INSURANCE

NEW JERSEY INDIVIDUAL HEALTH COVERAGE PROGRAM BOARD

Individual Health Coverage Program

Adopted Amendments: N.J.A.C. 11:20 Appendix Exhibits A and B

Proposed: October 23, 2025

Adopted: December 2, 2025, New Jersey Individual Health Coverage Program Board, Sandi Kelly, Chairperson.

Authority: N.J.S.A. 17B:27A-2 et seq.

Filed: _____, 2025 as R. 2025 d. _____ **without change.**

Effective Date: January 1, 2026

Operative Date: April 1, 2026

Expiration Date: December 12, 2031

Summary of Hearing Officer's Recommendation and Agency Responses

The New Jersey Individual Health Coverage Program Board (IHC Board) held a hearing on Wednesday, November 5, 2025, by Zoom to receive testimony with respect to the health benefits plans, set forth in N.J.A.C. 11:20 Appendix Exhibits A and B. John Rossakis, Regulatory Officer, served as the hearing officer. There was no testimony at the hearing.

The hearing officer made no recommendations regarding the proposed amendments. The hearing record may be reviewed by contacting the New Jersey Individual Health Coverage Program Board, P.O. Box 325, Trenton, NJ 08625-0325.

Summary of Public Comments and Agency Responses

One comment was received regarding the proposed amendments. The comment was submitted by Jeanne McLaws, on behalf of Myriad Genetics, Inc.

COMMENT: The commenter requested that the IHC Board clarify that the carrier must cover Biomarker Precision Medical Testing if the testing is to be used "'for purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of an individual's disease or condition' to guide treatment decisions and it satisfies any one of the five categories of medical and scientific evidence listed in [P.L. 2025, c.49]".

RESPONSE: Upon review, the Board declines to amend the proposed language. The proposed language reflects the statutory structure of P.L. 2025, c.49 ("Chapter 49") by providing coverage for Biomarker Precision Medical Testing when medically necessary for diagnosis, treatment, management or monitoring, and when supported by ***any*** of the forms of evidence listed in the law (FDA approval/clearance, FDA supported drug labeling, CMS national or local coverage determinations or nationally recognized clinical guidelines). The proposed language is materially consistent with the statutory text and sufficiently conveys that satisfaction of any one of the categories is adequate for coverage. Accordingly, the IHC Board has determined that no further changes are necessary.

COMMENT: The commenter requested that the IHC Board clarify that carriers may not apply additional or different coverage criteria to restrict or limit coverage for Precision Biomarker Medical Testing when the testing meets requirements for coverage under a separate criterion listed in Chapter 49. The commenter provided the following example: "where a biomarker test is covered under Local Coverage Determinations of Medicare Administrative Contractors (LCD), an Insurer may not apply coverage criteria additional to or different from those included in the LCD to determine clinical utility."

The Commenter further requested that the IHC Board include clarifying language requiring

that insurers ensure that coverage be provided in a manner that limits disruption in care, including the need for multiple biopsies or biospecimens samples.

RESPONSE: The IHC Board declines to amend the proposed language. Chapter 49 itself establishes the coverage criteria for Biomarker Precision Medical Testing and prohibits carriers from imposing inconsistent or more restrictive requirements. The proposed amendments mirror the statutory requirements by setting forth the categories of acceptable evidence, without authorizing the use of additional criteria imposed by the carrier. The IHC Board believes the text in the policy forms is sufficiently clear that carriers must provide coverage when the evidence standard is met; and that nothing in the proposed language is suggestive that carriers may layer additional clinical-utility criteria onto those established by statute. Therefore, the IHC Board has determined that no additional clarifying language is required.

COMMENT: The commenter requested clarification that carriers may not require multiple categories of evidence for coverage; must use the least-restrictive applicable criteria when multiple categories are met; and may not rely on more restrictive criteria (e.g. under an LCD) when another category of evidence is satisfied.

RESPONSE: The IHC Board declines to amend the proposed language. As stated above, the proposed language aligns with Chapter 49, which provides that *any* one of the listed categories of medical and scientific evidence is sufficient to establish clinical utility for coverage. The proposed language neither requires the application of more than one category, nor authorizes carriers to impose more restrictive coverage criteria when multiple categories apply. As proposed, the rule text is sufficiently clear and consistent with the statute. Accordingly, the IHC Board has determined that no additional revisions are necessary.

COMMENT: The commenter requested that carrier medical policies explicitly cite Chapter 49 and state that its requirements supersede any conflicting or more general policy provisions, especially when a carrier utilizes multi-jurisdictional policies.

RESPONSE: The IHC Board declines to amend the proposed language. Chapter 49 is binding law, requiring carriers to administer benefits in accordance with its provisions regardless of the specific format of their internal medical policies. The proposed amendments accurately and sufficiently incorporate the statutory requirements into the standard plan documents, without disturbing carriers' independent obligation to ensure compliance with Chapter 49. Since the rule already reflects the operative statutory framework and does not create ambiguity regarding the primacy of state law, the IHC Board has determined that no additional language is necessary.

Agency Initiated Changes

The IHC Board is not making any agency-initiated changes upon adoption.

Federal Standards Statement

State agencies that propose to adopt or amend State rules that exceed Federal standards regarding the same subject matter are required to include in the rulemaking document a Federal standards analysis. As discussed in the proposal, the proposed amendments are intended to comply with newly enacted State law, and are not being proposed under the authority of, or in order to implement, comply with or participate in, any program established under Federal law or under a State statute that incorporates or refers to Federal law, standards or requirements as set forth at N.J.A.C. 1:30-5.1(c)4. Accordingly, a Federal Standards Analysis is not required.