

**ASSEMBLY, No. 5278**

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**STATE OF NEW JERSEY**

**221st LEGISLATURE**

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INTRODUCED FEBRUARY 10, 2025

**Sponsored by:**

**Assemblywoman HEATHER SIMMONS**

**District 3 (Cumberland, Gloucester and Salem)**

**Assemblyman ROY FREIMAN**

**District 16 (Hunterdon, Mercer, Middlesex and Somerset)**

**Assemblywoman LISA SWAIN**

**District 38 (Bergen)**

**Co-Sponsored by:**

**Assemblywomen Reynolds-Jackson, Murphy, Carter, Drulis, Bagolie,  
Lopez, Ramirez, McCann Stamato and Kane**

**SYNOPSIS**

Establishes “New Jersey Menopause Coverage Act”; requires health insurance coverage of medically necessary perimenopause and menopause treatments.

**CURRENT VERSION OF TEXT**

As introduced.



**(Sponsorship Updated As Of: 3/6/2025)**

1 AN ACT concerning health insurance coverage of certain  
2 perimenopause and menopause services and amending and  
3 supplementing 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. (New section) a. A hospital service corporation contract  
9 that provides hospital or medical expense benefits and is delivered,  
10 issued, executed or renewed in this State pursuant to P.L.1938,  
11 c.366 (C.17:48-1 et seq.), or approved for issuance or renewal in  
12 this State by the Commissioner of Banking and Insurance on or  
13 after the effective date of P.L. , c. (C. ) (pending before the  
14 Legislature as this bill), shall provide benefits to any named  
15 subscriber or other person covered thereunder for expenses incurred  
16 in obtaining medically necessary treatment for perimenopause,  
17 menopause, and symptoms associated with perimenopause and  
18 menopause, including but not limited to:

19 (1) hormonal therapies such as hormone replacement therapy  
20 and bioidentical hormone treatments;

21 (2) non-hormonal treatments, including medications to manage  
22 perimenopause and menopausal symptoms;

23 (3) behavioral health care services;

24 (4) pelvic floor physical therapy;

25 (5) bone health treatments, including screenings, medications,  
26 and supplements, due to hormonal changes related to  
27 perimenopause and menopause;

28 (6) preventative services for early detection and treatment of  
29 health conditions related to perimenopause and menopause such as  
30 cardiovascular disease, osteoporosis, and cancer; and

31 (7) counseling regarding menopause management.

32 b. A hospital service corporation shall provide clear and  
33 accessible information to subscribers or covered persons regarding  
34 covered perimenopause and menopause treatments.

35 c. The benefits shall be provided to the same extent as for any  
36 other medical condition under the contract.

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

40 e. As used in this section:

41 “Menopause” means the natural and permanent end of a female’s  
42 menstrual cycle, diagnosed by a licensed medical provider after 12  
43 consecutive months without a menstrual period.

**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.**

1       “Perimenopause” means the transitional period leading to  
2 menopause, marked by fluctuating hormone levels and changes in  
3 menstrual cycles.

4  
5       2. (New section) a. Every medical service corporation  
6 contract that provides hospital or medical expense benefits and is  
7 delivered, issued, executed or renewed in this State pursuant to  
8 P.L.1940, c.74 (C.17:48A-1 et seq.), or approved for issuance or  
9 renewal in this State by the Commissioner of Banking and  
10 Insurance on or after the effective date of P.L. , c. (C. )  
11 (pending before the Legislature as this bill), shall provide benefits  
12 to any named subscriber or other person covered thereunder for  
13 expenses incurred in obtaining medically necessary treatment for  
14 perimenopause, menopause, and symptoms associated with  
15 perimenopause and menopause, including but not limited to:

16       (1) hormonal therapies such as hormone replacement therapy  
17 and bioidentical hormone treatments;

18       (2) non-hormonal treatments, including medications to manage  
19 menopausal symptoms;

20       (3) behavioral health care services;

21       (4) pelvic floor physical therapy;

22       (5) bone health treatments, including screenings, medications,  
23 and supplements, due to hormonal changes related to  
24 perimenopause and menopause;

25       (6) preventative services for early detection and treatment of  
26 health conditions related to perimenopause and menopause such as  
27 cardiovascular disease, osteoporosis, and cancer; and

28       (7) counseling and education regarding menopause  
29 management.

30       b. A medical service corporation shall provide clear and  
31 accessible information to subscribers or covered persons regarding  
32 covered perimenopause and menopause treatments.

33       c. The benefits shall be provided to the same extent as for any  
34 other medical condition under the contract.

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

38       e. As used in this section:

39       “Menopause” means the natural and permanent end of a female’s  
40 menstrual cycle, diagnosed by a licensed medical provider after 12  
41 consecutive months without a menstrual period.

42       “Perimenopause” means the transitional period leading to  
43 menopause, marked by fluctuating hormone levels and changes in  
44 menstrual cycles.

45

46       3. (New section) a. Every health service corporation contract  
47 that provides hospital or medical expense benefits and is delivered,  
48 issued, executed or renewed in this State pursuant to P.L.1985,  
49 c.236 (C.17:48E-1 et seq.), or approved for issuance or renewal in

1 this State by the Commissioner of Banking and Insurance on or  
2 after the effective date of P.L. , c. (C. ) (pending before the  
3 Legislature as this bill), shall provide benefits to any named  
4 subscriber or other person covered thereunder for expenses incurred  
5 in obtaining medically necessary treatment for perimenopause,  
6 menopause, and symptoms associated with perimenopause and  
7 menopause, including but not limited to:

8 (1) hormonal therapies such as hormone replacement therapy  
9 and bioidentical hormone treatments;

10 (2) non-hormonal treatments, including medications to manage  
11 menopausal symptoms;

12 (3) behavioral health care services;

13 (4) pelvic floor physical therapy;

14 (5) bone health treatments, including screenings, medications,  
15 and supplements, due to hormonal changes related to  
16 perimenopause and menopause;

17 (6) preventative services for early detection and treatment of  
18 health conditions related to perimenopause and menopause such as  
19 cardiovascular disease, osteoporosis, and cancer; and

20 (7) counseling and education regarding menopause  
21 management.

22 b. A health service corporation shall provide clear and  
23 accessible information to subscribers or covered persons regarding  
24 covered perimenopause and menopause treatments.

25 c. The benefits shall be provided to the same extent as for any  
26 other medical condition under the contract.

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

30 e. As used in this section:

31 “Menopause” means the natural and permanent end of a female’s  
32 menstrual cycle, diagnosed by a licensed medical provider after 12  
33 consecutive months without a menstrual period.

34 “Perimenopause” means the transitional period leading to  
35 menopause, marked by fluctuating hormone levels and changes in  
36 menstrual cycles.

37

38 4. (New section) a. Every individual policy that provides  
39 hospital or medical expense benefits and is delivered, issued,  
40 executed or renewed in this State pursuant to N.J.S. 17B:26-1 et  
41 seq., or approved for issuance or renewal in this State by the  
42 Commissioner of Banking and Insurance on or after the effective  
43 date of P.L. , c. (C. ) (pending before the Legislature as this  
44 bill), shall provide benefits to any named insured or other person  
45 covered thereunder for expenses incurred in obtaining medically  
46 necessary treatment for perimenopause, menopause, and symptoms  
47 associated with perimenopause and menopause, including but not  
48 limited to:

- 1 (1) hormonal therapies such as hormone replacement therapy
- 2 and bioidentical hormone treatments;
- 3 (2) non-hormonal treatments, including medications to manage
- 4 menopausal symptoms;
- 5 (3) behavioral health care services;
- 6 (4) pelvic floor physical therapy;
- 7 (5) bone health treatments, including screenings, medications,
- 8 and supplements, due to hormonal changes related to
- 9 perimenopause and menopause;
- 10 (6) preventative services for early detection and treatment of
- 11 health conditions related to perimenopause and menopause such as
- 12 cardiovascular disease, osteoporosis, and cancer; and
- 13 (7) counseling and education regarding menopause
- 14 management.
- 15 b. Every individual policy shall provide clear and accessible
- 16 information to insureds regarding covered perimenopause and
- 17 menopause treatments.
- 18 c. The benefits shall be provided to the same extent as for any
- 19 other medical condition under the policy.
- 20 d. The provisions of this section shall apply to all health
- 21 insurance policies in which the insurer has reserved the right to
- 22 change the premium.
- 23 e. As used in this section:
- 24 "Menopause" means the natural and permanent end of a female's
- 25 menstrual cycle, diagnosed by a licensed medical provider after 12
- 26 consecutive months without a menstrual period.
- 27 "Perimenopause" means the transitional period leading to
- 28 menopause, marked by fluctuating hormone levels and changes in
- 29 menstrual cycles.
- 30
- 31 5. (New section) a. Every group health policy that provides
- 32 hospital or medical expense benefits and is delivered, issued,
- 33 executed or renewed in this State pursuant to N.J.S.17B:27-26 et
- 34 seq., or approved for issuance or renewal in this State by the
- 35 Commissioner of Banking and Insurance on or after the effective
- 36 date of P.L. , c. (C. ) (pending before the Legislature as this
- 37 bill), shall provide benefits to any named insured or other person
- 38 covered thereunder for expenses incurred in obtaining medically
- 39 necessary treatment for perimenopause, menopause, and symptoms
- 40 associated with perimenopause and menopause, including but not
- 41 limited to:
- 42 (1) hormonal therapies such as hormone replacement therapy
- 43 and bioidentical hormone treatments;
- 44 (2) non-hormonal treatments, including medications to manage
- 45 menopausal symptoms;
- 46 (3) behavioral health care services;
- 47 (4) pelvic floor physical therapy;

- 1 (5) bone health treatments, including screenings, medications,  
2 and supplements, due to hormonal changes related to  
3 perimenopause and menopause;
- 4 (6) preventative services for early detection and treatment of  
5 health conditions related to perimenopause and menopause such as  
6 cardiovascular disease, osteoporosis, and cancer; and
- 7 (7) counseling and education regarding menopause  
8 management.
- 9 b. Every group policy shall provide clear and accessible  
10 information to insureds regarding covered perimenopause and  
11 menopause treatments.
- 12 c. The benefits shall be provided to the same extent as for any  
13 other medical condition under the policy.
- 14 d. The provisions of this section shall apply to all policies in  
15 which the insurer has reserved the right to change the premium.
- 16 e. As used in this section:
- 17 "Menopause" means the natural and permanent end of a female's  
18 menstrual cycle, diagnosed by a licensed medical provider after 12  
19 consecutive months without a menstrual period.
- 20 "Perimenopause" means the transitional period leading to  
21 menopause, marked by fluctuating hormone levels and changes in  
22 menstrual cycles.
- 23
- 24 6. (New section) a. Every enrollee agreement that provides  
25 hospital or medical expense benefits and is delivered, issued,  
26 executed or renewed in this State pursuant to P.L.1973, c.337  
27 (C.26:2J-1 et seq.), or approved for issuance or renewal in this State  
28 by the Commissioner of Banking and Insurance on or after the  
29 effective date of P.L. , c. (C. ) (pending before the  
30 Legislature as this bill), shall provide benefits to any enrollee or  
31 other person covered thereunder for expenses incurred in obtaining  
32 medically necessary treatment related to perimenopause and  
33 menopause, including but not limited to:
- 34 (1) hormonal therapies such as hormone replacement therapy  
35 and bioidentical hormone treatments;
- 36 (2) non-hormonal treatments, including medications to manage  
37 menopausal symptoms;
- 38 (3) behavioral health care services;
- 39 (4) pelvic floor physical therapy;
- 40 (5) bone health treatments, including screenings, medications,  
41 and supplements, due to hormonal changes related to  
42 perimenopause and menopause;
- 43 (6) preventative services for early detection and treatment of  
44 health conditions related to perimenopause and menopause such as  
45 cardiovascular disease, osteoporosis, and cancer; and
- 46 (7) counseling and education regarding menopause  
47 management.

1       b. A health maintenance organization shall provide clear and  
2 accessible information to enrollees regarding covered  
3 perimenopause and menopause treatments.

4       c. The benefits shall be provided to the same extent as for any  
5 other medical condition under the enrollee agreement.

6       d. The provisions of this section shall apply to all enrollee  
7 agreements in which the health maintenance organization has  
8 reserved the right to change the schedule of charges.

9       e. As used in this section:

10       “Menopause” means the natural and permanent end of a female’s  
11 menstrual cycle, diagnosed by a licensed medical provider after 12  
12 consecutive months without a menstrual period.

13       “Perimenopause” means the transitional period leading to  
14 menopause, marked by fluctuating hormone levels and changes in  
15 menstrual cycles.

16

17       7. (New section) a. Every individual health benefits plan that  
18 provides hospital or medical expense benefits and is delivered,  
19 issued, executed or renewed in this State pursuant to P.L.1992,  
20 c.161 (C.17B:27A-2 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 P.L. , c. (C. ) (pending before the  
23 Legislature as this bill), shall provide benefits to any person  
24 covered thereunder for expenses incurred in obtaining medically  
25 necessary treatment for perimenopause, menopause, and symptoms  
26 associated with perimenopause and menopause, including but not  
27 limited to:

28       (1) hormonal therapies such as hormone replacement therapy  
29 and bioidentical hormone treatments;

30       (2) non-hormonal treatments, including medications to manage  
31 menopausal symptoms;

32       (3) behavioral health care services;

33       (4) pelvic floor physical therapy;

34       (5) bone health treatments, including screenings, medications,  
35 and supplements, due to hormonal changes related to  
36 perimenopause and menopause;

37       (6) preventative services for early detection and treatment of  
38 health conditions related to perimenopause and menopause such as  
39 cardiovascular disease, osteoporosis, and cancer; and

40       (7) counseling and education regarding menopause  
41 management.

42       b. An individual health benefits plan shall provide clear and  
43 accessible information to a covered person regarding covered  
44 perimenopause and menopause treatments.

45       c. The benefits shall be provided to the same extent as for any  
46 other medical condition under the health benefits plan.

47       d. The provisions of this section shall apply to all enrollee  
48 agreements in which the insurer has reserved the right to change the  
49 premium.

1 e. As used in this section:

2 “Menopause” means the natural and permanent end of a female’s  
3 menstrual cycle, diagnosed by a licensed medical provider after 12  
4 consecutive months without a menstrual period.

5 “Perimenopause” means the transitional period leading to  
6 menopause, marked by fluctuating hormone levels and changes in  
7 menstrual cycles.

8

9 8. (New section) a. Every small employer health benefits  
10 plan that provides hospital or medical expense benefits and is  
11 delivered, issued, executed or renewed in this State pursuant to  
12 P.L.1992, c.162 (C.17B:27A-17 et seq.), or approved for issuance  
13 or renewal in this State by the Commissioner of Banking and  
14 Insurance on or after the effective date of P.L. , c. (C. )  
15 (pending before the Legislature as this bill), shall provide benefits  
16 to any person covered thereunder for expenses incurred in obtaining  
17 medically necessary treatment for perimenopause, menopause, and  
18 symptoms associated with perimenopause and menopause,  
19 including but not limited to:

20 (1) hormonal therapies such as hormone replacement therapy  
21 and bioidentical hormone treatments;

22 (2) non-hormonal treatments, including medications to manage  
23 menopausal symptoms;

24 (3) behavioral health care services;

25 (4) pelvic floor physical therapy;

26 (5) bone health treatments, including screenings, medications,  
27 and supplements, due to hormonal changes related to  
28 perimenopause and menopause;

29 (6) preventative services for early detection and treatment of  
30 health conditions related to perimenopause and menopause such as  
31 cardiovascular disease, osteoporosis, and cancer; and

32 (7) counseling and education regarding menopause  
33 management.

34 b. A small employer health benefits plan shall provide clear  
35 and accessible information to a covered person regarding covered  
36 perimenopause and menopause treatments.

37 c. The benefits shall be provided to the same extent as for any  
38 other medical condition under the health benefits plan.

39 d. The provisions of this section shall apply to all enrollee  
40 agreements in which the insurer has reserved the right to change the  
41 premium.

42 e. As used in this section:

43 “Menopause” means the natural and permanent end of a female’s  
44 menstrual cycle, diagnosed by a licensed medical provider after 12  
45 consecutive months without a menstrual period.

46 “Perimenopause” means the transitional period leading to  
47 menopause, marked by fluctuating hormone levels and changes in  
48 menstrual cycles.

1       9. (New section) a. The State Health Benefits Commission  
2 shall ensure that every contract purchased by the commission on or  
3 after the effective date of P.L. , c. (C. ) (pending before the  
4 Legislature as this bill), that provides hospital or medical expense  
5 benefits, shall provide benefits to any person covered thereunder for  
6 expenses incurred in obtaining medically necessary treatment for  
7 perimenopause, menopause, and symptoms associated with  
8 perimenopause and menopause, including but not limited to:

9       (1) hormonal therapies such as hormone replacement therapy  
10 and bioidentical hormone treatments;

11       (2) non-hormonal treatments, including medications to manage  
12 menopausal symptoms;

13       (3) behavioral health care services;

14       (4) pelvic floor physical therapy;

15       (5) bone health treatments, including screenings, medications,  
16 and supplements, due to hormonal changes related to  
17 perimenopause and menopause;

18       (6) preventative services for early detection and treatment of  
19 health conditions related to perimenopause and menopause such as  
20 cardiovascular disease, osteoporosis, and cancer; and

21       (7) counseling and education regarding menopause  
22 management.

23       b. The State Health Benefits Commission shall ensure that each  
24 contract shall provide clear and accessible information to a covered  
25 person regarding covered perimenopause and menopause  
26 treatments.

27       c. The benefits shall be provided to the same extent as for any  
28 other medical condition under the contract.

29       d. As used in this section:

30       “Menopause” means the natural and permanent end of a female’s  
31 menstrual cycle, diagnosed by a licensed medical provider after 12  
32 consecutive months without a menstrual period.

33       “Perimenopause” means the transitional period leading to  
34 menopause, marked by fluctuating hormone levels and changes in  
35 menstrual cycles.

36

37       10. (New section) a. The School Employees’ Health Benefits  
38 Commission shall ensure that every contract purchased by the  
39 commission on or after the effective date of P.L. , c. (C. )  
40 (pending before the Legislature as this bill), that provides hospital  
41 or medical expense benefits, shall provide benefits to any person  
42 covered thereunder for expenses incurred in obtaining medically  
43 necessary treatment for perimenopause, menopause, and symptoms  
44 associated with perimenopause and menopause, including but not  
45 limited to:

46       (1) hormonal therapies such as hormone replacement therapy  
47 and bioidentical hormone treatments;

48       (2) non-hormonal treatments, including medications to manage  
49 menopausal symptoms;

- 1 (3) behavioral health care services;
- 2 (4) pelvic floor physical therapy;
- 3 (5) bone health treatments, including screenings, medications,
- 4 and supplements, due to hormonal changes related to
- 5 perimenopause and menopause;
- 6 (6) preventative services for early detection and treatment of
- 7 health conditions related to perimenopause and menopause such as
- 8 cardiovascular disease, osteoporosis, and cancer; and
- 9 (7) counseling and education regarding menopause
- 10 management.

11 b. The School Employees Health Benefits Commission shall  
12 ensure that each contract shall provide clear and accessible  
13 information to a covered person regarding covered perimenopause  
14 and menopause treatments.

15 c. The benefits shall be provided to the same extent as for any  
16 other medical condition under the contract.

17 d. As used in this section:

18 "Menopause" means the natural and permanent end of a female's  
19 menstrual cycle, diagnosed by a licensed medical provider after 12  
20 consecutive months without a menstrual period.

21 "Perimenopause" means the transitional period leading to  
22 menopause, marked by fluctuating hormone levels and changes in  
23 menstrual cycles.

24

25 11. Section 6 of P.L.1968, c.413 (C.30:4D-6) is amended to read  
26 as follows:

27 6. a. Subject to the requirements of Title XIX of the federal  
28 Social Security Act, the limitations imposed by this act and by the  
29 rules and regulations promulgated pursuant thereto, the department  
30 shall provide medical assistance to qualified applicants, including  
31 authorized services within each of the following classifications:

32 (1) Inpatient hospital services

33 (2) Outpatient hospital services;

34 (3) Other laboratory and X-ray services;

35 (4) (a) Skilled nursing or intermediate care facility services;

36 (b) Early and periodic screening and diagnosis of individuals  
37 who are eligible under the program and are under age 21, to  
38 ascertain their physical or mental health status and the health care,  
39 treatment, and other measures to correct or ameliorate defects and  
40 chronic conditions discovered thereby, as may be provided in  
41 regulation of the Secretary of the federal Department of Health and  
42 Human Services and approved by the commissioner;

43 (5) Physician's services furnished in the office, the patient's  
44 home, a hospital, a skilled nursing, or intermediate care facility or  
45 elsewhere.

46 As used in this subsection, "laboratory and X-ray services"  
47 includes HIV drug resistance testing, including, but not limited to,  
48 genotype assays that have been cleared or approved by the federal  
49 Food and Drug Administration, laboratory developed genotype

1 assays, phenotype assays, and other assays using phenotype  
2 prediction with genotype comparison, for persons diagnosed with  
3 HIV infection or AIDS.

4 b. Subject to the limitations imposed by federal law, by this  
5 act, and by the rules and regulations promulgated pursuant thereto,  
6 the medical assistance program may be expanded to include  
7 authorized services within each of the following classifications:

8 (1) Medical care not included in subsection a.(5) above, or any  
9 other type of remedial care recognized under State law, furnished  
10 by licensed practitioners within the scope of their practice, as  
11 defined by State law;

12 (2) Home health care services;

13 (3) Clinic services;

14 (4) Dental services;

15 (5) Physical therapy and related services;

16 (6) Prescribed drugs, dentures, and prosthetic devices; and  
17 eyeglasses prescribed by a physician skilled in diseases of the eye  
18 or by an optometrist, whichever the individual may select;

19 (7) Optometric services;

20 (8) Podiatric services;

21 (9) Chiropractic services;

22 (10) Psychological services;

23 (11) Inpatient psychiatric hospital services for individuals under  
24 21 years of age, or under age 22 if they are receiving such services  
25 immediately before attaining age 21;

26 (12) Other diagnostic, screening, preventative, and rehabilitative  
27 services, and other remedial care;

28 (13) Inpatient hospital services, nursing facility services, and  
29 immediate care facility services for individuals 65 years of age or  
30 over in an institution for mental diseases;

31 (14) Intermediate care facility services;

32 (15) Transportation services;

33 (16) Services in connection with the inpatient or outpatient  
34 treatment or care of substance use disorder, when the treatment is  
35 prescribed by a physician and provided in a licensed hospital or in a  
36 narcotic and substance use disorder treatment center approved by  
37 the Department of Health pursuant to P.L.1970, c.334 (C.26:2G-21  
38 et. seq.) and whose staff includes a medical director, and limited  
39 those services eligible for federal financial participation under Title  
40 XIX of the federal Social Security Act;

41 (17) Any other medical care and any other type of remedial care  
42 recognized under State law, specified by the Secretary of the federal  
43 Department of Health and Human Services, and approved by the  
44 commissioner;

45 (18) Comprehensive maternity care, which may include: the  
46 basic number of prenatal and postpartum visits recommended by the  
47 American College of Obstetrics and Gynecology; additional  
48 prenatal and postpartum visits that are medically necessary;  
49 necessary laboratory, nutritional assessment and counseling, health

1 education, personal counseling, managed care, outreach, and  
2 follow-up services; treatment of conditions which may complicate  
3 pregnancy doula care; and physician or certified nurse midwife  
4 delivery services. For the purposes of this paragraph, "doula"  
5 means a trained professional who provides continuous physical,  
6 emotional, and informational support to a mother before, during,  
7 and shortly after childbirth, to help her to achieve the healthiest,  
8 most satisfying experience possible;

9 (19) Comprehensive pediatric care, which may include:  
10 ambulatory, preventive, and primary care health services. The  
11 preventive services shall include, at a minimum, the basic number  
12 of preventive visits recommended by the American Academy of  
13 Pediatrics;

14 (20) Services provided by a hospice which is participating in the  
15 Medicare program established pursuant to Title XVIII of the Social  
16 Security Act, Pub.L.89-97 (42 U.S.C. s.1395 et seq.). Hospice  
17 services shall be provided subject to approval of the Secretary of  
18 the federal Department of Health and Human Services for federal  
19 reimbursement;

20 (21) Mammograms, subject to approval of the Secretary of the  
21 federal Department of Health and Human Services for federal  
22 reimbursement, including one baseline mammogram for women  
23 who are at least 35 but less than 40 years of age; one mammogram  
24 examination every two years or more frequently, if recommended  
25 by a physician, for women who are at least 40 but less than 50 years  
26 of age; and one mammogram examination every year for women  
27 age 50 and over;

28 (22) Upon referral by a physician, advanced practice nurse, or  
29 physician assistant of a person who has been diagnosed with  
30 diabetes, gestational diabetes, or pre-diabetes, in accordance with  
31 standards adopted by the American Diabetes Association:

32 (a) Expenses for diabetes self-management education or training  
33 to ensure that a person with diabetes, gestational diabetes, or pre-  
34 diabetes can optimize metabolic control, prevent and manage  
35 complications, and maximize quality of life. Diabetes self-  
36 management education shall be provided by an in-State provider  
37 who is:

38 (i) a licensed, registered, or certified health care professional  
39 who is certified by the National Certification Board of Diabetes  
40 Educators as a Certified Diabetes Educator, or certified by the  
41 American Association of Diabetes Educators with a Board  
42 Certified-Advanced Diabetes Management credential, including, but  
43 not limited to: a physician, an advanced practice or registered nurse,  
44 a physician assistant, a pharmacist, a chiropractor, a dietitian  
45 registered by a nationally recognized professional association of  
46 dietitians, or a nutritionist holding a certified nutritionist specialist  
47 (CNS) credential from the Board for Certification of Nutrition  
48 Specialists; or

1 (ii) an entity meeting the National Standards for Diabetes Self-  
2 Management Education and Support, as evidenced by a recognition  
3 by the American Diabetes Association or accreditation by the  
4 American Association of Diabetes Educators;

5 (b) Expenses for medical nutrition therapy as an effective  
6 component of the person's overall treatment plan upon a: diagnosis  
7 of diabetes, gestational diabetes, or pre-diabetes; change in the  
8 beneficiary's medical condition, treatment, or diagnosis; or  
9 determination of a physician, advanced practice nurse, or physician  
10 assistant that reeducation or refresher education is necessary.  
11 Medical nutrition therapy shall be provided by an in-State provider  
12 who is a dietitian registered by a nationally-recognized professional  
13 association of dietitians, or a nutritionist holding a certified  
14 nutritionist specialist (CNS) credential from the Board for  
15 Certification of Nutrition Specialists, who is familiar with the  
16 components of diabetes medical nutrition therapy;

17 (c) For a person diagnosed with pre-diabetes, items and services  
18 furnished under an in-State diabetes prevention program that meets  
19 the standards of the National Diabetes Prevention Program, as  
20 established by the federal Centers for Disease Control and  
21 Prevention; and

22 (d) Expenses for any medically appropriate and necessary  
23 supplies and equipment recommended or prescribed by a physician,  
24 advanced practice nurse, or physician assistant for the management  
25 and treatment of diabetes, gestational diabetes, or pre-diabetes,  
26 including, but not limited to: equipment and supplies for self-  
27 management of blood glucose; insulin pens; insulin pumps and  
28 related supplies; and other insulin delivery devices;

29 (23) Expenses incurred for the provision of group prenatal  
30 services to a pregnant woman, provided that:

31 (a) the provider of such services, which shall include, but not be  
32 limited to, a federally qualified health center or a community health  
33 center operating in the State:

34 (i) is a site accredited by the Centering Healthcare Institute, or is  
35 a site engaged in an active implementation contract with the  
36 Centering Healthcare institute, that utilizes the Centering Pregnancy  
37 model; and

38 (ii) incorporates the applicable information outlined in any best  
39 practices manual for prenatal and postpartum maternal care  
40 developed by the Department of Health into the curriculum for each  
41 group prenatal visit;

42 (b) each group prenatal care visit is at least 1.5 hours in duration,  
43 with a. minimum of two women and a maximum of 20 women in  
44 participation; and

45 (c) no more than 10 group prenatal care visits occur per  
46 pregnancy. As used in this paragraph, "group prenatal care  
47 services" means a series of prenatal care visits provided in a group  
48 setting which are based upon the Centering Pregnancy model  
49 developed by the Centering Healthcare Institute and which include

1 health assessments, social and clinical support, and educational  
2 activities;

3 (24) Expenses incurred for the provision of pasteurized donated  
4 human breast milk, which shall include human milk fortifiers if  
5 indicated in a medical order provided by a licensed medical  
6 practitioner, to an infant under the age of six months; provided that  
7 the milk is obtained from a human milk bank that meets quality  
8 guidelines established by the Department of Health and a licensed  
9 medical practitioner has issued a medical order for the infant under  
10 at least one of the following circumstances:

11 (a) the infant is medically or physically unable to receive  
12 maternal breast milk or participate in breast feeding, or the infant's  
13 mother is medically or physically unable to produce maternal breast  
14 milk in sufficient quantities or participate in breast feeding despite  
15 optimal lactation support; or

16 (b) the infant meets any of the following conditions:

17 (i) a body weight below healthy levels, as determined by the  
18 licensed medical practitioner issuing the medical order for the  
19 infant;

20 (ii) the infant has a congenital or acquired condition that places  
21 the infant at a high risk for development of necrotizing  
22 enterocolitis; or

23 (iii) the infant has a congenital or acquired condition that may  
24 benefit from the use of donor breast milk and human milk fortifiers,  
25 as determined by the Department of Health;

26 (25) Comprehensive tobacco cessation benefits to an individual  
27 who is 18 years of age or older, or who is pregnant. Coverage shall  
28 include: brief and high intensity individual counseling, brief and  
29 high intensity group counseling, and telemedicine as defined by  
30 section 1 of P.L.2017, c.117 (C.45:1-61); all medications approved  
31 for tobacco cessation by the U.S. Food and Drug Administration;  
32 and other tobacco cessation counseling recommended by the  
33 Treating Tobacco Use and Dependence Clinical Practice Guideline  
34 issued by the U.S. Public Health Service. Notwithstanding the  
35 provisions of any other law, rule, or regulation to the contrary, and  
36 except as otherwise provided in this section:

37 (a) Information regarding the availability of the tobacco  
38 cessation services described in this paragraph shall be provided to  
39 all individuals authorized to receive the tobacco cessation services  
40 pursuant to this paragraph at the following times: no later than 90  
41 days after the effective date of P.L.2019, c.473: upon the  
42 establishment of an individual's eligibility for medical assistance;  
43 and upon the redetermination of an individual's eligibility for  
44 medical assistance;

45 (b) The following conditions shall not be imposed on any  
46 tobacco cessation services provided pursuant to this paragraph:  
47 copayments or any other forms of cost-sharing, including  
48 deductibles; counseling requirements for medication; stepped care  
49 therapy or similar restrictions requiring the use of one service prior

1 to another; limits on the duration of services; or annual or lifetime  
2 limits on the amount, frequency, or cost of services, including, but  
3 not limited to, annual or lifetime limits on the number of covered  
4 attempts to quit; and

5 (c) Prior authorization requirements shall not be imposed on any  
6 tobacco cessation services provided pursuant to this paragraph  
7 except in the following circumstances where prior authorization  
8 may be required: for a treatment that exceeds the duration  
9 recommended by the most recently published United States Public  
10 Health Service clinical practice guidelines on treating tobacco use  
11 and dependence; or for services associated with more than two  
12 attempts to quit within a 12-month period;

13 (26) Provided that there is federal financial participation  
14 available, benefits for expenses incurred in conducting a colorectal  
15 cancer screening in accordance with United States Preventive  
16 Services Task Force recommendations. The method and frequency  
17 of screening to be utilized shall be in accordance with the most  
18 recent published recommendations of the United States Preventive  
19 Services Task Force and as determined medically necessary by the  
20 covered person's physician, in consultation with the covered person.

21 No deductible, coinsurance, copayment, or any other cost-  
22 sharing requirement shall be imposed for a colonoscopy performed  
23 following a positive result on a non-colonoscopy, colorectal cancer  
24 screening test recommended by the United States Preventive  
25 Services Task Force; **[and]**

26 (27) (a) Within 24 months of the effective date of P.L.2023,  
27 c.187 (C.30:4D-6u et al.), and conditional on the receipt of all  
28 necessary federal approvals and the securing of federal financial  
29 participation pursuant to section 2 of P.L.2023, c.187 (C.30:4D-6u),  
30 community-based palliative care benefits which shall include, but  
31 not be limited to, all of the following:

32 (i) specialized medical care and emotional and spiritual support  
33 for beneficiaries with serious advanced illnesses;

34 (ii) relief of symptoms, pain, and stress of serious illness;

35 (iii) improvement of quality of life for both the beneficiary and  
36 the beneficiary's family; and

37 (iv) appropriate care for any age and for any stage of serious  
38 illness, along with curative treatment.

39 (b) Benefits provided under this paragraph shall include, but  
40 shall not be limited to, services provided by a hospice pursuant to  
41 paragraph (20) of subsection b. of this section, provided that:

42 (i) hospice services may be provided at the same time that  
43 curative treatment is available, to the extent that services are not  
44 duplicative;

45 (ii) hospice services may be provided to beneficiaries whose  
46 conditions may result in death, regardless of the estimated length of  
47 the beneficiary's remaining period of life; and

48 (iii) the Division of Medical Assistance and Health Services in  
49 the Department of Human Services may include any other service

1 deemed appropriate under the benefits provided under this  
2 paragraph.

3 (c) Providers authorized to deliver benefits provided under this  
4 paragraph shall include Medicaid-approved licensed hospice  
5 agencies, Medicaid-approved home health agencies licensed to  
6 provide hospice care, and other Medicaid-approved licensed health  
7 care providers.

8 (d) Nothing in this paragraph shall be construed to result in the  
9 elimination or reduction of covered benefits or services under the  
10 Medicaid program.

11 (e) This paragraph shall not affect a beneficiary's eligibility to  
12 receive, concurrently with services provided for in this paragraph,  
13 any services, including home health services, for which the  
14 beneficiary would have been eligible in the absence of this  
15 paragraph, to the extent that services are not duplicative; and

16 (28) (a) medically necessary treatment for perimenopause,  
17 menopause, and symptoms associated with perimenopause and  
18 menopause, including but not limited to:

19 (i) hormonal therapies such as hormone replacement therapy  
20 and bioidentical hormone treatments;

21 (ii) non-hormonal treatments, including medications to manage  
22 menopausal symptoms;

23 (iii) behavioral health care services;

24 (iv) pelvic floor physical therapy;

25 (v) bone health treatments, including screenings, medications,  
26 and supplements, due to hormonal changes related to  
27 perimenopause and menopause;

28 (vi) preventative services for early detection and treatment of  
29 health conditions related to perimenopause and menopause such as  
30 cardiovascular disease, osteoporosis, and cancer; and

31 (vii) counseling and education regarding menopause  
32 management.

33 (b) Individuals receiving medical assistance shall be provided  
34 with clear and accessible information regarding covered  
35 perimenopause and menopause related treatments.

36 (c) As used in this paragraph:

37 “Menopause” means the natural and permanent end of a female’s  
38 menstrual cycle, diagnosed by a licensed medical provider after 12  
39 consecutive months without a menstrual period.

40 “Perimenopause” means the transitional period leading to  
41 menopause, marked by fluctuating hormone levels and changes in  
42 menstrual cycles.

43 c. Payments for the foregoing services, goods and supplies  
44 furnished pursuant to this act shall be made to the extent authorized  
45 by this act, the rules and regulations promulgated pursuant thereto  
46 and, where applicable, subject to the agreement of insurance  
47 provided for under this act. The payments shall constitute payment  
48 in full to the provider on behalf of the recipient. Every provider  
49 making a claim for payment pursuant to this act shall certify in

1 writing on the claim submitted that no additional amount will be  
2 charged to the recipient, the recipient's family, the recipient's  
3 representative or others on the recipient's behalf for the services,  
4 goods, and supplies furnished pursuant to this act.

5 No provider whose claim for payment pursuant to this act has  
6 been denied because the services, goods, or supplies were  
7 determined to be medically unnecessary shall seek reimbursement  
8 from the recipient, his family, his representative or others on his  
9 behalf for such services, goods, and supplies provided pursuant to  
10 this act; provided, however, a provider may seek reimbursement  
11 from a recipient for services, goods, or supplies not authorized by  
12 this act, if the recipient elected to receive the services, goods or  
13 supplies with the knowledge that they were not authorized.

14 d. Any individual eligible for medical assistance (including  
15 drugs) may obtain such assistance from any person qualified to  
16 perform the service or services required (including an organization  
17 which provides such services, or arranges for their availability on a  
18 prepayment basis), who undertakes to provide the individual such  
19 services.

20 No copayment or other form of cost-sharing shall be imposed on  
21 any individual eligible for medical assistance, except as mandated  
22 by federal law as a condition of federal financial participation.

23 e. Anything in this act to the contrary notwithstanding, no  
24 payments for medical assistance shall be made under this act with  
25 respect to care or services for any individual who:

26 (1) Is an inmate of a public institution (except as a patient in a  
27 medical institution); provided, however, that an individual who is  
28 otherwise eligible may continue to receive services for the month in  
29 which he becomes an inmate, should the commissioner determine to  
30 expand the scope of Medicaid eligibility to include such an  
31 individual, subject to the limitations imposed by federal law and  
32 regulations, or

33 (2) Has not attained 65 years of age and who is a patient in an  
34 institution for mental diseases, or

35 (3) Is over 21 years of age and who is receiving inpatient  
36 psychiatric hospital services in a psychiatric facility; provided,  
37 however, that an individual who was receiving such services  
38 immediately prior to attaining age 21 may continue to receive such  
39 services until the individual reaches age 22. Nothing in this  
40 subsection shall prohibit the commissioner from extending medical  
41 assistance to all eligible persons receiving inpatient psychiatric  
42 services; provided that there is federal financial participation  
43 available.

44 f. (1) A third party as defined in section 3 of P.L.1968, c.413  
45 (C.30:4D-3) shall not consider a person's eligibility for Medicaid in  
46 this or another state when determining the person's eligibility for  
47 enrollment or the provision of benefits by that third party.

48 (2) In addition, any provision in a contract of insurance, health  
49 benefits plan, or other health care coverage document, will, trust,

1 agreement, court order, or other instrument which reduces or  
2 excludes coverage or payment for health care-related goods and  
3 services to or for an individual because of that individual's actual or  
4 potential eligibility for or receipt of Medicaid benefits shall be null  
5 and void, and no payments shall be made under this act as a result  
6 of any such provision.

7 (3) Notwithstanding any provision of law to the contrary, the  
8 provisions of paragraph (2) of this subsection shall not apply to a  
9 trust agreement that is established pursuant to 42 U.S.C.  
10 s.1396p(d)(4)(A) or (C) to supplement and augment assistance  
11 provided by government entities to a person who is disabled as  
12 defined in section 1614(a)(3) of the federal Social Security Act (42  
13 31 U.S.C. s.1382c (a)(3)).

14 g. The following services shall be provided to eligible  
15 medically needy individuals as follows:

16 (1) Pregnant women shall be provided prenatal care and delivery  
17 services and postpartum care, including the services cited in  
18 subsections a.(1), (3), and (5) of this section and subsections b.(1)-  
19 (10), (12), (15), and (17) of this section, and nursing facility  
20 services cited in subsection b.(13) of this section.

21 (2) Dependent children shall be provided with services cited in  
22 subsections a.(3) and (5) of this section and subsections b.(1), (2),  
23 (3), (4), (5), (6), (7), (10), (12), (15), and (17) of this section, and  
24 nursing facility services cited in subsection b.(13) of this section.

25 (3) Individuals who are 65 years of age or older shall be  
26 provided with services cited in subsections a.(3) and (5) of this  
27 section and subsections b.(1)-(5), (6) excluding prescribed drugs,  
28 (7), (8), (10), (12), (15), and (17) of this section, and nursing  
29 facility services cited in subsection b.(13) of this section.

30 (4) Individuals who are blind or disabled shall be provided with  
31 services cited in subsections a.(3) and (5) of this section and  
32 subsections b.(1)-(5), (6) excluding prescribed drugs, (7), (8), (10),  
33 (12), (15), and (17) of this section, and nursing facility services  
34 cited in subsection b.(13) of this section.

35 (5) (a) Inpatient hospital services, subsection a.(1) of this  
36 section, shall only be provided to eligible medically needy  
37 individuals, other than pregnant women, if the federal Department  
38 of Health and Human Services discontinues the State's waiver to  
39 establish inpatient hospital reimbursement rates for the Medicare  
40 and Medicaid programs under the authority of section 601(c)(3) of  
41 the Social Security Act Amendments of 1983, Pub.L.98-21 (42  
42 U.S.C. s.1395ww(c)(5)). Inpatient hospital services may be  
43 extended to other eligible medically needy individuals if the federal  
44 Department of Health and Human Services directs that these  
45 services be included.

46 (b) Outpatient hospital services, subsection a.(2) of this section,  
47 shall only be provided to eligible medically needy individuals if the  
48 federal Department of Health and Human Services discontinues the  
49 State's waiver to establish outpatient hospital reimbursement rates

1 for the Medicare and Medicaid programs under the authority of  
2 section 601(c)(3) of the Social Security Amendments of 1983,  
3 Pub.L.98-21 (42 U.S.C. s.1395ww(c)(5)). Outpatient hospital  
4 services may be extended to all or to certain medically needy  
5 individuals if the federal Department of Health and Human Services  
6 directs that these services be included. However, the use of  
7 outpatient hospital services shall be limited to clinic services and to  
8 emergency room services for injuries and significant acute medical  
9 conditions.

10 (c) The division shall monitor the use of inpatient and outpatient  
11 hospital services by medically needy persons.

12 h. In the case of a qualified disabled and working individual  
13 pursuant to section h6408 of Pub.L.101-239 (42 U.S.C. s.1396d),  
14 the only medical assistance provided under this act shall be the  
15 payment of premiums for Medicare part A under 42 U.S.C.  
16 ss.1395i-2 and 1395r.

17 i. In the case of a specified low-income Medicare beneficiary  
18 pursuant to 42 U.S.C. s.1396a(a)10(E)iii, the only medical  
19 assistance provided under this act shall be the payment of premiums  
20 for Medicare part B under 42 U.S.C. s.1395r as provided for in 42  
21 U.S.C. s.1396d(p)(3)(A)(ii).

22 j. In the case of a qualified individual pursuant to 42 U.S.C.  
23 s.1396a(aa), the only medical assistance provided under this act  
24 shall be payment for authorized services provided during the period  
25 in which the individual requires treatment for breast or cervical  
26 cancer, in accordance with criteria established by the commissioner.

27 k. In the case of a qualified individual pursuant to 42 U.S.C.  
28 s.1396a(ii), the only medical assistance provided under this act shall  
29 be payment for family planning services and supplies as described  
30 at 42 U.S.C. s.1396d(a)(4)(C), including medical diagnosis and  
31 treatment services that are provided pursuant to a family planning  
32 service in a family planning setting.

33 (cf: P.L.2023, c.187, s.1)

34

35 12. This act shall take effect on the 90th day next following  
36 enactment and shall apply to policies and contracts that are  
37 delivered, issued, executed or renewed on or after that date.

38

39

40

#### STATEMENT

41

42 This bill establishes the “New Jersey Menopause Coverage Act”  
43 and requires health insurance coverage of medically necessary  
44 perimenopause and menopause treatments.

45 Under the bill, health insurance carriers (including insurance  
46 companies, hospital service corporations, medical service  
47 corporations, health service corporations, health maintenance  
48 organizations authorized to issue health benefits plans in New  
49 Jersey, entities contracted to administer health benefits in

1 connection with the State Health Benefits Program and School  
2 Employees' Health Benefits Program, and the New Jersey  
3 FamilyCare Program) will be required to cover medically necessary  
4 treatment for perimenopause, menopause, and symptoms associated  
5 with perimenopause and menopause, including but not limited to:

- 6 (1) hormonal therapies such as hormone replacement therapy  
7 and bioidentical hormone treatments;
- 8 (2) non-hormonal treatments, including medications to manage  
9 menopausal symptoms;
- 10 (3) behavioral health care services;
- 11 (4) pelvic floor physical therapy;
- 12 (5) bone health treatments, including screenings, medications,  
13 and supplements, due to hormonal changes related to  
14 perimenopause and menopause;
- 15 (6) preventative services for early detection and treatment of  
16 health conditions related to perimenopause and menopause such as  
17 cardiovascular disease, osteoporosis, and cancer; and
- 18 (7) counseling and education regarding menopause  
19 management.

20 The bill also requires that carriers are to provide clear and  
21 accessible information to covered persons regarding perimenopause  
22 and menopause treatments.

23 For the purpose of this bill, "menopause" means the natural and  
24 permanent end of a female's menstrual cycle, diagnosed by a  
25 licensed medical provider after 12 consecutive months without a  
26 menstrual period. "Perimenopause" means the transitional period  
27 leading to menopause, marked by fluctuating hormone levels and  
28 changes in menstrual cycles.