

**FINAL**  
**MINUTES OF THE MEETING OF THE**  
**NEW JERSEY INDIVIDUAL HEALTH COVERAGE PROGRAM BOARD**  
**AT THE OFFICES OF THE**  
**NEW JERSEY DEPARTMENT OF BANKING AND INSURANCE\***  
**TRENTON, NEW JERSEY**  
**June 9, 2020**

**Directors participating:** Joseph Camargo; Philip Gennace (DOBI); Sandi Kelly (Horizon); Robert Morrow (United); Colleen Picklo; Thomas Pownall (Aetna); Tony Taliaferro (AmeriHealth).

**Others participating:** Ellen DeRosa, Executive Director; Chanell McDevitt, Deputy Executive Director; Rosaria Lenox, Managing Financial Officer.

**I. Call to Order**

E. DeRosa called the meeting of the IHC Board to order at 10:00 A.M. She announced that notice of the meeting had been posted at the Department of Banking and Insurance (“DOBI”), on the DOBI website, at the Office of the Secretary of State, submitted to the State House Press Corps, and published in three newspapers of general circulation in accordance with the Open Public Meetings Act.

\*E. DeRosa noted that, pursuant to P.L. 2020, c. 2, as a result of the public health state emergency declared by Governor Murphy on March 9, 2020 through Executive Order 103 (subsequently extended by Executive Orders 119, 138 and 151, the last being issued June 4, 2020) due to the COVID-19 pandemic, the IHC Board’s regularly scheduled meeting was being held telephonically, and not at the Board’s offices in Trenton. She stated that, in accordance with P.L. 2020 c. 11, electronic notice of the change in the meeting and the means by which the public could attend the meeting telephonically was posted on the Board’s website, and issued electronically to all known interested parties.

E. DeRosa determined a quorum was present. She stated that voting would be by roll call.

Members of the public were asked to identify themselves. Presence of the public was not indicated.

**II. Minutes – May 12, 2020**

C. Picklo made a motion, seconded by J. Camargo, to approve the minutes of the meeting of May 12, 2020, without amendment. By roll call vote, the motion carried.

**III. Report of Staff – Expense Report**

*Expense Report*

R. Lenox presented the expense report for June 2020 with expenses totaling \$12,081.80 for the Board’s share of staff salaries and fringe, plus the third quarter legal expenses of the Division of Law. She recommended the Board approve a transfer of the funds from the IHC’s DOBI account to the SEH’s DOBI account, to be performed by the DOBI fiscal office with respect to the

operational expenses (salaries and fringe, totaling \$11,500), while the Division of Law expenses would be dealt with by a check written on the IHC Board's Wells Fargo checking account, for which no transfer was necessary.

**S. Kelly made a motion, seconded by T. Pownall, to approve the payment of the expenses on the June expense report, with transfer of \$11,500 from the DOBI's IHC Board account to the DOBI's SEH Board account for the payment of the IHC Board's June operating expenses, and the payment of the remainder of the expenses from the Board's Wells Fargo Checking account. By a roll call vote, the motion carried.**

#### **IV. Amendments to the Standard Plans – Draft 2**

E. DeRosa stated that she had not received comments regarding the first set of draft amendments to the IHC policy forms needed to bring the IHC policy forms into compliance with P.L. 2019, c. 343 (requiring coverage for breastfeeding support); P.L. 2019, c. 361 (amending New Jersey's existing contraceptive mandate); and P.L. 2019, c. 472 (establishing a requirement for carriers to have monthly cost sharing limits applicable to prescription drugs on at least 25% of plans offered).

She said the second draft circulated to the Board (prior to this meeting) included an additional revision to address references to the term "Marketplace" which appear in multiple places in the standard plans. She reported having sent an email to the Director of the State-Based Exchange regarding state-specific terminology, but had not yet received a reply from her. E. DeRosa said that, if the Board obtained information by the time of the adoption of the amended forms, the change could be made.

When asked whether there were additional suggested revisions, several Board members recommended removal of "female" when it appears with respect to contraceptive coverage.

A Board member asked how the State-based Exchange is being funded. P. Gennace stated that the Exchange user fees no longer required to be paid by carriers for the federally-facilitated marketplace will be collected by the State of New Jersey instead to fund the State-based Exchange.

A Board member asked for additional explanation regarding the breastfeeding mandate, noting a cross-reference within the policy form to P.L. 2019, c. 343 (Chapter 343), and that the policy forms do not typically cross-reference the statutes in this way. E. DeRosa stated that the new mandate requires coverage of providers who are not licensed in the State of New Jersey currently, similar to the situation when Applied Behavioral Analysis was first required to be covered for treatment of autism. She indicated she was cross-referencing to Chapter 343 because the law contains relatively in-depth explanations of the types of services that must be covered, and the credentials of the practitioners that should be performing the services in question. She further explained that coverage must be without cost-sharing whether services are provided in- or out-of-network, and that the coverage of services includes equipment that might be needed, and imposes specific requirements as to the timing of the provision of services. E. DeRosa pointed out that the United States Prevention Services Task Force already includes breastfeeding as a preventive service, so the exclusion of cost-sharing, in and of itself, is not new.

A Board member asked whether, with respect to administration of the coverage of over-the-counter contraceptives, the DOBI would consider reimbursement an acceptable method to ensure no cost-

sharing. E. DeRosa stated she did not have an answer, and P. Gennace also stated that he did not have an answer to provide currently. E. DeRosa noted that, while the consumer might have to be proactive to obtain reimbursement, ultimately, the consumer would not have an out-of-pocket expense, which is the goal of the law.

E. DeRosa stated that she would draft the Notice of Proposal, and make the same changes to the HMO forms as agreed-upon for Plans A/50-D, and forward all documents through the rulemaking review and approval process. She reminded Board members that carriers should rely on the Conformity with Law provision of the standard plans until changes to the plans are adopted.

**R. Morrow made a motion, seconded by C. Picklo, authorizing action to propose the draft amendments to the standard plans as presented and discussed. By a roll call vote the motion carried.**

#### **V. Renewal notices**

The question arose regarding the renewal notices that carriers should be using for Plan Year 2021, and it was noted that carriers may need significant lead time in order to make changes to their systems to accommodate changes.

P. Gennace stated that there are groups addressing multiple aspects of the operational transition from a federally-facilitated Exchange to a State-based Exchange, with representatives of each carrier currently offering individual plans participating with relevant technical representatives from New Jersey. He said the appropriate group will coordinate with the carriers on these issues.

One Board member noted awareness of a technical group, but not multiple groups working through varying operational issues, and asked for more information, specifically, who the contacts are for each such group. P. Gennace stated he would make a list of the groups and participants available.

#### **VI. Close of Meeting**

**S. Kelly made a motion, seconded by J. Camargo, to adjourn the meeting. By roll call vote, the motion carried.**

*[The meeting ended at 10:35 A.M.]*