

Chapter 200, P.L. 2001

(Approved August 8, 2001)

[First Reprint]

SENATE COMMITTEE
SUBSTITUTE FOR
SENATE, No. 1330

STATE OF NEW JERSEY 209th LEGISLATURE

ADOPTED MARCH 15, 2001

Sponsored by:

Senator ROBERT E. LITTELL

District 24 (Sussex, Hunterdon and Morris)

Senator JACK SINAGRA

District 18 (Middlesex)

Co-Sponsored by:

EXPLANATION - Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹ Senate floor amendments adopted June 7, 2001.

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**Senator Matheussen, Assemblyman Felice,
Assemblywoman Vandervalk, Assemblyman
Thompson, Assemblywoman Quigley, Assemblyman
Blee, Assemblywomen Weinberg, Murphy,
Assemblyman Conaway and Assemblywoman Heck**

SYNOPSIS

Requires health insurers that provide prescription drug coverage to issue standardized pharmacy identification cards.

CURRENT VERSION OF TEXT

As amended by the Senate on June 7, 2001.

(Sponsorship Updated As Of: 6/29/2001)

AN ACT concerning standardized pharmacy identification cards and supplementing Title 17B of the New Jersey Statutes.

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

1. As used in this act:

"Carrier" means an insurance company, health service corporation, hospital service corporation, medical service corporation or health maintenance organization authorized to issue health benefits plans in this State.

"Health benefits plan" means: a health benefits plan that is delivered or

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issued for delivery in this State by or through a carrier; a plan provided by a multiple employer welfare arrangement; or a plan provided by another benefit arrangement, to the extent permitted by the "Employee Retirement Income Security Act of 1974," Pub.L.93-406 (29 U.S.C. s.1001 et seq.), or by any waiver of or other exception to that act provided under federal law or regulation. "Health benefits plan" shall not include accident-only insurance; credit accident and health insurance; Medicare supplement insurance; ¹[a] Medicaid ¹[managed care plan] fee-for-service¹; disability income insurance; long-term care insurance; specified disease insurance; dental or vision care plan; hospital indemnity insurance; coverage issued as a supplement to liability insurance; medical payments under automobile or homeowners insurance; or insurance under which benefits are payable without regard to fault and that are statutorily required to be included in a liability policy or equivalent self-insurance program.

2. a. A carrier, multiple employer welfare arrangement or other health benefits plan provider, or its agents, contractors or administrators, including but not limited to a pharmacy benefits manager or third party administrator for a self-insured health benefits plan, that provides, administers or manages coverage for prescription drugs provided on an outpatient basis, shall issue or require the issuance to the primary insured of a card or other technology that includes standardized pharmacy identification information.

b. The card shall comply with the standards set forth in the National Council for Prescription Drug Programs Pharmacy ID Card Implementation Guide in effect at the time of card issuance, or, at a minimum, contain the following information:

(1) the name ¹[and] or¹ identification number of the health benefits plan, when required for proper claims adjudication;

(2) the American National Standards Institute International Identification

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Number assigned to the administrator or pharmacy benefits manager of the health benefits plan, labeled as RxBIN, when required for proper claims adjudication;

(3) the processor control number, labeled as RxPCN, when required for proper claims adjudication;

(4) the insured's group number, labeled as RxGRP, when required for proper claims adjudication;

(5) the insured's identification number;

(6) the insured's name; except that, if a separate card is issued for another person included under the primary insured's coverage, the name of the covered person to whom the card is issued may be listed instead of the name of the primary insured;

(7) the telephone number that providers may call for pharmacy benefits assistance; and

(8) any other information necessary for proper claims adjudication, except for information provided on the prescription as required by law or regulation.

3. a. A carrier, multiple employer welfare arrangement or other health benefits plan provider shall not be required to issue a pharmacy identification card separate from another identification card issued to an insured under a health benefits plan if the identification card contains the information required pursuant to section 2 of this act.

b. A carrier, multiple employer welfare arrangement or other health benefits plan provider may use data elements that are required by State or federal regulations adopted pursuant to the "Health Insurance Portability and Accountability Act of 1996," Pub.L.104-191, in place of the information required pursuant to section 2 of this act.

4. A carrier, multiple employer welfare arrangement or other health

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benefits plan provider shall provide each primary insured with a new pharmacy identification card within a reasonable time, not to exceed 180 days, after a change in the insured's coverage that changes the information required to be on the card pursuant to section 2 of this act, if the issuance of a new card is required for proper claims adjudication. The carrier, multiple employer welfare arrangement or other health benefits plan provider shall not, however, be required to issue a new card more than once in a calendar year. Except as required by this section, a carrier, multiple employer welfare arrangement or other health benefits plan provider shall not be required to reissue a pharmacy identification card with any particular frequency.

5. The Commissioner of Banking and Insurance shall adopt rules and regulations pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), to carry out the purposes of this act.

6. This act shall take effect on ¹[the 180th day after enactment] September 1, 2002¹ and shall apply to policies or contracts issued or renewed after the effective date.

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