urge our state's leaders, through legislation and regulatory action, to not only affirm reproductive freedom, but make it truly accessible by lifting financial barriers to ensure we do not leave any communities behind."

"Planned Parenthood Action Fund of New Jersey applauds the strong declaration of reproductive rights in S49/A6260, as well as the expansion of birth control access through S413/A4698," **said Kaitlyn Wojtowicz, Vice President of Public Affairs, Planned Parenthood Action Fund of New Jersey**. "This new legislation ensures decisions about contraception, abortion, and carrying a pregnancy to term are protected in state statute. This is a day of celebration in New Jersey. The work is far from over, and we look forward to continuing our advocacy alongside Governor Murphy to ensure that every New Jerseyan can access the reproductive health care they need."

"If we are to achieve equality of the sexes, we must trust women and allow them to control their reproductive cycles without governmental interference," **said Anjali Mehrotra, President, National Organization for Women of New Jersey**. "Access to comprehensive reproductive health care allows women to plan out their lives, enabling them to pursue education and career opportunities, which leads to increased workforce attachment and wages over time. The codification of the right to abortion in statute is good for women, it is good for families, it is good for business, it is good for New Jersey."

"Abortion care is just as much about economic justice as it is about reproductive freedom," **said Sheila Reynertson, Senior Policy Analyst, New Jersey Policy Perspective**. "The reality is that, for far too many families, carrying an unplanned pregnancy can have devastating financial consequences. One's future plans are put at risk, like going to college or building a career. It's no surprise that those who cannot access this time-sensitive care are more likely to live in poverty, raise children alone, and struggle to afford basic needs. We thank Governor Murphy and the bill sponsors for taking a stand in support of reproductive autonomy, and we look forward to working with the administration on ways to improve access to abortion care for all."

"BlueWaveNJ celebrates New Jersey's passage of the Freedom of Reproductive Choice Act," **said Marcia Marley, President of BlueWave**. "It is a strong statement guaranteeing the full range of reproductive rights, including abortion, passed at a time when other states are eliminating or threatening these rights. We are deeply grateful to Governor Murphy, his staff, and legislators --particularly Senator Loretta Weinberg-- for their tenacity in the negotiations. Does this bill have everything New Jersey needs? No, but it represents an important and essential foundation we can build on. BlueWaveNJ looks forward to continuing to work with the administration and the legislature to ensure that everyone in our state can access and afford all reproductive services."

"The National Council of Jewish Women, New Jersey Sections, (NCJW-NJ) applaud the passage of S49/A6260, *Freedom of Reproductive Choice Act*, which codifies in statute the full array of reproductive rights, including abortion, and thanks Governor Murphy for his steadfast support," **said the National Council of Jewish Women, New Jersey Sections**. "While personal autonomy and decision-making is a priority, so is the care of others to ensure that their access to these rights is unimpeded. To this end, NCJW- NJ looks forward to working with the Governor and all legislators to pass needed equity and access provisions."

“As independent abortion providers who have served our community for over forty years, and now, through a pandemic, Cherry Hill Women’s Center recognizes that the passage of the Freedom of Reproductive Choice Act is a historic moment for the people in our state, the patients who we care for every day. Today, New Jerseyans who can become pregnant will no longer question our right to make fundamental decisions about our health, our lives, and our futures,” **said Roxanne Sutocky, Director of Community Engagement for Cherry Hill Women’s Center.** “Every day our fierce and fearless team of dedicated caregivers provides excellent abortion services and are called to guide our patients as they navigate the financial and logistical barriers blocking their ability to exercise their reproductive rights. We appreciate the efforts of the legislature and the Governor to pass this historic legislation and we call on these representatives to do more to eliminate the remaining barriers which fall hardest on people working to make ends meet, people living in rural areas, undocumented people, and LGBTQIA+ and BIPOC communities disproportionately impacted by systemic racism and reproductive oppression.”