

**ASSEMBLY, No. 4568**

---

**STATE OF NEW JERSEY**

**217th LEGISLATURE**

---

INTRODUCED FEBRUARY 13, 2017

**Sponsored by:**

**Assemblywoman VALERIE VAINIERI HUTTLE**

**District 37 (Bergen)**

**Assemblyman TIM EUSTACE**

**District 38 (Bergen and Passaic)**

**Assemblywoman NANCY J. PINKIN**

**District 18 (Middlesex)**

**Assemblywoman MILA M. JASEY**

**District 27 (Essex and Morris)**

**Assemblyman GORDON M. JOHNSON**

**District 37 (Bergen)**

**Co-Sponsored by:**

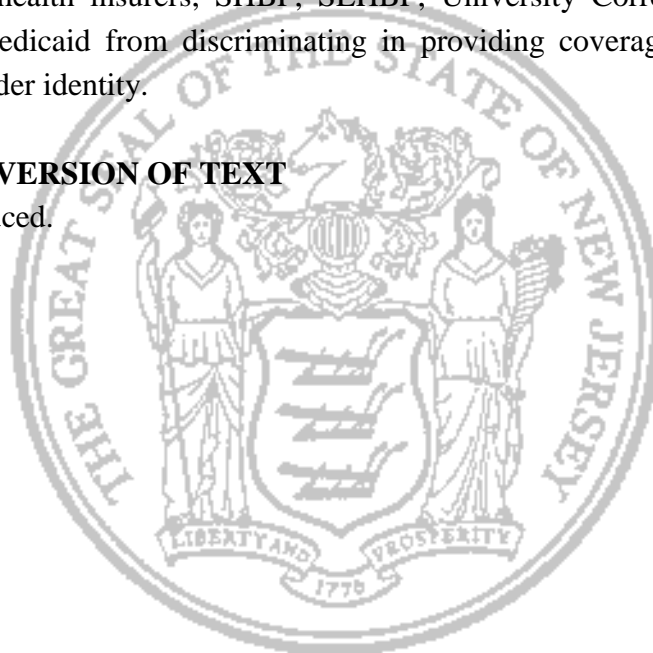
**Assemblymen Wisniewski and Burzichelli**

**SYNOPSIS**

Prohibits health insurers, SHBP, SEHBP, University Correctional Health Care, and Medicaid from discriminating in providing coverage and services based on gender identity.

**CURRENT VERSION OF TEXT**

As introduced.



**(Sponsorship Updated As Of: 3/21/2017)**

1   **AN ACT** concerning certain discrimination in provision of health  
2       benefits coverage and health care services and supplementing  
3       various parts of the statutory law.

4

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

7

8       1.   a.   Notwithstanding any other law or regulation to the  
9       contrary, a hospital service corporation contract that provides  
10      hospital and medical expense benefits and is delivered, issued,  
11      executed, or renewed in this State pursuant to P.L.1938,  
12      c.366 (C.17:48-1 et seq.), or approved for issuance or renewal in  
13      this State, by the Commissioner of Banking and Insurance on or  
14      after the effective date of this act, shall not contain any provision  
15      that discriminates, and the hospital service corporation shall not  
16      discriminate, on the basis of a covered person's or prospective  
17      covered person's gender identity or expression or on the basis that  
18      the covered person or prospective covered person is a transgender  
19      person.

20      b.   The discrimination prohibited by this section shall include:

21       (1) denying, cancelling, limiting or refusing to issue or renew a  
22      contract on the basis of a covered person's or prospective covered  
23      person's gender identity or expression, or for the reason that the  
24      covered person or prospective covered person is a transgender  
25      person;

26       (2) demanding or requiring a payment or premium that is based  
27      in whole or in part on a covered person's or prospective covered  
28      person's gender identity or expression, or for the reason that the  
29      covered person or prospective covered person is a transgender  
30      person;

31       (3) designating a covered person's or prospective covered  
32      person's gender identity or expression, or the fact that a covered  
33      person or prospective covered person is a transgender person, as a  
34      preexisting condition for which coverage will be denied or limited;  
35      or

36       (4) denying or limiting coverage, or denying a claim, for  
37      services including but not limited to the following, due to a covered  
38      person's gender identity or expression or for the reason that the  
39      covered person is a transgender person:

40       (a) health care services related to gender transition if coverage  
41      is available for those services under the contract when the services  
42      are not related to gender transition, including but not limited to  
43      hormone therapy, hysterectomy, mastectomy, and vocal training; or

44       (b) health care services that are ordinarily or exclusively  
45      available to individuals of one sex when the denial or limitation is  
46      due only to the fact that the covered person is enrolled as belonging  
47      to the other sex or has undergone, or is in the process of  
48      undergoing, gender transition.

1 c. For the purposes of this section:

2 “Gender expression” means a person’s gender-related appearance  
3 and behavior, whether or not stereotypically associated with the  
4 person’s assigned sex at birth.

5 “Gender identity” means a person’s internal sense of their own  
6 gender, regardless of the sex the person was assigned at birth.

7 “Gender transition” means the process of changing a person’s  
8 outward appearance, including physical sex characteristics, to  
9 accord with the person’s actual gender identity.

10 “Transgender person” means a person who identifies as a gender  
11 different from the sex assigned to the person at birth.

12 d. The provisions of this section shall apply to all hospital  
13 service corporation contracts in which the hospital service  
14 corporation has reserved the right to change the premium.

15

16 2. a. Notwithstanding any other law or regulation to the  
17 contrary, a medical service corporation contract that provides  
18 hospital and medical expense benefits and is delivered, issued,  
19 executed, or renewed in this State pursuant to P.L.1940,  
20 c.74 (C.17:48A-1 et seq.), or approved for issuance or renewal in  
21 this State, by the Commissioner of Banking and Insurance on or  
22 after the effective date of this act, shall not contain any provision  
23 that discriminates, and the medical service corporation shall not  
24 discriminate, on the basis of a covered person’s or prospective  
25 covered person’s gender identity or expression or on the basis that  
26 the covered person or prospective covered person is a transgender  
27 person.

28 b. The discrimination prohibited by this section shall include:

29 (1) denying, cancelling, limiting or refusing to issue or renew a  
30 contract on the basis of a covered person’s or prospective covered  
31 person’s gender identity or expression, or for the reason that the  
32 covered person or prospective covered person is a transgender  
33 person;

34 (2) demanding or requiring a payment or premium that is based  
35 in whole or in part on a covered person’s or prospective covered  
36 person’s gender identity or expression, or for the reason that the  
37 covered person or prospective covered person is a transgender  
38 person;

39 (3) designating a covered person’s or prospective covered  
40 person’s gender identity or expression, or the fact that a covered  
41 person or prospective covered person is a transgender person, as a  
42 preexisting condition for which coverage will be denied or limited;  
43 or

44 (4) denying or limiting coverage, or denying a claim, for  
45 services including but not limited to the following, due to a covered  
46 person’s gender identity or expression or for the reason that the  
47 covered person is a transgender person:

- 1 (a) health care services related to gender transition if coverage  
2 is available for those services under the contract when the services  
3 are not related to gender transition, including but not limited to  
4 hormone therapy, hysterectomy, mastectomy, and vocal training; or  
5 (b) health care services that are ordinarily or exclusively  
6 available to individuals of one sex when the denial or limitation is  
7 due only to the fact that the covered person is enrolled as belonging  
8 to the other sex or has undergone, or is in the process of  
9 undergoing, gender transition.
- 10 c. For the purposes of this section:
- 11 “Gender expression” means a person’s gender-related appearance  
12 and behavior, whether or not stereotypically associated with the  
13 person’s assigned sex at birth.
- 14 “Gender identity” means a person’s internal sense of their own  
15 gender, regardless of the sex the person was assigned at birth.
- 16 “Gender transition” means the process of changing a person’s  
17 outward appearance, including physical sex characteristics, to  
18 accord with the person’s actual gender identity.
- 19 “Transgender person” means a person who identifies as a gender  
20 different from the sex assigned to the person at birth.
- 21 d. The provisions of this section shall apply to all medical  
22 service corporation contracts in which the medical service  
23 corporation has reserved the right to change the premium.
- 24
- 25 3. a. Notwithstanding any other law or regulation to the  
26 contrary, a health service corporation contract that provides hospital  
27 and medical expense benefits and is delivered, issued, executed, or  
28 renewed in this State pursuant to P.L.1985, c.236 (C.17:48E-1 et  
29 seq.), or approved for issuance or renewal in this State, by the  
30 Commissioner of Banking and Insurance on or after the effective  
31 date of this act, shall not contain any provision that discriminates,  
32 and the health service corporation shall not discriminate, on the  
33 basis of a covered person’s or prospective covered person’s gender  
34 identity or expression or on the basis that the covered person or  
35 prospective covered person is a transgender person.
- 36 b. The discrimination prohibited by this section shall include:
- 37 (1) denying, cancelling, limiting or refusing to issue or renew a  
38 contract on the basis of a covered person’s or prospective covered  
39 person’s gender identity or expression, or for the reason that the  
40 covered person or prospective covered person is a transgender  
41 person;
- 42 (2) demanding or requiring a payment or premium that is based  
43 in whole or in part on a covered person’s or prospective covered  
44 person’s gender identity or expression, or for the reason that the  
45 covered person or prospective covered person is a transgender  
46 person;
- 47 (3) designating a covered person’s or prospective covered  
48 person’s gender identity or expression, or the fact that a covered

1 person or prospective covered person is a transgender person, as a  
2 preexisting condition for which coverage will be denied or limited;  
3 or

4 (4) denying or limiting coverage, or denying a claim, for  
5 services including but not limited to the following, due to a covered  
6 person's gender identity or expression or for the reason that the  
7 covered person is a transgender person:

8 (a) health care services related to gender transition if coverage  
9 is available for those services under the contract when the services  
10 are not related to gender transition, including but not limited to  
11 hormone therapy, hysterectomy, mastectomy, and vocal training; or

12 (b) health care services that are ordinarily or exclusively  
13 available to individuals of one sex when the denial or limitation is  
14 due only to the fact that the covered person is enrolled as belonging  
15 to the other sex or has undergone, or is in the process of  
16 undergoing, gender transition.

17 c. For the purposes of this section:

18 "Gender expression" means a person's gender-related appearance  
19 and behavior, whether or not stereotypically associated with the  
20 person's assigned sex at birth.

21 "Gender identity" means a person's internal sense of their own  
22 gender, regardless of the sex the person was assigned at birth.

23 "Gender transition" means the process of changing a person's  
24 outward appearance, including physical sex characteristics, to  
25 accord with the person's actual gender identity.

26 "Transgender person" means a person who identifies as a gender  
27 different from the sex assigned to the person at birth.

28 d. The provisions of this section shall apply to all health  
29 service corporation contracts in which the health service  
30 corporation has reserved the right to change the premium.

31

32 4. a. Notwithstanding any other law or regulation to the  
33 contrary, an individual health insurance policy that provides  
34 hospital and medical expense benefits and is delivered, issued,  
35 executed, or renewed in this State pursuant to N.J.S.17B:26-1 et  
36 seq., or approved for issuance or renewal in this State, by the  
37 Commissioner of Banking and Insurance on or after the effective  
38 date of this act, shall not contain any provision that discriminates,  
39 and the insurer shall not discriminate, on the basis of a covered  
40 person's or prospective covered person's gender identity or  
41 expression or on the basis that the covered person or prospective  
42 covered person is a transgender person.

43 b. The discrimination prohibited by this section shall include:

44 (1) denying, cancelling, limiting or refusing to issue or renew a  
45 policy on the basis of a covered person's or prospective covered  
46 person's gender identity or expression, or for the reason that the  
47 covered person or prospective covered person is a transgender  
48 person;

1       (2) demanding or requiring a payment or premium that is based  
2 in whole or in part on a covered person's or prospective covered  
3 person's gender identity or expression, or for the reason that the  
4 covered person or prospective covered person is a transgender  
5 person;

6       (3) designating a covered person's or prospective covered  
7 person's gender identity or expression, or the fact that a covered  
8 person or prospective covered person is a transgender person, as a  
9 preexisting condition for which coverage will be denied or limited;  
10 or

11       (4) denying or limiting coverage, or denying a claim, for  
12 services including but not limited to the following, due to a covered  
13 person's gender identity or expression or for the reason that the  
14 covered person is a transgender person:

15       (a) health care services related to gender transition if coverage  
16 is available for those services under the policy when the services  
17 are not related to gender transition, including but not limited to  
18 hormone therapy, hysterectomy, mastectomy, and vocal training; or

19       (b) health care services that are ordinarily or exclusively  
20 available to individuals of one sex when the denial or limitation is  
21 due only to the fact that the covered person is enrolled as belonging  
22 to the other sex or has undergone, or is in the process of  
23 undergoing, gender transition.

24       c. For the purposes of this section:

25       "Gender expression" means a person's gender-related appearance  
26 and behavior, whether or not stereotypically associated with the  
27 person's assigned sex at birth.

28       "Gender identity" means a person's internal sense of their own  
29 gender, regardless of the sex the person was assigned at birth.

30       "Gender transition" means the process of changing a person's  
31 outward appearance, including physical sex characteristics, to  
32 accord with the person's actual gender identity.

33       "Transgender person" means a person who identifies as a gender  
34 different from the sex assigned to the person at birth.

35       d. The provisions of this section shall apply to those individual  
36 health insurance policies in which the insurer has reserved the right  
37 to change the premium.

38

39       5. a. Notwithstanding any other law or regulation to the  
40 contrary, a group health insurance policy that provides hospital and  
41 medical expense benefits and is delivered, issued, executed, or  
42 renewed in this State pursuant to N.J.S.17B:27-26 et seq., or  
43 approved for issuance or renewal in this State, by the Commissioner  
44 of Banking and Insurance on or after the effective date of this act,  
45 shall not contain any provision that discriminates, and the insurer  
46 shall not discriminate, on the basis of a covered person's or  
47 prospective covered person's gender identity or expression or on the

1 basis that the covered person or prospective covered person is a  
2 transgender person.

3 b. The discrimination prohibited by this section shall include:

4 (1) denying, cancelling, limiting or refusing to issue or renew a  
5 policy on the basis of a covered person's or prospective covered  
6 person's gender identity or expression, or for the reason that the  
7 covered person or prospective covered person is a transgender  
8 person;

9 (2) demanding or requiring a payment or premium that is based  
10 in whole or in part on a covered person's or prospective covered  
11 person's gender identity or expression, or for the reason that the  
12 covered person or prospective covered person is a transgender  
13 person;

14 (3) designating a covered person's or prospective covered  
15 person's gender identity or expression, or the fact that a covered  
16 person or prospective covered person is a transgender person, as a  
17 preexisting condition for which coverage will be denied or limited;  
18 or

19 (4) denying or limiting coverage, or denying a claim, for  
20 services including but not limited to the following, due to a covered  
21 person's gender identity or expression or for the reason that the  
22 covered person is a transgender person:

23 (a) health care services related to gender transition if coverage  
24 is available for those services under the policy when the services  
25 are not related to gender transition, including but not limited to  
26 hormone therapy, hysterectomy, mastectomy, and vocal training; or

27 (b) health care services that are ordinarily or exclusively  
28 available to individuals of one sex when the denial or limitation is  
29 due only to the fact that the covered person is enrolled as belonging  
30 to the other sex or has undergone, or is in the process of  
31 undergoing, gender transition.

32 c. For the purposes of this section:

33 "Gender expression" means a person's gender-related appearance  
34 and behavior, whether or not stereotypically associated with the  
35 person's assigned sex at birth.

36 "Gender identity" means a person's internal sense of their own  
37 gender, regardless of the sex the person was assigned at birth.

38 "Gender transition" means the process of changing a person's  
39 outward appearance, including physical sex characteristics, to  
40 accord with the person's actual gender identity.

41 "Transgender person" means a person who identifies as a gender  
42 different from the sex assigned to the person at birth.

43 d. The provisions of this section shall apply to those group  
44 health insurance policies in which the insurer has reserved the right  
45 to change the premium.

46

47 6. a. Notwithstanding any other law or regulation to the  
48 contrary, an individual health benefits plan that provides hospital

1 and medical expense benefits and is delivered, issued, executed, or  
2 renewed in this State pursuant to P.L.1992, c.161 (C.17B:27A-2 et  
3 seq.), or approved for issuance or renewal in this State, by the  
4 Commissioner of Banking and Insurance on or after the effective  
5 date of this act, shall not contain any provision that discriminates,  
6 and the carrier shall not discriminate, on the basis of a covered  
7 person's or prospective covered person's gender identity or  
8 expression or on the basis that the covered person or prospective  
9 covered person is a transgender person.

10 b. The discrimination prohibited by this section shall include:

11 (1) denying, cancelling, limiting or refusing to issue or renew a  
12 contract on the basis of a covered person's or prospective covered  
13 person's gender identity or expression, or for the reason that the  
14 covered person or prospective covered person is a transgender  
15 person;

16 (2) demanding or requiring a payment or premium that is based  
17 in whole or in part on a covered person's or prospective covered  
18 person's gender identity or expression, or for the reason that the  
19 covered person or prospective covered person is a transgender  
20 person;

21 (3) designating a covered person's or prospective covered  
22 person's gender identity or expression, or the fact that a covered  
23 person or prospective covered person is a transgender person, as a  
24 preexisting condition for which coverage will be denied or limited;  
25 or

26 (4) denying or limiting coverage, or denying a claim, for  
27 services including but not limited to the following, due to a covered  
28 person's gender identity or expression or for the reason that the  
29 covered person is a transgender person:

30 (a) health care services related to gender transition if coverage  
31 is available for those services under the contract when the services  
32 are not related to gender transition, including but not limited to  
33 hormone therapy, hysterectomy, mastectomy, and vocal training; or

34 (b) health care services that are ordinarily or exclusively  
35 available to individuals of one sex when the denial or limitation is  
36 due only to the fact that the covered person is enrolled as belonging  
37 to the other sex or has undergone, or is in the process of  
38 undergoing, gender transition.

39 c. For the purposes of this section:

40 "Gender expression" means a person's gender-related appearance  
41 and behavior, whether or not stereotypically associated with the  
42 person's assigned sex at birth.

43 "Gender identity" means a person's internal sense of their own  
44 gender, regardless of the sex the person was assigned at birth.

45 "Gender transition" means the process of changing a person's  
46 outward appearance, including physical sex characteristics, to  
47 accord with the person's actual gender identity.



1       “Transgender person” means a person who identifies as a gender  
2 different from the sex assigned to the person at birth.

3       d. The provisions of this section shall apply to all those health  
4 benefits plans in which the carrier has reserved the right to change  
5 the premium.

6  
7       7. a. Notwithstanding any other law or regulation to the  
8 contrary, a small employer health benefits plan that provides  
9 hospital and medical expense benefits and is delivered, issued,  
10 executed, or renewed in this State pursuant to P.L.1992,  
11 c.162 (C.17B:27A-17 et seq.), or approved for issuance or renewal  
12 in this State, by the Commissioner of Banking and Insurance on or  
13 after the effective date of this act, shall not contain any provision  
14 that discriminates, and the carrier shall not discriminate, on the  
15 basis of a covered person’s or prospective covered person’s gender  
16 identity or expression or on the basis that the covered person or  
17 prospective covered person is a transgender person.

18       b. The discrimination prohibited by this section shall include:

19       (1) denying, cancelling, limiting or refusing to issue or renew a  
20 contract on the basis of a covered person’s or prospective covered  
21 person’s gender identity or expression, or for the reason that the  
22 covered person or prospective covered person is a transgender  
23 person;

24       (2) demanding or requiring a payment or premium that is based  
25 in whole or in part on a covered person’s or prospective covered  
26 person’s gender identity or expression, or for the reason that the  
27 covered person or prospective covered person is a transgender  
28 person;

29       (3) designating a covered person’s or prospective covered  
30 person’s gender identity or expression, or the fact that a covered  
31 person or prospective covered person is a transgender person, as a  
32 preexisting condition for which coverage will be denied or limited;  
33 or

34       (4) denying or limiting coverage, or denying a claim, for  
35 services including but not limited to the following, due to a covered  
36 person’s gender identity or expression or for the reason that the  
37 covered person is a transgender person:

38       (a) health care services related to gender transition if coverage  
39 is available for those services under the contract when the services  
40 are not related to gender transition, including but not limited to  
41 hormone therapy, hysterectomy, mastectomy, and vocal training; or

42       (b) health care services that are ordinarily or exclusively  
43 available to individuals of one sex when the denial or limitation is  
44 due only to the fact that the covered person is enrolled as belonging  
45 to the other sex or has undergone, or is in the process of  
46 undergoing, gender transition.

47       c. For the purposes of this section:

1       “Gender expression” means a person’s gender-related appearance  
2 and behavior, whether or not stereotypically associated with the  
3 person’s assigned sex at birth.

4       “Gender identity” means a person’s internal sense of their own  
5 gender, regardless of the sex the person was assigned at birth.

6       “Gender transition” means the process of changing a person’s  
7 outward appearance, including physical sex characteristics, to  
8 accord with the person’s actual gender identity.

9       “Transgender person” means a person who identifies as a gender  
10 different from the sex assigned to the person at birth.

11       d. The provisions of this section shall apply to those health  
12 benefits plans in which the carrier has reserved the right to change  
13 the premium.

14

15       8. a. Notwithstanding any other law or regulation to the  
16 contrary, a health maintenance organization contract that provides  
17 hospital and medical expense benefits and is delivered, issued,  
18 executed, or renewed in this State pursuant to P.L.1973,  
19 c.337 (C.26:2J-1 et seq.), or approved for issuance or renewal in  
20 this State, by the Commissioner of Banking and Insurance on or  
21 after the effective date of this act, shall not contain any provision  
22 that discriminates, and the health maintenance organization shall  
23 not discriminate, on the basis of a covered person’s or prospective  
24 covered person’s gender identity or expression or on the basis that  
25 the covered person or prospective covered person is a transgender  
26 person.

27       b. The discrimination prohibited by this section shall include:

28       (1) denying, cancelling, limiting or refusing to issue or renew a  
29 contract on the basis of a covered person’s or prospective covered  
30 person’s gender identity or expression, or for the reason that the  
31 covered person or prospective covered person is a transgender  
32 person;

33       (2) demanding or requiring a payment or premium that is based  
34 in whole or in part on a covered person’s or prospective covered  
35 person’s gender identity or expression, or for the reason that the  
36 covered person or prospective covered person is a transgender  
37 person;

38       (3) designating a covered person’s or prospective covered  
39 person’s gender identity or expression, or the fact that a covered  
40 person or prospective covered person is a transgender person, as a  
41 preexisting condition for which coverage will be denied or limited;  
42 or

43       (4) denying or limiting coverage, or denying a claim, for  
44 services including but not limited to the following, due to a covered  
45 person’s gender identity or expression or for the reason that the  
46 covered person is a transgender person:

47       (a) health care services related to gender transition if coverage  
48 is available for those services under the contract when the services

1 are not related to gender transition, including but not limited to  
2 hormone therapy, hysterectomy, mastectomy, and vocal training; or

3 (b) health care services that are ordinarily or exclusively  
4 available to individuals of one sex when the denial or limitation is  
5 due only to the fact that the covered person is enrolled as belonging  
6 to the other sex or has undergone, or is in the process of  
7 undergoing, gender transition.

8 c. For the purposes of this section:

9 “Gender expression” means a person’s gender-related appearance  
10 and behavior, whether or not stereotypically associated with the  
11 person’s assigned sex at birth.

12 “Gender identity” means a person’s internal sense of their own  
13 gender, regardless of the sex the person was assigned at birth.

14 “Gender transition” means the process of changing a person’s  
15 outward appearance, including physical sex characteristics, to  
16 accord with the person’s actual gender identity.

17 “Transgender person” means a person who identifies as a gender  
18 different from the sex assigned to the person at birth.

19 d. The provisions of this section shall apply to those contracts  
20 for health care services under which the health maintenance  
21 organization has reserved the right to change the schedule of  
22 charges for enrollee coverage.

23

24 9. a. Notwithstanding any other law or regulation to the  
25 contrary, the State Health Benefits Commission shall ensure that  
26 every contract purchased by the commission on or after the  
27 effective date of this act that provides hospital and medical expense  
28 benefits shall not contain any provision that discriminates, and the  
29 commission shall ensure there is no discrimination, on the basis of a  
30 covered person’s or prospective covered person’s gender identity or  
31 expression or on the basis that the covered person or prospective  
32 covered person is a transgender person.

33 b. The discrimination prohibited by this section shall include:

34 (1) denying, cancelling, limiting or refusing to issue or renew a  
35 contract on the basis of a covered person’s or prospective covered  
36 person’s gender identity or expression, or for the reason that the  
37 covered person or prospective covered person is a transgender  
38 person;

39 (2) demanding or requiring a payment or premium that is based  
40 in whole or in part on a covered person’s or prospective covered  
41 person’s gender identity or expression, or for the reason that the  
42 covered person or prospective covered person is a transgender  
43 person;

44 (3) designating a covered person’s or prospective covered  
45 person’s gender identity or expression, or the fact that a covered  
46 person or prospective covered person is a transgender person, as a  
47 preexisting condition for which coverage will be denied or limited;  
48 or

1 (4) denying or limiting coverage, or denying a claim, for  
2 services including but not limited to the following, due to a covered  
3 person's gender identity or expression or for the reason that the  
4 covered person is a transgender person:

5 (a) health care services related to gender transition if coverage  
6 is available for those services under the contract when the services  
7 are not related to gender transition, including but not limited to  
8 hormone therapy, hysterectomy, mastectomy, and vocal training; or

9 (b) health care services that are ordinarily or exclusively  
10 available to individuals of one sex when the denial or limitation is  
11 due only to the fact that the covered person is enrolled as belonging  
12 to the other sex or has undergone, or is in the process of  
13 undergoing, gender transition.

14 c. For the purposes of this section:

15 "Gender expression" means a person's gender-related appearance  
16 and behavior, whether or not stereotypically associated with the  
17 person's assigned sex at birth.

18 "Gender identity" means a person's internal sense of their own  
19 gender, regardless of the sex the person was assigned at birth.

20 "Gender transition" means the process of changing a person's  
21 outward appearance, including physical sex characteristics, to  
22 accord with the person's actual gender identity.

23 "Transgender person" means a person who identifies as a gender  
24 different from the sex assigned to the person at birth.

25

26 10. a. Notwithstanding any other law or regulation to the  
27 contrary, the School Employees' Health Benefits Commission shall  
28 ensure that every contract purchased by the commission on or after  
29 the effective date of this act that provides hospital and medical  
30 expense benefits shall not contain any provision that discriminates,  
31 and the commission shall ensure there is no discrimination, on the  
32 basis of a covered person's or prospective covered person's gender  
33 identity or expression or on the basis that the covered person or  
34 prospective covered person is a transgender person.

35 b. The discrimination prohibited by this section shall include:

36 (1) denying, cancelling, limiting or refusing to issue or renew a  
37 contract on the basis of a covered person's or prospective covered  
38 person's gender identity or expression, or for the reason that the  
39 covered person or prospective covered person is a transgender  
40 person;

41 (2) demanding or requiring a payment or premium that is based  
42 in whole or in part on a covered person's or prospective covered  
43 person's gender identity or expression, or for the reason that the  
44 covered person or prospective covered person is a transgender  
45 person;

46 (3) designating a covered person's or prospective covered  
47 person's gender identity or expression, or the fact that a covered  
48 person or prospective covered person is a transgender person, as a

1 preexisting condition for which coverage will be denied or limited;  
2 or

3 (4) denying or limiting coverage, or denying a claim, for  
4 services including but not limited to the following, due to a covered  
5 person's gender identity or expression or for the reason that the  
6 covered person is a transgender person:

7 (a) health care services related to gender transition if coverage  
8 is available for those services under the contract when the services  
9 are not related to gender transition, including but not limited to  
10 hormone therapy, hysterectomy, mastectomy, and vocal training; or

11 (b) health care services that are ordinarily or exclusively  
12 available to individuals of one sex when the denial or limitation is  
13 due only to the fact that the covered person is enrolled as belonging  
14 to the other sex or has undergone, or is in the process of  
15 undergoing, gender transition.

16 c. For the purposes of this section:

17 "Gender expression" means a person's gender-related appearance  
18 and behavior, whether or not stereotypically associated with the  
19 person's assigned sex at birth.

20 "Gender identity" means a person's internal sense of their own  
21 gender, regardless of the sex the person was assigned at birth.

22 "Gender transition" means the process of changing a person's  
23 outward appearance, including physical sex characteristics, to  
24 accord with the person's actual gender identity.

25 "Transgender person" means a person who identifies as a gender  
26 different from the sex assigned to the person at birth.

27  
28 11. a. Notwithstanding the provisions of any other law or  
29 regulation to the contrary, any contract between University  
30 Correctional Health Care, a division of Rutgers University  
31 Behavioral HealthCare, and the New Jersey Department of  
32 Corrections, the Juvenile Justice Commission, the State Parole  
33 Board, or any other State or local entity, which contract provides  
34 health care services to the State's inmate population, shall not  
35 contain any provision that discriminates, and University  
36 Correctional Health Care shall ensure there is no discrimination, on  
37 the basis of a person's gender identity or expression or on the basis  
38 that the person is a transgender person.

39 b. The discrimination prohibited by this section shall include:

40 (1) denying, cancelling, limiting or refusing to issue or renew a  
41 contract on the basis of a covered person's or prospective covered  
42 person's gender identity or expression, or for the reason that the  
43 covered person or prospective covered person is a transgender  
44 person;

45 (2) demanding or requiring a payment or premium that is based  
46 in whole or in part on a covered person's or prospective covered  
47 person's gender identity or expression, or for the reason that the

1 covered person or prospective covered person is a transgender  
2 person;

3 (3) designating a covered person's or prospective covered  
4 person's gender identity or expression, or the fact that a covered  
5 person or prospective covered person is a transgender person, as a  
6 preexisting condition for which coverage will be denied or limited;  
7 or

8 (4) denying or limiting coverage, or denying a claim, for  
9 services including but not limited to the following, due to a covered  
10 person's gender identity or expression or for the reason that the  
11 covered person is a transgender person:

12 (a) health care services related to gender transition if coverage  
13 is available for those services under the contract when the services  
14 are not related to gender transition, including but not limited to  
15 hormone therapy, hysterectomy, mastectomy, and vocal training; or

16 (b) health care services that are ordinarily or exclusively  
17 available to individuals of one sex when the denial or limitation is  
18 due only to the fact that the covered person is enrolled as belonging  
19 to the other sex or has undergone, or is in the process of  
20 undergoing, gender transition.

21 c. For the purposes of this section:

22 "Gender expression" means a person's gender-related appearance  
23 and behavior, whether or not stereotypically associated with the  
24 person's assigned sex at birth.

25 "Gender identity" means a person's internal sense of their own  
26 gender, regardless of the sex the person was assigned at birth.

27 "Gender transition" means the process of changing a person's  
28 outward appearance, including physical sex characteristics, to  
29 accord with the person's actual gender identity.

30 "Transgender person" means a person who identifies as a gender  
31 different from the sex assigned to the person at birth.

32

33 12. a. Notwithstanding the provisions of any other law or  
34 regulation to the contrary, any contract between a carrier and the  
35 Division of Medical Assistance and Health Services in the  
36 Department of Human Services that provides benefits to persons  
37 who are eligible for Medicaid under P.L.1968, c.413 (C.30:4D-1 et  
38 seq.) shall not contain any provision that discriminates, and the  
39 carrier shall not discriminate, on the basis of a covered person's or  
40 prospective covered person's gender identity or expression or on the  
41 basis that the covered person or prospective covered person is a  
42 transgender person.

43 b. The discrimination prohibited by this section shall include:

44 (1) denying, cancelling, limiting or refusing to issue or renew a  
45 contract on the basis of a covered person's or prospective covered  
46 person's gender identity or expression, or for the reason that the  
47 covered person or prospective covered person is a transgender  
48 person;

1 (2) demanding or requiring a payment or premium that is based  
2 in whole or in part on a covered person's or prospective covered  
3 person's gender identity or expression, or for the reason that the  
4 covered person or prospective covered person is a transgender  
5 person;

6 (3) designating a covered person's or prospective covered  
7 person's gender identity or expression, or the fact that a covered  
8 person or prospective covered person is a transgender person, as a  
9 preexisting condition for which coverage will be denied or limited;  
10 or

11 (4) denying or limiting coverage, or denying a claim, for  
12 services including but not limited to the following, due to a covered  
13 person's gender identity or expression or for the reason that the  
14 covered person is a transgender person:

15 (a) health care services related to gender transition if coverage  
16 is available for those services under the contract when the services  
17 are not related to gender transition, including but not limited to  
18 hormone therapy, hysterectomy, mastectomy, and vocal training; or

19 (b) health care services that are ordinarily or exclusively  
20 available to individuals of one sex when the denial or limitation is  
21 due only to the fact that the covered person is enrolled as belonging  
22 to the other sex or has undergone, or is in the process of  
23 undergoing, gender transition.

24 c. For the purposes of this section:

25 "Gender expression" means a person's gender-related appearance  
26 and behavior, whether or not stereotypically associated with the  
27 person's assigned sex at birth.

28 "Gender identity" means a person's internal sense of their own  
29 gender, regardless of the sex the person was assigned at birth.

30 "Gender transition" means the process of changing a person's  
31 outward appearance, including physical sex characteristics, to  
32 accord with the person's actual gender identity.

33 "Transgender person" means a person who identifies as a gender  
34 different from the sex assigned to the person at birth.

35  
36 13. This act shall take effect on the first day of the fourth month  
37 next following enactment.

38

39

#### 40 STATEMENT

41

42 This bill prohibits health insurers and health maintenance  
43 organizations, as well as health benefits plans or contracts which  
44 are issued or purchased pursuant to the New Jersey Individual  
45 Health Coverage Program, New Jersey Small Employer Health  
46 Benefits Program, State Health Benefits Program, School  
47 Employees' Health Benefits Program, and the Medicaid Program  
48 from discriminating in the provision of coverage on the basis of

1 gender identity or expression. The prohibited discrimination relates  
2 to covered persons and prospective covered persons. This bill also  
3 prohibits contracts between University Correctional Health Care  
4 and the New Jersey Department of Corrections, the Juvenile Justice  
5 Commission, the State Parole Board, or any other State or local  
6 entity from discriminating in the provision of coverage on the basis  
7 of gender identity or expression.

8 The discrimination prohibited by this bill includes:

9 (1) denying, cancelling, limiting or refusing to issue or renew a  
10 contract or policy on the basis of a covered person's or prospective  
11 covered person's gender identity or expression, or for the reason  
12 that the covered person or prospective covered person is a  
13 transgender person;

14 (2) demanding or requiring a payment or premium that is based  
15 in whole or in part on a covered person's or prospective covered  
16 person's gender identity or expression, or for the reason that the  
17 covered person or prospective covered person is a transgender  
18 person;

19 (3) designating a covered person's or prospective covered  
20 person's gender identity or expression, or the fact that a covered  
21 person or prospective covered person is a transgender person, as a  
22 preexisting condition for which coverage will be denied or limited;  
23 or

24 (4) denying or limiting coverage, or denying a claim, for  
25 services including but not limited to the following, due to a covered  
26 person's gender identity or expression or for the reason that the  
27 covered person is a transgender person:

- 28 • health care services related to gender transition if coverage  
29 is available for those services under the contract or policy  
30 when the services are not related to gender transition,  
31 including but not limited to hormone therapy, hysterectomy,  
32 mastectomy, and vocal training; or
- 33 • health care services that are ordinarily or exclusively  
34 available to individuals of one sex when the denial or  
35 limitation is due only to the fact that the covered person is  
36 enrolled as belonging to the other sex or has undergone, or is  
37 in the process of undergoing, gender transition.