

[Second Reprint]
ASSEMBLY, No. 4568

STATE OF NEW JERSEY
217th LEGISLATURE

INTRODUCED FEBRUARY 13, 2017

Sponsored by:

Assemblywoman VALERIE VAINIERI HUTTLE

District 37 (Bergen)

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District 38 (Bergen and Passaic)

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District 18 (Middlesex)

Assemblywoman MILA M. JASEY

District 27 (Essex and Morris)

Assemblyman GORDON M. JOHNSON

District 37 (Bergen)

Senator JOSEPH F. VITALE

District 19 (Middlesex)

Senator M. TERESA RUIZ

District 29 (Essex)

Co-Sponsored by:

Assemblymen Wisniewski, Burzichelli, McKeon, Gusciora,

Assemblywoman Muoio, Senators Turner and Beck

SYNOPSIS

Prohibits health insurers, SHBP, SEHBP, certain health care providers, and Medicaid from discriminating in providing coverage and services based on gender identity.

CURRENT VERSION OF TEXT

As reported by the Senate Commerce Committee on May 15, 2017, with amendments.

(Sponsorship Updated As Of: 6/30/2017)

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

EXPLANATION – Matter enclosed in bold-faced brackets **[thus]** in the above bill is
not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹Assembly AAP committee amendments adopted March 20, 2017.

²Senate SCM committee amendments adopted May 15, 2017.

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

c. For the purposes of this section:

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

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

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

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

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

¹e. Nothing in this section shall preclude the hospital service corporation from performing utilization review, including periodic review of the medical necessity of a particular service.¹

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

b. The discrimination prohibited by this section shall include:

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

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

(3) designating a covered person’s or prospective covered 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 medical
29 service corporation contracts in which the medical service
30 corporation has reserved the right to change the premium.

31 ¹e. Nothing in this section shall preclude the medical service
32 corporation from performing utilization review, including periodic
33 review of the medical necessity of a particular service.¹
34

35 3. a. Notwithstanding any other law or regulation to the
36 contrary, a health service corporation contract that provides hospital
37 and medical expense benefits and is delivered, issued, executed, or
38 renewed in this State pursuant to P.L.1985, c.236 (C.17:48E-1 et
39 seq.), or approved for issuance or renewal in this State, by the
40 Commissioner of Banking and Insurance on or after the effective
41 date of this act, shall not contain any provision that discriminates,
42 and the health service corporation shall not discriminate, on the
43 basis of a covered person's or prospective covered person's gender
44 identity or expression or on the basis that the covered person or
45 prospective covered person is a transgender person.

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

47 (1) denying, cancelling, limiting or refusing to issue or renew a
48 contract on the basis of a covered person's or prospective covered

1 person's gender identity or expression, or for the reason that the
2 covered person or prospective covered person is a transgender
3 person;

4 (2) demanding or requiring a payment or premium that is based
5 in whole or in part on 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 (3) designating a covered person's or prospective covered
10 person's gender identity or expression, or the fact that a covered
11 person or prospective covered person is a transgender person, as a
12 preexisting condition for which coverage will be denied or limited;
13 or

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

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

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

27 c. For the purposes of this section:

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

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

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

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

38 d. The provisions of this section shall apply to all health
39 service corporation contracts in which the health service
40 corporation has reserved the right to change the premium.

41 ¹e. Nothing in this section shall preclude the health service
42 corporation from performing utilization review, including periodic
43 review of the medical necessity of a particular service.¹
44

45 4. a. Notwithstanding any other law or regulation to the
46 contrary, an individual health insurance policy that provides
47 hospital and medical expense benefits and is delivered, issued,
48 executed, or renewed in this State pursuant to N.J.S.17B:26-1 et

1 seq., or approved for issuance or renewal in this State, by the
2 Commissioner of Banking and Insurance on or after the effective
3 date of this act, shall not contain any provision that discriminates,
4 and the insurer shall not discriminate, on the basis of a covered
5 person's or prospective covered person's gender identity or
6 expression or on the basis that the covered person or prospective
7 covered person is a transgender person.

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

9 (1) denying, cancelling, limiting or refusing to issue or renew a
10 policy on the basis of 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 (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 (a) health care services related to gender transition if coverage
29 is available for those services under the policy when the services
30 are not related to gender transition, including but not limited to
31 hormone therapy, hysterectomy, mastectomy, and vocal training; or

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

37 c. For the purposes of this section:

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

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

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

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

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

¹e. Nothing in this section shall preclude the insurer from performing utilization review, including periodic review of the medical necessity of a particular service.¹

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

b. The discrimination prohibited by this section shall include:

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

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

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

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

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

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

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 group
12 health insurance policies in which the insurer has reserved the right
13 to change the premium.

14 ¹e. Nothing in this section shall preclude the insurer from
15 performing utilization review, including periodic review of the
16 medical necessity of a particular service.¹
17

18 6. a. Notwithstanding any other law or regulation to the
19 contrary, an individual health benefits plan that provides hospital
20 and medical expense benefits and is delivered, issued, executed, or
21 renewed in this State pursuant to P.L.1992, c.161 (C.17B:27A-2 et
22 seq.), or approved for issuance or renewal in this State, by the
23 Commissioner of Banking and Insurance on or after the effective
24 date of this act, shall not contain any provision that discriminates,
25 and the carrier shall not discriminate, on the basis of a covered
26 person’s or prospective covered person’s gender identity or
27 expression or on the basis that the covered person or prospective
28 covered person is a transgender person.

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

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

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

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

45 (4) denying or limiting coverage, or denying a claim, for
46 services including but not limited to the following, due to a covered
47 person’s gender identity or expression or for the reason that the
48 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 those health
22 benefits plans in which the carrier has reserved the right to change
23 the premium.

24 ¹e. Nothing in this section shall preclude the carrier from
25 performing utilization review, including periodic review of the
26 medical necessity of a particular service.¹

27

28 7. a. Notwithstanding any other law or regulation to the
29 contrary, a small employer health benefits plan that provides
30 hospital and medical expense benefits and is delivered, issued,
31 executed, or renewed in this State pursuant to P.L.1992,
32 c.162 (C.17B:27A-17 et seq.), or approved for issuance or renewal
33 in this State, by the Commissioner of Banking and Insurance on or
34 after the effective date of this act, shall not contain any provision
35 that discriminates, and the carrier shall not discriminate, on the
36 basis of a covered person’s or prospective covered person’s gender
37 identity or expression or on the basis that the covered person or
38 prospective covered 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 d. The provisions of this section shall apply to those health
33 benefits plans in which the carrier has reserved the right to change
34 the premium.

35 ¹e. Nothing in this section shall preclude the carrier from
36 performing utilization review, including periodic review of the
37 medical necessity of a particular service.¹

38

39 8. a. Notwithstanding any other law or regulation to the
40 contrary, a health maintenance organization contract that provides
41 hospital and medical expense benefits and is delivered, issued,
42 executed, or renewed in this State pursuant to P.L.1973,
43 c.337 (C.26:2J-1 et seq.), or approved for issuance or renewal in
44 this State, by the Commissioner of Banking and Insurance on or
45 after the effective date of this act, shall not contain any provision
46 that discriminates, and the health maintenance organization shall
47 not discriminate, on the basis of a covered person's or prospective
48 covered person's gender identity or expression or on the basis that

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

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

4 (1) denying, cancelling, limiting or refusing to issue or renew a
5 contract 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 contract 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 contracts
44 for health care services under which the health maintenance
45 organization has reserved the right to change the schedule of
46 charges for enrollee coverage.

1 ¹e. Nothing in this section shall preclude the health maintenance
2 organization from performing utilization review, including periodic
3 review of the medical necessity of a particular service.¹
4

5 9. a. Notwithstanding any other law or regulation to the
6 contrary, the State Health Benefits Commission shall ensure that
7 every contract purchased by the commission on or after the
8 effective date of this act that provides hospital and medical expense
9 benefits shall not contain any provision that discriminates, and the
10 commission shall ensure there is no discrimination, on the basis of a
11 covered person's or prospective covered person's gender identity or
12 expression or on the basis that the covered person or prospective
13 covered person is a transgender person.

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

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

20 (2) demanding or requiring a payment or premium that is based
21 in whole or in part on a covered person's or prospective covered
22 person's gender identity or expression, or for the reason that the
23 covered person or prospective covered person is a transgender
24 person;

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

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

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

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

43 c. For the purposes of this section:

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

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

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

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

6 ¹d. Nothing in this section shall preclude the carrier from
7 performing utilization review, including periodic review of the
8 medical necessity of a particular service.¹
9

10 10. a. Notwithstanding any other law or regulation to the
11 contrary, the School Employees’ Health Benefits Commission shall
12 ensure that every contract purchased by the commission on or after
13 the effective date of this act that provides hospital and medical
14 expense benefits shall not contain any provision that discriminates,
15 and the commission shall ensure there is no discrimination, on the
16 basis of a covered person’s or prospective covered person’s gender
17 identity or expression or on the basis that the covered person or
18 prospective covered person is a transgender person.

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

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

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

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

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

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

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

48 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 ¹d. Nothing in this section shall preclude the carrier from
12 performing utilization review, including periodic review of the
13 medical necessity of a particular service.¹
14

15 11. a. Notwithstanding the provisions of any other law or
16 regulation to the contrary, any contract between ²【University
17 Correctional Health Care, a division of Rutgers University
18 Behavioral HealthCare,】 a health care provider² and the New Jersey
19 Department of Corrections, the Juvenile Justice Commission, the
20 State Parole Board, or any other State or local entity, which contract
21 provides health care services to the State’s inmate population, shall
22 not contain any provision that discriminates, and ²【University
23 Correctional Health Care】 the State or local entity contracting for
24 services² shall ensure there is no discrimination, on the basis of a
25 person’s gender identity or expression or on the basis that the
26 person is a transgender 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:

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 ¹d. Nothing in this section shall preclude ²【University
22 Correctional Health Care】 a State or local entity contracting for
23 services pursuant to this section² from performing utilization
24 review, including periodic review of the medical necessity of a
25 particular service.¹

26

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

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

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

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

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

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

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

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

19 c. For the purposes of this section:

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

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

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

28 "Transgender person" means a person who identifies as a gender
29 different from the sex assigned to the person at birth

30 ¹d. Nothing in this section shall preclude the carrier from
31 performing utilization review, including periodic review of the
32 medical necessity of a particular service.¹

33
34 13. This act shall take effect on the first day of the fourth month
35 next following enactment.