



State of New Jersey

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BULLETIN NO. 25-11

TO: ALL HEALTH INSURANCE COMPANIES, HEALTH MAINTENANCE ORGANIZATIONS, HEALTH SERVICE CORPORATIONS, HOSPITAL SERVICE CORPORATIONS, MEDICAL SERVICE CORPORATIONS, THIRD PARTY ADMINISTRATORS, MEWAs, JOINT INSURANCE FUNDS, AND ANY OTHER ENTITY ISSUING HEALTH BENEFIT PLANS IN NEW JERSEY

FROM: JUSTIN ZIMMERMAN, COMMISSIONER

RE: COVERAGE OF ALL CHILDHOOD IMMUNIZATIONS INCLUDING HEPATITIS B

The purpose of this Bulletin is to clarify the ongoing coverage obligations of all health insurance companies, health maintenance organizations, health service corporations, and other entities issuing health benefits plans in this State (collectively “carriers”), related to childhood immunizations following today’s votes by the Advisory Committee on Immunization Practices (“ACIP”) in the federal Centers for Disease Control and Prevention (CDC) to revise the federal childhood immunization schedule related to hepatitis B. As additional CDC actions related to other immunizations are likely to follow this announcement related to hepatitis B, the Department of Banking and Insurance (“Department”) seeks to provide clarity to carriers related to health coverage for all childhood immunizations going forward. The Department expects carriers to provide coverage for childhood immunizations recommended by the New Jersey Department of Health (“DOH”), including for hepatitis B, in accordance with State law and without cost sharing or the imposition of additional barriers, regardless of federal actions relating to the childhood immunization schedule.

On December 5, 2025, the ACIP revised the federal childhood immunization schedule, including removing the universal hepatitis B vaccination birth dose and recommending subsequent doses in the vaccination series be based on serological testing.

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On December 5, 2025, the DOH issued Executive Directive No. 25-005 (“Directive 25-005”)¹, affirming New Jersey’s existing childhood immunization schedule, which continues to recommend administration of the hepatitis B vaccine at birth. Directive 25-005 recognizes that the hepatitis B vaccine is safe and effective, having been administered over 1 billion times since its creation in 1986. Further, medical experts and professional organizations, including the American Academy of Pediatrics (“AAP”) continue to recommend the administration of the hepatitis B vaccine within one day of birth.² According to the AAP, “[n]ewborns infected with hepatitis B at birth and infants infected in the first year of life have a 90% chance of developing chronic hepatitis B, and 25% of those who develop chronic hepatitis B will die from the disease.”³ However, as stated in Directive 25-005, the administration of the birth dose of the hepatitis B vaccine, coupled with completing the vaccine series thereafter, is highly effective as it has proven to achieve full immunity to the virus in 98% of healthy babies who receive the vaccine.

Prior to the universal hepatitis B vaccination recommendation by the CDC in 1991, approximately 18,000 children in the United States were infected each year before they reached the age of 10 years.⁴ Directive 25-005 recognizes that if ACIP’s recommendation regarding the hepatitis B vaccine is followed by health care providers in this State, it is likely that infants and children will experience unnecessary and preventable illness and death. Accordingly, DOH recommends that health care providers in the State follow the scheduling and dosing schedules for the administration of the hepatitis B vaccine for their newborn and infant patients established by the AAP, as amended and supplemented.

Carriers are expected to continue to provide coverage for childhood hepatitis B vaccination, as recommended by DOH, consistent with State law.⁵ Further, carriers may not apply cost sharing or impose additional administrative or utilization management requirements that impede access to childhood immunizations recommended by DOH, such as prior authorization or restrictive site-of-service policies.

When carriers are acting as administrators for non-state-regulated plans, the Department expects carriers to encourage plan sponsors to take steps that are consistent with this bulletin. Plan

¹ Directive 25-005 can be found here: [Executive Directive 25-005-Hepatitis B Vaccine.pdf](#)

² On November 10, 2025, the AAP published a child and adolescent immunization schedule, which continues to recommend the administration of the hepatitis B vaccine to newborns and infants. The AAP Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2025 can be found here: [AAP-Immunization-Schedule.pdf](#)

³ <https://www.aap.org/en/news-room/fact-checked/fact-checked-hepatitis-b-vaccine-given-to-newborns-reduces-risk-of-chronic-infection/#:~:text=Newborns%20infected%20with%20hepatitis%20B%20at%20birth,hepatitis%20B%20will%20die%20from%20the%20disease>

⁴ <https://www.cdc.gov/vaccines/data-reporting/index.html>

⁵ N.J.S.A.26:2-137.1; N.J.S.A. 17:48E-35.10; N.J.S.A. 17:48-6m; N.J.S.A. 17B:27-46.11; N.J.S.A. 17B:27A-7; N.J.S.A. 17B:27A-19; N.J.S.A. 17B:27A-4.5; and N.J.S.A. 26:2J-4.10.

sponsors should be made aware of the DOH guidelines, and carriers should encourage plan sponsors to follow the provisions of this bulletin for coverage provided in New Jersey.

The Department greatly appreciates your cooperation in this matter. If you have any questions, please contact the Department's Office of Life and Health at lifehealth@dohi.nj.gov.

A handwritten signature in black ink that reads "Justin Zimmerman". The signature is fluid and cursive, with a long horizontal stroke at the end.

12/5/25
Date

Justin Zimmerman
Commissioner

JR 2025 Hep B Bulletin/Bulletin