

RULE PROPOSALS

INTERESTED PERSONS

Interested persons may submit comments, information or arguments concerning any of the rule proposals in this issue until the date indicated in the proposal. Submissions and any inquiries about submissions should be addressed to the agency officer specified for a particular proposal.

The required minimum period for comment concerning a proposal is 30 days. A proposing agency may extend the 30-day comment period to accommodate public hearings or to elicit greater public response to a proposed new rule or amendment. Most notices of proposal include a 60-day comment period, in order to qualify the notice for an exception to the rulemaking calendar requirements of N.J.S.A. 52:14B-3. An extended comment deadline will be noted in the heading of a proposal or appear in subsequent notice in the Register.

At the close of the period for comments, the proposing agency may thereafter adopt a proposal, without change, or with changes not in violation of the rulemaking procedures at N.J.A.C. 1:30-6.3. The adoption becomes effective upon publication in the Register of a notice of adoption, unless otherwise indicated in the adoption notice. Promulgation in the New Jersey Register establishes a new or amended rule as an official part of the New Jersey Administrative Code.

INSURANCE

(a)

DEPARTMENT OF BANKING AND INSURANCE INDIVIDUAL HEALTH COVERAGE PROGRAM BOARD

Individual Health Coverage Program Individual Health Benefits Plans

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

Authorized By: New Jersey Individual Health Coverage Program
Board of Directors, Sandi Kelly, Chairperson.

Authority: N.J.S.A. 17B:27A-2 through 16.5.

Calendar Reference: See Summary below for explanation of
inapplicability of calendar requirement.

Proposal Number: PRN 2025-147.

As required pursuant to N.J.S.A. 17B:27A-16.1, interested parties may testify with respect to the standard health benefits plans set forth at N.J.A.C. 11:20 Appendix Exhibits A and B at a virtual **public hearing** using Zoom to be held on November 5, 2025, at 10:00 A.M. The meeting can be accessed at:

<https://www.zoomgov.com/j/1617754822?pwd=aoaicHxBb5SWppKDElua4wbxEHHVA4.1>

Meeting ID: 161 775 4822

Passcode: 573370

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Submit comments by November 17, 2025, to:

New Jersey Individual Health Coverage Program Board

PO Box 325

Trenton, NJ 08625-0325

Email: ihcsehprograms@dobi.nj.gov

The agency proposal follows:

Summary

The Individual Health Coverage (IHC) Program was established in accordance with P.L. 1992, c. 161. The IHC Program is administered through a Board of Directors ("Board" or "IHC Board"). The primary functions of the IHC Program and its Board are the creation of standard health benefits plans (standard plans) to be offered in the individual market in New Jersey and the regulation of the individual health coverage

market. There are five standard plans, which have been established through rule, and are set forth at N.J.A.C. 11:20 Appendix Exhibits A and B (standard plan documents). The rules for the IHC Program, along with N.J.A.C. 11:20 Exhibit C, provide explanations of how certain variables in the standard plans may be used by carriers.

The IHC Board proposes the following amendments to the standard plans at N.J.A.C. 11:20 Appendix Exhibits A and B.

To comply with P.L. 2025, c. 49 (Chapter 49), which requires individual health benefits plans to provide coverage for biomarker precision medical testing for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of a disease or condition of a covered person, the Board proposes amendments throughout the standard plan documents. A definition for "Biomarker Precision Medical Testing" that is consistent with Chapter 49 is proposed to be added to the definitions section of the standard policy forms. The Board further proposes the addition of a "Biomarker Precision Medical Testing" coverage provision, which provides coverage for the cost of biomarker testing that is medically necessary for the diagnosis, treatment, management, or monitoring of a disease or condition. Reflecting Chapter 49, the proposed amendments specify that coverage shall be provided when biomarker testing is approved or cleared by the U.S. Food and Drug Administration (FDA); supported by FDA-approved drug labeling; covered by the Federal Centers for Medicare and Medicaid Services National Coverage Determinations or Medicare Administrative Contractor Local Coverage Determinations; or recommended by nationally recognized clinical practice guidelines. The Board also proposes an exclusion for Biomarker Precision Medical Testing for asymptomatic screening purposes.

The Board proposes amendments to the "Orthotic or Prosthetic Appliances" coverage provision to comply with P.L. 2025, c. 89 (Chapter 89), which expands coverage requirements relating to orthotic and prosthetic appliances. Specifically, Chapter 89 expands on the current requirement for individual health benefits plans to provide coverage for an orthotic or prosthetic appliance obtained through a licensed orthotist or prosthetist or a certified pedorthist to mandate coverage for one additional orthotic or prosthetic appliance if the covered person's physician determines that the additional appliance is necessary to enable the covered person to engage in physical and recreational activities, including running, bicycling, swimming, climbing, skiing, snowboarding, and team and individual sports. Chapter 89 additionally adds licensed podiatrists to the list of professionals from which covered orthotic or prosthetic appliances can be obtained. The Board proposes amendments to conform the coverage provision with the new legal requirements.

The Board proposes several housekeeping amendments to correct formatting, grammatical, and typographical errors throughout the standard plan documents. Additionally, the Board proposes amendments to the definition for "Special Enrollment Period" in the standard form HMO contract set forth at N.J.A.C. 11:20 Appendix Exhibit B, removing "or standard health benefits plan with rider," to conform the definition

with other standard plan documents, as updated by the Board in 2023. Further, the Board proposes amendments to the “Treatment of Diabetes” coverage provision, to bracket the words “without the application of any deductible” indicating the variable use of the text in connection with different plan types, as the deductible does apply in HSA plans. The Board also proposes amendments to the Mental Health Condition and Substance Use Disorder coverage provision to add that behavioral health crisis intervention services provided by New Jersey’s Statewide mobile behavioral health crisis response team are covered pursuant to N.J.S.A. 26:2S-40.

Finally, the Board proposes amendments to the definition of “Durable Medical Equipment” in the standard form HMO contract set forth at N.J.A.C. 11:20 Appendix Exhibit B, to remove the reference to hearing aids, as all medically necessary services incurred in the purchase of a hearing aid are subject to the same deductible, coinsurance or copayments as a primary care visit, and are not considered durable medical equipment, pursuant to P.L. 2023, c. 275.

IHC Rulemaking Procedures

The IHC Board is proposing these amendments in accordance with the special action process established at N.J.S.A. 17B:27A-16.1, as an alternative to the common rulemaking process specified at N.J.S.A. 52:14B-1 et seq. Pursuant to N.J.S.A. 17B:27A-16.1, the IHC Board may expedite adoption of certain actions, including modification of the IHC Program’s health benefits plans and policy forms, if the IHC Board provides interested parties a minimum 20-day period during which to comment on the Board’s intended action following notice of the intended action in three newspapers of general circulation, with instructions on how to obtain a detailed description of the intended action, and the time, place, and manner by which interested parties may present their views regarding the intended action. Concurrently, the IHC Board must forward notice of the intended action to the Office of Administrative Law (OAL) for publication in the New Jersey Register, although the comment period runs from the date the notice is submitted to the newspapers and the OAL, not from the date of publication of the notice in the New Jersey Register. The IHC Board also sends notice of the intended action to affected trade and professional associations, carriers, and other interested persons who may request such notice. In addition, for intended modifications to the health benefits plans, the IHC Board must allow for testimony to be presented at a public hearing prior to adopting any such modifications. Subsequently, the IHC Board may adopt its intended action immediately upon the close of the specified comment period or close of a public hearing (whichever is later) by submitting the adopted action to the OAL for publication. The adopted action is effective upon the date of its submission to the OAL, or such later date as the Board may designate. If the Board does not respond to commenters as part of the notice of adoption, the Board will respond to the comments timely submitted within a reasonable period of time thereafter in a separately prepared report that will be submitted to the OAL for publication in the New Jersey Register. Pursuant to N.J.S.A. 17B:27A-16.1, all actions adopted by the Board are subject to the requirements of this special rulemaking procedure, notwithstanding the provisions of the Administrative Procedure Act. As a result, the quarterly calendar requirement set forth at N.J.A.C. 1:30-3.1 is not applicable when the Board uses its special rulemaking procedures.

Please note that since this procedure allows a 20-day comment period, it is likely the comment period will expire prior to publication of the notice of proposal in the New Jersey Register.

Social Impact

The IHC Board anticipates that updating the standard plan documents to implement Chapter 49 and Chapter 89 will yield a positive social impact by enhancing access to advanced medical treatment and supportive care.

The proposed amendments implementing Chapter 49 provide coverage for biomarker precision medical testing, which supports individualized treatment strategies based on a covered person’s unique biological profile and helps guide more effective clinical decisions. The proposed amendments implementing Chapter 89 expand coverage for prosthetic and orthotic appliances, allowing a covered person to obtain an additional prosthetic or orthotic appliance, when necessary to engage in physical and recreational activities. The Board anticipates that together, these changes

will serve to improve health outcomes, promote patient independence, and strengthen the quality of care available through the standard plans.

For these reasons, the proposed amendments to the standard plan documents will have a positive social impact.

Economic Impact

The IHC Board expects that the proposed amendments will have a positive economic impact for covered persons by expanding access to medical treatment covered by the standard plans, as described above. The Board anticipates a modest economic impact on insurance carriers, in that the implementation of Chapter 49 and Chapter 89 may increase costs associated with providing coverage for biomarker precision medical testing and for additional orthotic and prosthetic appliances. These costs are expected to be limited, however, as utilization of such benefits is anticipated to be relatively low within the covered population. Moreover, improved health outcomes, more effective treatment strategies, and expanded access to orthotic and prosthetic appliances may offset costs over time by reducing complications and avoiding additional unnecessary medical intervention. Overall, while carriers may incur some incremental claims expenses, the economic impact is not expected to be significant relative to the benefits of enhanced coverage.

The proposed amendments will not result in any additional administrative, enforcement, or oversight cost for the Board.

For the foregoing reasons, the Board expects that the benefits achieved by the proposed amendments far outweigh modest costs that may be imposed.

Federal Standards Statement

As discussed in the Summary above, the proposed amendments are intended to comply with newly enacted State law; and are not being proposed pursuant to the authority of, or in order to implement, comply with, or participate in, any program established pursuant to Federal law or pursuant to a State statute that incorporates or refers to Federal law, standards, or requirements. Accordingly, no Federal standards analysis is required.

Jobs Impact

The IHC Board does not anticipate that any jobs will be generated or lost as a result of the proposed amendments, as the amendments relate to the terms of standard plan documents issued by carriers offering individual health benefits plans in this State. Commenters may submit data or studies on the potential jobs impact of the proposed amendments together with their comments on other aspects of the notice of proposal.

Agricultural Industry Impact

The IHC Board does not believe the proposed amendments, which relate to the terms of standard plan documents issued by carriers offering individual health benefits plans in this State, will have any impact on the agriculture industry in New Jersey.

Regulatory Flexibility Analysis

The IHC Board believes the proposed amendments may apply to one or more carriers that are “small businesses,” as that term is defined in the Regulatory Flexibility Act, N.J.S.A. 52:14B-16 et seq. The proposed amendments do not establish new or additional reporting or recordkeeping requirements, but may have the effect of establishing new compliance requirements, as described in the Summary above.

No differentiation in compliance requirements is provided based on business size. The requirements of, and the goals to be achieved by, the laws in question do not vary based on the business size of a carrier, and the IHC Board would not be at liberty to make such a distinction, even if the IHC Board were to consider such a distinction warranted. Accordingly, the proposed amendments provide no differentiation in compliance requirements based on business size. No additional professional services would have to be employed in order to comply with the proposed amendments.

Housing Affordability Impact Analysis

The IHC Board does not believe the proposed amendments will have an impact on housing affordability in this State or evoke a change in the average costs of housing in this State because the proposed amendments relate to the terms of standard health benefits plans offered in New Jersey for purchase by individuals.

Smart Growth Development Impact Analysis

The IHC Board does not believe the proposed amendments will have an impact on smart growth in this State or that the proposed amendments will have an effect on smart growth development in Planning Areas 1 or 2, or within designated centers, pursuant to the State Development and Redevelopment Plan. The proposed amendments relate to the terms of standard health benefits plans offered in New Jersey.

Racial and Ethnic Community Criminal Justice and Public Safety Support

The IHC Board has evaluated this rulemaking and determined that it will not have an impact on pretrial detention, sentencing, probation, or parole policies concerning adults and juveniles in the State. Accordingly, no further analysis is required.

Full text of the proposal follows:

OFFICE OF ADMINISTRATIVE LAW NOTE: The New Jersey Individual Health Coverage Program Board is proposing amendments at N.J.A.C. 11:20 Appendix Exhibits A and B. Pursuant to N.J.S.A. 52:14B-7(c) and N.J.A.C. 1:30-5.2(a)2, the exhibits, as proposed, are not published in this notice of proposal, but may be reviewed by contacting:

New Jersey Individual Health Coverage Program

20 West State Street, 11th Floor

PO Box 325

Trenton, NJ 08625-0325

ihcsehprograms@dobi.nj.gov

or

New Jersey Office of Administrative Law

9 Quakerbridge Plaza

PO Box 049

Trenton, NJ 08625-0049

oal.comments@oal.nj.gov

(a)

**DEPARTMENT OF BANKING AND INSURANCE
SMALL EMPLOYER HEALTH BENEFITS PROGRAM
Small Employer Health Benefit Plans
Proposed Amendments: N.J.A.C. 11:21 Appendix
Exhibits F, G, W, and Y**

Authorized By: New Jersey Small Employer Health Benefits
Program Board of Directors (Margaret Koller, Chairperson).

Authority: N.J.S.A. 17B:27A-17 through 56.

Calendar Reference: See Summary below for the explanation of the
inapplicability of the calendar requirement.

Proposal Number: PRN 2025-159.

As required pursuant to N.J.S.A. 17B:27A-51, interested parties may testify with respect to the standard health benefits plans, set forth at N.J.A.C. 11:21 Appendix Exhibits F, G, W, and Y at a virtual **public hearing** using Zoom to be held on November 12, 2025, at 10:00 AM. The meeting can be accessed at:

<https://www.zoomgov.com/j/1605036369?pwd=5G6RDzudyEEItVK1kS5OROYKdKAP0R.1>

Meeting ID: 160 503 6369

Passcode: 415881

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Submit comments by November 21, 2025, to:

New Jersey Small Employer Health Benefits Program Board

PO Box 325

Trenton, NJ 08625-0325

Fax: 609-633-2030

Email: ihcsehprograms@dobi.nj.gov

The agency proposal follows:

Summary

The Small Employer Health Benefits (SEH) Program Board of Directors ("SEH Board" or "Board") establishes the standard health benefits plans (standard plans) that may be offered in the small employer market in New Jersey, pursuant to the authority at P.L. 1992, c. 162 (codified at N.J.S.A. 17B:27A-17 through 56), as subsequently amended and supplemented. The SEH Board has set forth the requirements with which carriers must comply in offering standard plans in rules at N.J.A.C. 11:21, and has set forth standard plan language for policies, contracts, certificates, and evidences of coverage in the Appendix to N.J.A.C. 11:21. Specifically, the language for the policy forms for the standard plans known as Plans B, C, D, and E are at Exhibit F of the Appendix, while the language of the certificates is at Exhibit W; and the language for the contract form for the HMO Plan is at Exhibit G, while the language for the HMO evidence of coverage is at Exhibit Y. In developing their policies/contracts and certificates/evidences of coverage, carriers also refer to Exhibit K, which provides explanations about how carriers may use certain variable language in the standard plans.

The SEH Board proposes the following amendments to the standard plans at N.J.A.C. 11:21 Appendix Exhibits F and G, W and Y (standard plan documents).

To comply with P.L. 2025, c. 49 (Chapter 49), which requires small employer health benefits plans to provide coverage for biomarker precision medical testing for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of a disease or condition of a covered person, the Board proposes amendments throughout the standard plan documents. A definition for "Biomarker Precision Medical Testing" that is consistent with Chapter 49 is proposed to be added to the definitions section of the standard policy form. The Board further proposes the addition of a "Biomarker Precision Medical Testing" coverage provision, which provides coverage for the cost of biomarker testing that is medically necessary for the diagnosis, treatment, management, or monitoring of a disease or condition. Reflecting Chapter 49, the proposed amendments specify that coverage shall be provided when biomarker testing is approved or cleared by the U.S. Food and Drug Administration (FDA); supported by FDA-approved drug labeling; covered pursuant to Federal Centers for Medicare and Medicaid Services National Coverage Determinations or Medicare Administrative Contractor Local Coverage Determinations; or recommended by nationally recognized clinical practice guidelines. Finally, the Board proposes an exclusion for biomarker precision medical testing for asymptomatic screening purposes.

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The Board proposes amendments to the Mental Health Condition and Substance Use Disorder coverage provision to add that behavioral health crisis intervention services provided by New Jersey's Statewide mobile behavioral health crisis response teams are covered pursuant to N.J.S.A. 26:2S-40. Additionally, the Board proposes amendments to the "Treatment of Diabetes" coverage provision, to bracket the words "without the application of any deductible," indicating the variable use of the text in connection with different plan types, as the deductible does apply in HSA plans. Further, the Board proposed amendments to the Hearing Aid and Cochlear Implants coverage provision in the HMO plan