

ASSEMBLY, No. 4964

STATE OF NEW JERSEY

220th LEGISLATURE

INTRODUCED DECEMBER 12, 2022

Sponsored by:

Assemblywoman SADAF F. JAFFER

District 16 (Hunterdon, Mercer, Middlesex and Somerset)

Assemblyman REGINALD W. ATKINS

District 20 (Union)

Assemblyman STERLEY S. STANLEY

District 18 (Middlesex)

SYNOPSIS

Requires private health insurers, SHBP, SEHBP, Medicaid, and NJ FamilyCare to cover wigs under certain circumstances.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 12/12/2022)

1 AN ACT concerning wigs and supplementing various parts of the
2 statutory law.

3
4 BE IT ENACTED by the Senate and General Assembly of the State
5 of New Jersey:

6
7 1. a. Every individual or group hospital service corporation
8 contract that provides hospital or medical expense benefits and is
9 delivered, issued, executed, or renewed in this State pursuant to
10 P.L.1938, c.366 (C.17:48-1 et seq.) or is approved for issuance or
11 renewal in this State by the Commissioner of Banking and Insurance,
12 on or after the effective date of this act, shall provide coverage for
13 expenses incurred in the purchase of a wig under the following
14 circumstances:

15 (1) the subscriber is prescribed the wig by a State licensed
16 dermatologist, oncologist, or attending physician; and

17 (2) the prescribing dermatologist, oncologist, or attending
18 physician certifies in writing the medical necessity of the wig as part
19 of the subscriber's proposed course of rehabilitative treatment for a
20 diagnosed illness, chronic medical condition, or injury.

21 b. A contract subject to this section shall:

22 (1) provide coverage for a wig for a subscriber no more
23 frequently than once every 36 months; and

24 (2) pay for expenses incurred for the purchase of a wig on the
25 same basis as for any other item of durable medical equipment.

26 c. In no case shall a contract restrict coverage for a wig only to
27 subscribers who are undergoing chemotherapy treatment for a
28 cancer diagnosis.

29 d. As used in this section:

30 "Durable medical equipment" means equipment, including repair
31 and replacement parts, but not including mobility enhancing
32 equipment that:

33 a. can withstand repeated use;

34 b. is primarily and customarily used to serve a medical
35 purpose; and

36 c. is generally not useful to a person in the absence of illness, a
37 chronic medical condition, or injury.

38 "Wig" means a cranial prosthesis prescribed by a licensed
39 physician for use as part of a course of rehabilitative treatment for a
40 diagnosed illness, chronic medical condition, or injury.

41

42 2. a. Every individual or group medical service corporation
43 contract that provides hospital or medical expense benefits and is
44 delivered, issued, executed, or renewed in this State pursuant to
45 P.L.1940, c.74 (C.17:48A-1 et seq.) or is approved for issuance or
46 renewal in this State by the Commissioner of Banking and
47 Insurance, on or after the effective date of this act, shall provide

1 coverage for expenses incurred in the purchase of a wig under the
2 following circumstances:

3 (1) the subscriber is prescribed the wig by a State licensed
4 dermatologist, oncologist, or attending physician; and

5 (2) the prescribing dermatologist, oncologist, or attending
6 physician certifies in writing the medical necessity of the wig as part
7 of the subscriber's proposed course of rehabilitative treatment for a
8 diagnosed illness, chronic medical condition, or injury.

9 b. A contract subject to this section shall:

10 (1) provide coverage for a wig for a subscriber no more
11 frequently than once every 36 months; and

12 (2) pay for expenses incurred for the purchase of a wig on the
13 same basis as for any other item of durable medical equipment.

14 c. In no case shall a contract restrict coverage for a wig only to
15 subscribers who are undergoing chemotherapy treatment for a
16 cancer diagnosis.

17 d. As used in this section:

18 "Durable medical equipment" means equipment, including repair
19 and replacement parts, but not including mobility enhancing
20 equipment that:

21 a. can withstand repeated use;

22 b. is primarily and customarily used to serve a medical
23 purpose; and

24 c. is generally not useful to a person in the absence of illness, a
25 chronic medical condition, or injury.

26 "Wig" means a cranial prosthesis prescribed by a licensed
27 physician for use as part of a course of rehabilitative treatment for a
28 diagnosed illness, chronic medical condition, or injury.

29

30 3. a. Every individual or group health service corporation
31 contract that provides hospital or medical expense benefits and is
32 delivered, issued, executed, or renewed in this State pursuant to
33 P.L.1985, c.236 (C.17:48E-1 et seq.) or is approved for issuance or
34 renewal in this State by the Commissioner of Banking and
35 Insurance, on or after the effective date of this act, shall provide
36 coverage for expenses incurred in the purchase of a wig under the
37 following circumstances:

38 (1) the subscriber is prescribed the wig by a State licensed
39 dermatologist, oncologist, or attending physician; and

40 (2) the prescribing dermatologist, oncologist, or attending
41 physician certifies in writing the medical necessity of the wig as part
42 of the subscriber's proposed course of rehabilitative treatment for a
43 diagnosed illness, chronic medical condition, or injury.

44 b. A contract subject to this section shall:

45 (1) provide coverage for a wig for a subscriber no more
46 frequently than once every 36 months; and

47 (2) pay for expenses incurred for the purchase of a wig on the
48 same basis as for any other item of durable medical equipment.

- 1 c. In no case shall a contract restrict coverage for a wig only to
2 subscribers who are undergoing chemotherapy treatment for a
3 cancer diagnosis.
- 4 d. As used in this section:
- 5 “Durable medical equipment” means equipment, including repair
6 and replacement parts, but not including mobility enhancing
7 equipment that:
- 8 a. can withstand repeated use;
- 9 b. is primarily and customarily used to serve a medical
10 purpose; and
- 11 c. is generally not useful to a person in the absence of illness, a
12 chronic medical condition, or injury.
- 13 “Wig” means a cranial prosthesis prescribed by a licensed
14 physician for use as part of a course of rehabilitative treatment for a
15 diagnosed illness, chronic medical condition, or injury.
- 16
- 17 4. a. Every individual health insurance policy that provides
18 hospital or medical expense benefits and is delivered, issued,
19 executed, or renewed in this State pursuant to chapter 26 of Title
20 17B of the New Jersey Statutes or is approved for issuance or
21 renewal in this State by the Commissioner of Banking and
22 Insurance, on or after the effective date of this act, shall provide
23 coverage for expenses incurred in the purchase of a wig under the
24 following circumstances:
- 25 (1) the subscriber is prescribed the wig by a State licensed
26 dermatologist, oncologist, or attending physician; and
- 27 (2) the prescribing dermatologist, oncologist, or attending
28 physician certifies in writing the medical necessity of the wig as part
29 of the subscriber’s proposed course of rehabilitative treatment for a
30 diagnosed illness, chronic medical condition, or injury.
- 31 b. A contract subject to this section shall:
- 32 (1) provide coverage for a wig for a subscriber no more
33 frequently than once every 36 months; and
- 34 (2) pay for expenses incurred for the purchase of a wig on the
35 same basis as for any other item of durable medical equipment.
- 36 c. In no case shall a contract restrict coverage for a wig only to
37 subscribers who are undergoing chemotherapy treatment for a
38 cancer diagnosis.
- 39 d. As used in this section:
- 40 “Durable medical equipment” means equipment, including repair
41 and replacement parts, but not including mobility enhancing
42 equipment that:
- 43 a. can withstand repeated use;
- 44 b. is primarily and customarily used to serve a medical
45 purpose; and
- 46 c. is generally not useful to a person in the absence of illness, a
47 chronic medical condition, or injury.

1 “Wig” means a cranial prosthesis prescribed by a licensed
2 physician for use as part of a course of rehabilitative treatment for a
3 diagnosed illness, chronic medical condition, or injury.

4
5 5. a. Every group health insurance policy that provides
6 hospital or medical expense benefits and is delivered, issued,
7 executed, or renewed in this State pursuant to chapter 27 of Title
8 17B of the New Jersey Statutes or is approved for issuance or
9 renewal in this State by the Commissioner of Banking and
10 Insurance, on or after the effective date of this act, shall provide
11 coverage for expenses incurred in the purchase of a wig under the
12 following circumstances:

13 (1) the subscriber is prescribed the wig by a State licensed
14 dermatologist, oncologist, or attending physician; and

15 (2) the prescribing dermatologist, oncologist, or attending
16 physician certifies in writing the medical necessity of the wig as part
17 of the subscriber’s proposed course of rehabilitative treatment for a
18 diagnosed illness, chronic medical condition, or injury.

19 b. A contract subject to this section shall:

20 (1) provide coverage for a wig for a subscriber no more
21 frequently than once every 36 months; and

22 (2) pay for expenses incurred for the purchase of a wig on the
23 same basis as for any other item of durable medical equipment.

24 c. In no case shall a contract restrict coverage for a wig only to
25 subscribers who are undergoing chemotherapy treatment for a
26 cancer diagnosis.

27 d. As used in this section:

28 “Durable medical equipment” means equipment, including repair
29 and replacement parts, but not including mobility enhancing
30 equipment that:

31 a. can withstand repeated use;

32 b. is primarily and customarily used to serve a medical
33 purpose; and

34 c. is generally not useful to a person in the absence of illness, a
35 chronic medical condition, or injury.

36 “Wig” means a cranial prosthesis prescribed by a licensed
37 physician for use as part of a course of rehabilitative treatment for a
38 diagnosed illness, chronic medical condition, or injury.

39
40 6. a. Every individual health benefits plan that provides
41 hospital or medical expense benefits and is delivered, issued,
42 executed, or renewed in this State pursuant to P.L.1992, c.161
43 (C.17B:27A-2 et seq.) or is approved for issuance or renewal in this
44 State by the Commissioner of Banking and Insurance, on or after
45 the effective date of this act, shall provide coverage for expenses
46 incurred in the purchase of a wig under the following
47 circumstances:

- 1 (1) the subscriber is prescribed the wig by a State licensed
2 dermatologist, oncologist, or attending physician; and
- 3 (2) the prescribing dermatologist, oncologist, or attending
4 physician certifies in writing the medical necessity of the wig as part
5 of the subscriber's proposed course of rehabilitative treatment for a
6 diagnosed illness, chronic medical condition, or injury.
- 7 b. A contract subject to this section shall:
- 8 (1) provide coverage for a wig for a subscriber no more
9 frequently than once every 36 months; and
- 10 (2) pay for expenses incurred for the purchase of a wig on the
11 same basis as for any other item of durable medical equipment.
- 12 c. In no case shall a contract restrict coverage for a wig only to
13 subscribers who are undergoing chemotherapy treatment for a
14 cancer diagnosis.
- 15 d. As used in this section:
- 16 "Durable medical equipment" means equipment, including repair
17 and replacement parts, but not including mobility enhancing
18 equipment that:
- 19 a. can withstand repeated use;
- 20 b. is primarily and customarily used to serve a medical
21 purpose; and
- 22 c. is generally not useful to a person in the absence of illness, a
23 chronic medical condition, or injury.
- 24 "Wig" means a cranial prosthesis prescribed by a licensed
25 physician for use as part of a course of rehabilitative treatment for a
26 diagnosed illness, chronic medical condition, or injury.
- 27
- 28 7. a. Every small employer health benefits plan that provides
29 hospital or medical expense benefits and is delivered, issued,
30 executed, or renewed in this State pursuant to P.L.1992, c.162
31 (C.17B:27A-17 et seq.) or is approved for issuance or renewal in
32 this State by the Commissioner of Banking and Insurance, on or
33 after the effective date of this act, shall provide coverage for
34 expenses incurred in the purchase of a wig under the following
35 circumstances:
- 36 (1) the subscriber is prescribed the wig by a State licensed
37 dermatologist, oncologist, or attending physician; and
- 38 (2) the prescribing dermatologist, oncologist, or attending
39 physician certifies in writing the medical necessity of the wig as part
40 of the subscriber's proposed course of rehabilitative treatment for a
41 diagnosed illness, chronic medical condition, or injury.
- 42 b. A contract subject to this section shall:
- 43 (1) provide coverage for a wig for a subscriber no more
44 frequently than once every 36 months; and
- 45 (2) pay for expenses incurred for the purchase of a wig on the
46 same basis as for any other item of durable medical equipment.

- 1 c. In no case shall a contract restrict coverage for a wig only to
2 subscribers who are undergoing chemotherapy treatment for a
3 cancer diagnosis.
- 4 d. As used in this section:
- 5 “Durable medical equipment” means equipment, including repair
6 and replacement parts, but not including mobility enhancing
7 equipment that:
- 8 a. can withstand repeated use;
- 9 b. is primarily and customarily used to serve a medical
10 purpose; and
- 11 c. is generally not useful to a person in the absence of illness, a
12 chronic medical condition, or injury.
- 13 “Wig” means a cranial prosthesis prescribed by a licensed
14 physician for use as part of a course of rehabilitative treatment for a
15 diagnosed illness, chronic medical condition, or injury.
- 16
- 17 8. a. Every health maintenance organization contract that is
18 delivered, issued, executed, or renewed in this State pursuant to
19 P.L.1973, c.337 (C.26:2J-1 et seq.) or is approved for issuance or
20 renewal in this State by the Commissioner of Banking and
21 Insurance, on or after the effective date of this act, shall provide
22 coverage for expenses incurred in the purchase of a wig under the
23 following circumstances:
- 24 (1) the subscriber is prescribed the wig by a State licensed
25 dermatologist, oncologist, or attending physician; and
- 26 (2) the prescribing dermatologist, oncologist, or attending
27 physician certifies in writing the medical necessity of the wig as part
28 of the subscriber’s proposed course of rehabilitative treatment for a
29 diagnosed illness, chronic medical condition, or injury.
- 30 b. A contract subject to this section shall:
- 31 (1) provide coverage for a wig for a subscriber no more
32 frequently than once every 36 months; and
- 33 (2) pay for expenses incurred for the purchase of a wig on the
34 same basis as for any other item of durable medical equipment.
- 35 c. In no case shall a contract restrict coverage for a wig only to
36 subscribers who are undergoing chemotherapy treatment for a
37 cancer diagnosis.
- 38 d. As used in this section:
- 39 “Durable medical equipment” means equipment, including repair
40 and replacement parts, but not including mobility enhancing
41 equipment that:
- 42 a. can withstand repeated use;
- 43 b. is primarily and customarily used to serve a medical
44 purpose; and
- 45 c. is generally not useful to a person in the absence of illness, a
46 chronic medical condition, or injury.

1 “Wig” means a cranial prosthesis prescribed by a licensed
2 physician for use as part of a course of rehabilitative treatment for a
3 diagnosed illness, chronic medical condition, or injury.

4
5 9. a. The State Health Benefits Commission shall ensure that
6 every contract providing hospital or medical expense benefits,
7 which is purchased by the commission on or after the effective date
8 of this act, shall provide coverage for expenses incurred in the
9 purchase of a wig under the following circumstances:

10 (1) the subscriber is prescribed the wig by a State licensed
11 dermatologist, oncologist, or attending physician; and

12 (2) the prescribing dermatologist, oncologist, or attending
13 physician certifies in writing the medical necessity of the wig as part
14 of the subscriber’s proposed course of rehabilitative treatment for a
15 diagnosed illness, chronic medical condition, or injury.

16 b. A contract subject to this section shall:

17 (1) provide coverage for a wig for a subscriber no more
18 frequently than once every 36 months; and

19 (2) pay for expenses incurred for the purchase of a wig on the
20 same basis as for any other item of durable medical equipment.

21 c. In no case shall a contract restrict coverage for a wig only to
22 subscribers who are undergoing chemotherapy treatment for a
23 cancer diagnosis.

24 d. As used in this section:

25 “Durable medical equipment” means equipment, including repair
26 and replacement parts, but not including mobility enhancing
27 equipment that:

28 a. can withstand repeated use;

29 b. is primarily and customarily used to serve a medical
30 purpose; and

31 c. is generally not useful to a person in the absence of illness, a
32 chronic medical condition, or injury.

33 “Wig” means a cranial prosthesis prescribed by a licensed
34 physician for use as part of a course of rehabilitative treatment for a
35 diagnosed illness, chronic medical condition, or injury.

36
37 10. a. The School Employees’ Health Benefits Commission
38 shall ensure that every contract providing hospital or medical
39 expense benefits, which is purchased by the commission on or after
40 the effective date of this act, shall provide coverage for expenses
41 incurred in the purchase of a wig under the following
42 circumstances:

43 (1) the subscriber is prescribed the wig by a State licensed
44 dermatologist, oncologist, or attending physician; and

45 (2) the prescribing dermatologist, oncologist, or attending
46 physician certifies in writing the medical necessity of the wig as part
47 of the subscriber’s proposed course of rehabilitative treatment for a
48 diagnosed illness, chronic medical condition, or injury.

1 b. A contract subject to this section shall:

2 (1) provide coverage for a wig for a subscriber no more
3 frequently than once every 36 months; and

4 (2) pay for expenses incurred for the purchase of a wig on the
5 same basis as for any other item of durable medical equipment.

6 c. In no case shall a contract restrict coverage for a wig only to
7 subscribers who are undergoing chemotherapy treatment for a
8 cancer diagnosis.

9 As used in this section:

10 “Durable medical equipment” means equipment, including repair
11 and replacement parts, but not including mobility enhancing
12 equipment that:

13 a. can withstand repeated use;

14 b. is primarily and customarily used to serve a medical
15 purpose; and

16 c. is generally not useful to a person in the absence of illness, a
17 chronic medical condition, or injury.

18 “Wig” means a cranial prosthesis prescribed by a licensed
19 physician for use as part of a course of rehabilitative treatment for a
20 diagnosed illness, chronic medical condition, or injury.

21

22 11. a. The Medicaid program and NJ FamilyCare program shall
23 provide coverage for a wig for an enrollee under the following
24 circumstances:

25 (1) the enrollee is prescribed the wig by a State licensed
26 dermatologist, oncologist, or attending pursuant to a contract with the
27 Medicaid program or NJ FamilyCare program; and

28 (2) the prescribing dermatologist, oncologist, or attending
29 physician certifies in writing the medical necessity of the wig as part
30 of the enrollee’s proposed course of rehabilitative treatment for a
31 diagnosed illness, chronic medical condition, or injury.

32 b. The Medicaid program and the NJ FamilyCare program shall
33 provide coverage for a wig, pursuant to this section, on the same basis
34 as any other covered item of durable medical equipment.

35 c. The Commissioner shall establish:

36 (1) the payment amount for a wig provided pursuant to this section;
37 and

38 (2) the frequency with which the Medicaid program and the NJ
39 FamilyCare program shall coverage a wig for an enrollee.

40 d. In no case shall the Commissioner restrict coverage for a
41 wig, provided pursuant to this section, only to enrollees who are
42 undergoing chemotherapy treatment for a cancer diagnosis.

43 e. The Commissioner of Human Services shall apply for such
44 federal waivers or state plan amendments as are necessary to
45 implement the provisions of this section and to continue to secure
46 federal financial participation for State expenditures under the
47 federal Medicaid program and the Children’s Health Insurance
48 Program.

1 f. Coverage of wigs under the Medicaid program and the NJ
2 FamilyCare program, pursuant to this section, is contingent upon
3 federal approval of the State's application for a waiver or a state
4 plan amendment under Title XIX of the Social Security Act (42
5 U.S.C. s.1315 et seq.).

6 g. As used in this section:

7 "Commissioner" means the Commissioner of Human Services.

8 "Division" means the Division of Medical Assistance and Health
9 Services in the Department of Human Services.

10 "Durable medical equipment" means equipment, including repair
11 and replacement parts, but not including mobility enhancing
12 equipment that:

13 a. can withstand repeated use;

14 b. is primarily and customarily used to serve a medical
15 purpose; and

16 c. is generally not useful to a person in the absence of illness, a
17 chronic medical condition, or injury.

18 "Enrollee" means an individual who is covered under the
19 Medicaid program or the NJ FamilyCare program.

20 "Medicaid" means the State Medicaid program established
21 pursuant to P.L.1968, c.413 (C.30:4D-1 et seq.).

22 "NJ FamilyCare means the NJ FamilyCare program established
23 pursuant to P.L.2005, c.156 (C.30:4J-8 et al).

24 "Wig" means a cranial prosthesis prescribed by a licensed
25 physician for use as part of a course of rehabilitative treatment for a
26 diagnosed illness, chronic medical condition, or injury.

27
28 12. The State Treasurer and the Commissioners of Banking and
29 Insurance, Health, and Human Services, pursuant to the
30 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et
31 seq.), shall adopt such rules and regulations as may be necessary to
32 implement the provisions of this act.

33
34 13. This act shall take effect on the first day of the seventh
35 month next following the date of enactment, except that the State
36 Treasurer and the Commissioners of Banking and Insurance,
37 Health, and Human Services may take any anticipatory
38 administrative action in advance thereof as may be necessary for the
39 implementation of this act.

40 41 42 STATEMENT

43
44 This bill requires private health insurance plans, the State Health
45 Benefits Program (SHBP), the School Employees Health Benefits
46 Program (SEHBP), the State Medicaid program, and the NJ
47 FamilyCare program to provide coverage for wigs for subscribers or
48 enrollees on the same basis as other items of durable medical

1 equipment. It is the intent of the bill's sponsor to require all health
2 insurers that operate in the State to provide reimbursement for
3 expenses incurred for the purchase of a wig for individuals
4 experiencing medical hair loss due to health conditions, chronic
5 illnesses, or injury.

6 Pursuant to the bill, all individual, group, or small employer
7 health insurers, the SHBP, the SEHBP, Medicaid and the NJ
8 FamilyCare programs are required to provide coverage for a wig,
9 provided the subscriber or enrollee has been prescribed the wig by a
10 State-licensed dermatologist, oncologist, or attending physician,
11 and the prescribing physician certifies, in writing, the medical
12 necessity of a wig as part of the enrollee's proposed course of
13 treatment for a diagnosed illness, chronic medical condition, or injury.

14 Pursuant to the bill, all health insurers operating in the State are
15 required to cover the purchase of a new wig for a subscriber once
16 every 36 months. The Commissioner of Human Services is required to
17 determine the frequency with which Medicaid and NJ FamilyCare
18 enrollees are eligible for a new wig. The commissioner is additionally
19 directed to determine the reimbursement amount for wigs provided for
20 eligible Medicaid and NJ FamilyCare enrollees.

21 The bill, moreover, stipulates that private health insurers, the
22 SHBP, the SEHBP, the State Medicaid program, and the NJ
23 FamilyCare program be prohibited from restricting coverage for wigs
24 to individuals undergoing chemotherapy as treatment for a cancer
25 diagnosis.

26 Currently, the SHBP and SEHBP cover wigs for subscribers
27 undergoing chemotherapy for a cancer diagnosis to the same extent as
28 other items of durable medical equipment. Both the SHBP and the
29 SEHBP cover wigs for subscribers diagnosed with alopecia, albeit to a
30 lesser extent than for patients with a cancer diagnosis. It is unclear the
31 number of private health insurers that include wigs as a covered
32 benefit for subscribers, or the scope of the benefit offered by these
33 insurers. Under current law, neither the State Medicaid program nor
34 the NJ FamilyCare program cover wigs for enrolled individuals.

35 The benefits established pursuant to the bill are similar to those
36 provided in H.R.5430 and S.4708 currently pending before
37 Congress, which require the federal Medicare program to cover
38 wigs as durable medical equipment.