

**SENATE, No. 4148**

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**STATE OF NEW JERSEY**

**221st LEGISLATURE**

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INTRODUCED FEBRUARY 25, 2025

**Sponsored by:**

**Senator JOHN J. BURZICHELLI**

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

**Senator ANGELA V. MCKNIGHT**

**District 31 (Hudson)**

**Co-Sponsored by:**

**Senator Burgess**

**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: 3/17/2025)**

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

19 (1) hormonal therapies such as hormone replacement therapy and  
20 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 perimenopause  
27 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.

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

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

12       (1) hormonal therapies such as hormone replacement therapy and  
13 bioidentical hormone treatments;

14       (2) non-hormonal treatments, including medications to manage  
15 menopausal symptoms;

16       (3) behavioral health care services;

17       (4) pelvic floor physical therapy;

18       (5) bone health treatments, including screenings, medications,  
19 and supplements, due to hormonal changes related to perimenopause  
20 and menopause;

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

24       (7) counseling and education regarding menopause management.

25       b. A medical service corporation shall provide clear and  
26 accessible information to subscribers or covered persons regarding  
27 covered perimenopause and menopause treatments.

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

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

33       e. As used in this section:

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

37       “Perimenopause” means the transitional period leading to  
38 menopause, marked by fluctuating hormone levels and changes in  
39 menstrual cycles.

40

41       3. (New section) a. Every health service corporation contract  
42 that provides hospital or medical expense benefits and is delivered,  
43 issued, executed or renewed in this State pursuant to P.L.1985, c.236  
44 (C.17:48E-1 et seq.), or approved for issuance or renewal in this State  
45 by the Commissioner of Banking and Insurance on or after the  
46 effective date of P.L. , c. (C. ) (pending before the Legislature  
47 as this bill), shall provide benefits to any named subscriber or other  
48 person covered thereunder for expenses incurred in obtaining  
49 medically necessary treatment for perimenopause, menopause, and

1 symptoms associated with perimenopause and menopause, including  
2 but not limited to:

3 (1) hormonal therapies such as hormone replacement therapy and  
4 bioidentical hormone treatments;

5 (2) non-hormonal treatments, including medications to manage  
6 menopausal symptoms;

7 (3) behavioral health care services;

8 (4) pelvic floor physical therapy;

9 (5) bone health treatments, including screenings, medications,  
10 and supplements, due to hormonal changes related to perimenopause  
11 and menopause;

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

15 (7) counseling and education regarding menopause management.

16 b. A health service corporation shall provide clear and  
17 accessible information to subscribers or covered persons regarding  
18 covered perimenopause and menopause treatments.

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

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

24 e. As used in this section:

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

28 "Perimenopause" means the transitional period leading to  
29 menopause, marked by fluctuating hormone levels and changes in  
30 menstrual cycles.

31

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

42 (1) hormonal therapies such as hormone replacement therapy and  
43 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 perimenopause  
3 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 management.

8 b. Every individual policy shall provide clear and accessible  
9 information to insureds regarding covered perimenopause and  
10 menopause treatments.

11 c. The benefits shall be provided to the same extent as for any  
12 other medical condition under the policy.

13 d. The provisions of this section shall apply to all health  
14 insurance policies in which the insurer has reserved the right to  
15 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 5. (New section) a. Every group health policy that provides  
25 hospital or medical expense benefits and is delivered, issued,  
26 executed or renewed in this State pursuant to N.J.S.17B:27-26 et seq.,  
27 or approved for issuance or renewal in this State by the  
28 Commissioner of Banking and Insurance on or after the effective date  
29 of P.L. , c. (C. ) (pending before the Legislature as this bill),  
30 shall provide benefits to any named insured or other person covered  
31 thereunder for expenses incurred in obtaining medically necessary  
32 treatment for perimenopause, menopause, and symptoms associated  
33 with perimenopause and menopause, including but not limited to:

34 (1) hormonal therapies such as hormone replacement therapy and  
35 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 perimenopause  
42 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 management.

47 b. Every group policy shall provide clear and accessible  
48 information to insureds regarding covered perimenopause and  
49 menopause treatments.

1 c. The benefits shall be provided to the same extent as for any  
2 other medical condition under the policy.

3 d. The provisions of this section shall apply to all policies in  
4 which the insurer has reserved the right to change the premium.

5 e. As used in this section:

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

9 “Perimenopause” means the transitional period leading to  
10 menopause, marked by fluctuating hormone levels and changes in  
11 menstrual cycles.

12

13 6. (New section) a. Every enrollee agreement that provides  
14 hospital or medical expense benefits and is delivered, issued,  
15 executed or renewed in this State pursuant to P.L.1973, c.337  
16 (C.26:2J-1 et seq.), or approved for issuance or renewal in this State  
17 by the Commissioner of Banking and Insurance on or after the  
18 effective date of P.L. , c. (C. ) (pending before the Legislature  
19 as this bill), shall provide benefits to any enrollee or other person  
20 covered thereunder for expenses incurred in obtaining medically  
21 necessary treatment related to perimenopause and menopause,  
22 including but not limited to:

23 (1) hormonal therapies such as hormone replacement therapy and  
24 bioidentical hormone treatments;

25 (2) non-hormonal treatments, including medications to manage  
26 menopausal symptoms;

27 (3) behavioral health care services;

28 (4) pelvic floor physical therapy;

29 (5) bone health treatments, including screenings, medications,  
30 and supplements, due to hormonal changes related to perimenopause  
31 and menopause;

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

35 (7) counseling and education regarding menopause management.

36 b. A health maintenance organization shall provide clear and  
37 accessible information to enrollees regarding covered perimenopause  
38 and menopause treatments.

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

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

44 e. As used in this section:

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

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

4  
5       7. (New section) a. Every individual health benefits plan that  
6 provides hospital or medical expense benefits and is delivered,  
7 issued, executed or renewed in this State pursuant to P.L.1992, c.161  
8 (C.17B:27A-2 et seq.), or approved for issuance or renewal in this  
9 State by the Commissioner of Banking and Insurance on or after the  
10 effective date of P.L. , c. (C. ) (pending before the Legislature  
11 as this bill), shall provide benefits to any person covered thereunder  
12 for expenses incurred in obtaining medically necessary treatment for  
13 perimenopause, menopause, and symptoms associated with  
14 perimenopause and menopause, including but not limited to:

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

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

19       (3) behavioral health care services;

20       (4) pelvic floor physical therapy;

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

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

27       (7) counseling and education regarding menopause management.

28       b. An individual health benefits plan shall provide clear and  
29 accessible information to a covered person regarding covered  
30 perimenopause and menopause treatments.

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

33       d. The provisions of this section shall apply to all enrollee  
34 agreements in which the insurer has reserved the right to change the  
35 premium.

36       e. As used in this section:

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  
44       8. (New section) a. Every small employer health benefits plan  
45 that provides hospital or medical expense benefits and is delivered,  
46 issued, executed or renewed in this State pursuant to P.L.1992, c.162  
47 (C.17B:27A-17 et seq.), or approved for issuance or renewal in this  
48 State by the Commissioner of Banking and Insurance on or after the  
49 effective date of P.L. , c. (C. ) (pending before the Legislature

1 as this bill), shall provide benefits to any person covered thereunder  
2 for expenses incurred in obtaining medically necessary treatment for  
3 perimenopause, menopause, and symptoms associated with  
4 perimenopause and menopause, including but not limited to:

5 (1) hormonal therapies such as hormone replacement therapy and  
6 bioidentical hormone treatments;

7 (2) non-hormonal treatments, including medications to manage  
8 menopausal symptoms;

9 (3) behavioral health care services;

10 (4) pelvic floor physical therapy;

11 (5) bone health treatments, including screenings, medications,  
12 and supplements, due to hormonal changes related to perimenopause  
13 and menopause;

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

17 (7) counseling and education regarding menopause management.

18 b. A small employer health benefits plan shall provide clear and  
19 accessible information to a covered person regarding covered  
20 perimenopause and menopause treatments.

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

23 d. The provisions of this section shall apply to all enrollee  
24 agreements in which the insurer has reserved the right to change the  
25 premium.

26 e. As used in this section:

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

30 "Perimenopause" means the transitional period leading to  
31 menopause, marked by fluctuating hormone levels and changes in  
32 menstrual cycles.

33

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

42 (1) hormonal therapies such as hormone replacement therapy and  
43 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 perimenopause  
3 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 management.

8 b. The State Health Benefits Commission shall ensure that each  
9 contract shall provide clear and accessible information to a covered  
10 person regarding covered perimenopause and menopause treatments.

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

13 d. As used in this section:

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

17 “Perimenopause” means the transitional period leading to  
18 menopause, marked by fluctuating hormone levels and changes in  
19 menstrual cycles.

20

21 10. (New section) a. The School Employees’ Health Benefits  
22 Commission shall ensure that every contract purchased by the  
23 commission on or after the effective date of P.L. , c. (C. )  
24 (pending before the Legislature as this bill), that provides hospital or  
25 medical expense benefits, shall provide benefits to any person  
26 covered thereunder for expenses incurred in obtaining medically  
27 necessary treatment for perimenopause, menopause, and symptoms  
28 associated with perimenopause and menopause, including but not  
29 limited to:

30 (1) hormonal therapies such as hormone replacement therapy and  
31 bioidentical hormone treatments;

32 (2) non-hormonal treatments, including medications to manage  
33 menopausal symptoms;

34 (3) behavioral health care services;

35 (4) pelvic floor physical therapy;

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

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

42 (7) counseling and education regarding menopause management.

43 b. The School Employees Health Benefits Commission shall  
44 ensure that each contract shall provide clear and accessible  
45 information to a covered person regarding covered perimenopause  
46 and menopause treatments.

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

49 d. As used in this section:

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

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

7  
8       11. Section 6 of P.L.1968, c.413 (C.30:4D-6) is amended to read  
9 as follows:

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

- 15       (1) Inpatient hospital services
- 16       (2) Outpatient hospital services;
- 17       (3) Other laboratory and X-ray services;
- 18       (4) (a) Skilled nursing or intermediate care facility services;
- 19       (b) Early and periodic screening and diagnosis of individuals who  
20 are eligible under the program and are under age 21, to ascertain their  
21 physical or mental health status and the health care, treatment, and  
22 other measures to correct or ameliorate defects and chronic  
23 conditions discovered thereby, as may be provided in regulation of  
24 the Secretary of the federal Department of Health and Human  
25 Services and approved by the commissioner;
- 26       (5) Physician's services furnished in the office, the patient's home,  
27 a hospital, a skilled nursing, or intermediate care facility or  
28 elsewhere.

29       As used in this subsection, "laboratory and X-ray services"  
30 includes HIV drug resistance testing, including, but not limited to,  
31 genotype assays that have been cleared or approved by the federal  
32 Food and Drug Administration, laboratory developed genotype  
33 assays, phenotype assays, and other assays using phenotype  
34 prediction with genotype comparison, for persons diagnosed with  
35 HIV infection or AIDS.

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

- 40       (1) Medical care not included in subsection a.(5) above, or any  
41 other type of remedial care recognized under State law, furnished by  
42 licensed practitioners within the scope of their practice, as defined by  
43 State law;
- 44       (2) Home health care services;
- 45       (3) Clinic services;
- 46       (4) Dental services;
- 47       (5) Physical therapy and related services;

- 1 (6) Prescribed drugs, dentures, and prosthetic devices; and  
2 eyeglasses prescribed by a physician skilled in diseases of the eye or  
3 by an optometrist, whichever the individual may select;
- 4 (7) Optometric services;
- 5 (8) Podiatric services;
- 6 (9) Chiropractic services;
- 7 (10) Psychological services;
- 8 (11) Inpatient psychiatric hospital services for individuals under  
9 21 years of age, or under age 22 if they are receiving such services  
10 immediately before attaining age 21;
- 11 (12) Other diagnostic, screening, preventative, and rehabilitative  
12 services, and other remedial care;
- 13 (13) Inpatient hospital services, nursing facility services, and  
14 immediate care facility services for individuals 65 years of age or  
15 over in an institution for mental diseases;
- 16 (14) Intermediate care facility services;
- 17 (15) Transportation services;
- 18 (16) Services in connection with the inpatient or outpatient  
19 treatment or care of substance use disorder, when the treatment is  
20 prescribed by a physician and provided in a licensed hospital or in a  
21 narcotic and substance use disorder treatment center approved by the  
22 Department of Health pursuant to P.L.1970, c.334 (C.26:2G-21 et.  
23 seq.) and whose staff includes a medical director, and limited those  
24 services eligible for federal financial participation under Title XIX  
25 of the federal Social Security Act;
- 26 (17) Any other medical care and any other type of remedial care  
27 recognized under State law, specified by the Secretary of the federal  
28 Department of Health and Human Services, and approved by the  
29 commissioner;
- 30 (18) Comprehensive maternity care, which may include: the basic  
31 number of prenatal and postpartum visits recommended by the  
32 American College of Obstetrics and Gynecology; additional prenatal  
33 and postpartum visits that are medically necessary; necessary  
34 laboratory, nutritional assessment and counseling, health education,  
35 personal counseling, managed care, outreach, and follow-up services;  
36 treatment of conditions which may complicate pregnancy doula care;  
37 and physician or certified nurse midwife delivery services. For the  
38 purposes of this paragraph, "doula" means a trained professional who  
39 provides continuous physical, emotional, and informational support  
40 to a mother before, during, and shortly after childbirth, to help her to  
41 achieve the healthiest, most satisfying experience possible;
- 42 (19) Comprehensive pediatric care, which may include:  
43 ambulatory, preventive, and primary care health services. The  
44 preventive services shall include, at a minimum, the basic number of  
45 preventive visits recommended by the American Academy of  
46 Pediatrics;
- 47 (20) Services provided by a hospice which is participating in the  
48 Medicare program established pursuant to Title XVIII of the Social  
49 Security Act, Pub.L.89-97 (42 U.S.C. s.1395 et seq.). Hospice

1 services shall be provided subject to approval of the Secretary of the  
2 federal Department of Health and Human Services for federal  
3 reimbursement;

4 (21) Mammograms, subject to approval of the Secretary of the  
5 federal Department of Health and Human Services for federal  
6 reimbursement, including one baseline mammogram for women who  
7 are at least 35 but less than 40 years of age; one mammogram  
8 examination every two years or more frequently, if recommended by  
9 a physician, for women who are at least 40 but less than 50 years of  
10 age; and one mammogram examination every year for women age 50  
11 and over;

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

16 (a) Expenses for diabetes self-management education or training  
17 to ensure that a person with diabetes, gestational diabetes, or pre-  
18 diabetes can optimize metabolic control, prevent and manage  
19 complications, and maximize quality of life. Diabetes self-  
20 management education shall be provided by an in-State provider who  
21 is:

22 (i) a licensed, registered, or certified health care professional who  
23 is certified by the National Certification Board of Diabetes Educators  
24 as a Certified Diabetes Educator, or certified by the American  
25 Association of Diabetes Educators with a Board Certified-Advanced  
26 Diabetes Management credential, including, but not limited to: a  
27 physician, an advanced practice or registered nurse, a physician  
28 assistant, a pharmacist, a chiropractor, a dietitian registered by a  
29 nationally recognized professional association of dietitians, or a  
30 nutritionist holding a certified nutritionist specialist (CNS) credential  
31 from the Board for Certification of Nutrition Specialists; or

32 (ii) an entity meeting the National Standards for Diabetes Self-  
33 Management Education and Support, as evidenced by a recognition  
34 by the American Diabetes Association or accreditation by the  
35 American Association of Diabetes Educators;

36 (b) Expenses for medical nutrition therapy as an effective  
37 component of the person's overall treatment plan upon a: diagnosis  
38 of diabetes, gestational diabetes, or pre-diabetes; change in the  
39 beneficiary's medical condition, treatment, or diagnosis; or  
40 determination of a physician, advanced practice nurse, or physician  
41 assistant that reeducation or refresher education is necessary.  
42 Medical nutrition therapy shall be provided by an in-State provider  
43 who is a dietitian registered by a nationally-recognized professional  
44 association of dietitians, or a nutritionist holding a certified  
45 nutritionist specialist (CNS) credential from the Board for  
46 Certification of Nutrition Specialists, who is familiar with the  
47 components of diabetes medical nutrition therapy;

48 (c) For a person diagnosed with pre-diabetes, items and services  
49 furnished under an in-State diabetes prevention program that meets

1 the standards of the National Diabetes Prevention Program, as  
2 established by the federal Centers for Disease Control and  
3 Prevention; and

4 (d) Expenses for any medically appropriate and necessary supplies  
5 and equipment recommended or prescribed by a physician, advanced  
6 practice nurse, or physician assistant for the management and  
7 treatment of diabetes, gestational diabetes, or pre-diabetes, including,  
8 but not limited to: equipment and supplies for self-management of  
9 blood glucose; insulin pens; insulin pumps and related supplies; and  
10 other insulin delivery devices;

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

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

16 (i) is a site accredited by the Centering Healthcare Institute, or is  
17 a site engaged in an active implementation contract with the  
18 Centering Healthcare institute, that utilizes the Centering Pregnancy  
19 model; and

20 (ii) incorporates the applicable information outlined in any best  
21 practices manual for prenatal and postpartum maternal care  
22 developed by the Department of Health into the curriculum for each  
23 group prenatal visit;

24 (b) each group prenatal care visit is at least 1.5 hours in duration,  
25 with a minimum of two women and a maximum of 20 women in  
26 participation; and

27 (c) no more than 10 group prenatal care visits occur per pregnancy.  
28 As used in this paragraph, "group prenatal care services" means a  
29 series of prenatal care visits provided in a group setting which are  
30 based upon the Centering Pregnancy model developed by the  
31 Centering Healthcare Institute and which include health assessments,  
32 social and clinical support, and educational activities;

33 (24) Expenses incurred for the provision of pasteurized donated  
34 human breast milk, which shall include human milk fortifiers if  
35 indicated in a medical order provided by a licensed medical  
36 practitioner, to an infant under the age of six months; provided that  
37 the milk is obtained from a human milk bank that meets quality  
38 guidelines established by the Department of Health and a licensed  
39 medical practitioner has issued a medical order for the infant under  
40 at least one of the following circumstances:

41 (a) the infant is medically or physically unable to receive maternal  
42 breast milk or participate in breast feeding, or the infant's mother is  
43 medically or physically unable to produce maternal breast milk in  
44 sufficient quantities or participate in breast feeding despite optimal  
45 lactation support; or

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

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

1 (ii) the infant has a congenital or acquired condition that places  
2 the infant at a high risk for development of necrotizing enterocolitis;  
3 or

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

7 (25) Comprehensive tobacco cessation benefits to an individual  
8 who is 18 years of age or older, or who is pregnant. Coverage shall  
9 include: brief and high intensity individual counseling, brief and high  
10 intensity group counseling, and telemedicine as defined by section 1  
11 of P.L.2017, c.117 (C.45:1-61); all medications approved for tobacco  
12 cessation by the U.S. Food and Drug Administration; and other  
13 tobacco cessation counseling recommended by the Treating Tobacco  
14 Use and Dependence Clinical Practice Guideline issued by the U.S.  
15 Public Health Service. Notwithstanding the provisions of any other  
16 law, rule, or regulation to the contrary, and except as otherwise  
17 provided in this section:

18 (a) Information regarding the availability of the tobacco cessation  
19 services described in this paragraph shall be provided to all  
20 individuals authorized to receive the tobacco cessation services  
21 pursuant to this paragraph at the following times: no later than 90  
22 days after the effective date of P.L.2019, c.473: upon the  
23 establishment of an individual's eligibility for medical assistance;  
24 and upon the redetermination of an individual's eligibility for medical  
25 assistance;

26 (b) The following conditions shall not be imposed on any tobacco  
27 cessation services provided pursuant to this paragraph: copayments  
28 or any other forms of cost-sharing, including deductibles; counseling  
29 requirements for medication; stepped care therapy or similar  
30 restrictions requiring the use of one service prior to another; limits  
31 on the duration of services; or annual or lifetime limits on the amount,  
32 frequency, or cost of services, including, but not limited to, annual or  
33 lifetime limits on the number of covered attempts to quit; and

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

42 (26) Provided that there is federal financial participation available,  
43 benefits for expenses incurred in conducting a colorectal cancer  
44 screening in accordance with United States Preventive Services Task  
45 Force recommendations. The method and frequency of screening to  
46 be utilized shall be in accordance with the most recent published  
47 recommendations of the United States Preventive Services Task  
48 Force and as determined medically necessary by the covered person's  
49 physician, in consultation with the covered person.

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

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

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

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

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

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

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

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

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

27 (iii) the Division of Medical Assistance and Health Services in the  
28 Department of Human Services may include any other service  
29 deemed appropriate under the benefits provided under this paragraph.

30 (c) Providers authorized to deliver benefits provided under this  
31 paragraph shall include Medicaid-approved licensed hospice  
32 agencies, Medicaid-approved home health agencies licensed to  
33 provide hospice care, and other Medicaid-approved licensed health  
34 care providers.

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

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

43 (28) (a) medically necessary treatment for perimenopause,  
44 menopause, and symptoms associated with perimenopause and  
45 menopause, including but not limited to:

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

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

1 (iii) behavioral health care services;

2 (iv) pelvic floor physical therapy;

3 (v) bone health treatments, including screenings, medications,  
4 and supplements, due to hormonal changes related to perimenopause  
5 and menopause;

6 (vi) 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 (vii) counseling and education regarding menopause management.

10 (b) Individuals receiving medical assistance shall be provided  
11 with clear and accessible information regarding covered  
12 perimenopause and menopause related treatments.

13 (c) As used in this paragraph:

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

17 “Perimenopause” means the transitional period leading to  
18 menopause, marked by fluctuating hormone levels and changes in  
19 menstrual cycles.

20 c. Payments for the foregoing services, goods and supplies  
21 furnished pursuant to this act shall be made to the extent authorized  
22 by this act, the rules and regulations promulgated pursuant thereto  
23 and, where applicable, subject to the agreement of insurance  
24 provided for under this act. The payments shall constitute payment  
25 in full to the provider on behalf of the recipient. Every provider  
26 making a claim for payment pursuant to this act shall certify in  
27 writing on the claim submitted that no additional amount will be  
28 charged to the recipient, the recipient's family, the recipient's  
29 representative or others on the recipient's behalf for the services,  
30 goods, and supplies furnished pursuant to this act.

31 No provider whose claim for payment pursuant to this act has been  
32 denied because the services, goods, or supplies were determined to  
33 be medically unnecessary shall seek reimbursement from the  
34 recipient, his family, his representative or others on his behalf for  
35 such services, goods, and supplies provided pursuant to this act;  
36 provided, however, a provider may seek reimbursement from a  
37 recipient for services, goods, or supplies not authorized by this act, if  
38 the recipient elected to receive the services, goods or supplies with  
39 the knowledge that they were not authorized.

40 d. Any individual eligible for medical assistance (including  
41 drugs) may obtain such assistance from any person qualified to  
42 perform the service or services required (including an organization  
43 which provides such services, or arranges for their availability on a  
44 prepayment basis), who undertakes to provide the individual such  
45 services.

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

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

4 (1) Is an inmate of a public institution (except as a patient in a  
5 medical institution); provided, however, that an individual who is  
6 otherwise eligible may continue to receive services for the month in  
7 which he becomes an inmate, should the commissioner determine to  
8 expand the scope of Medicaid eligibility to include such an  
9 individual, subject to the limitations imposed by federal law and  
10 regulations, or

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

13 (3) Is over 21 years of age and who is receiving inpatient  
14 psychiatric hospital services in a psychiatric facility; provided,  
15 however, that an individual who was receiving such services  
16 immediately prior to attaining age 21 may continue to receive such  
17 services until the individual reaches age 22. Nothing in this  
18 subsection shall prohibit the commissioner from extending medical  
19 assistance to all eligible persons receiving inpatient psychiatric  
20 services; provided that there is federal financial participation  
21 available.

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

26 (2) In addition, any provision in a contract of insurance, health  
27 benefits plan, or other health care coverage document, will, trust,  
28 agreement, court order, or other instrument which reduces or  
29 excludes coverage or payment for health care-related goods and  
30 services to or for an individual because of that individual's actual or  
31 potential eligibility for or receipt of Medicaid benefits shall be null  
32 and void, and no payments shall be made under this act as a result of  
33 any such provision.

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

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

43 (1) Pregnant women shall be provided prenatal care and delivery  
44 services and postpartum care, including the services cited in  
45 subsections a.(1), (3), and (5) of this section and subsections b.(1)-  
46 (10), (12), (15), and (17) of this section, and nursing facility services  
47 cited in subsection b.(13) of this section.

48 (2) Dependent children shall be provided with services cited in  
49 subsections a.(3) and (5) of this section and subsections b.(1), (2),

1 (3), (4), (5), (6), (7), (10), (12), (15), and (17) of this section, and  
2 nursing facility services cited in subsection b.(13) of this section.

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

8 (4) Individuals who are blind or disabled shall be provided with  
9 services cited in subsections a.(3) and (5) of this section and  
10 subsections b.(1)-(5), (6) excluding prescribed drugs, (7), (8), (10), 3  
11 (12), (15), and (17) of this section, and nursing facility services cited  
12 in subsection b.(13) of this section.

13 (5) (a) Inpatient hospital services, subsection a.(1) of this section,  
14 shall only be provided to eligible medically needy individuals, other  
15 than pregnant women, if the federal Department of Health and  
16 Human Services discontinues the State's waiver to establish inpatient  
17 hospital reimbursement rates for the Medicare and Medicaid  
18 programs under the authority of section 601(c)(3) of the Social  
19 Security Act Amendments of 1983, Pub.L.98-21 (42 U.S.C.  
20 s.1395ww(c)(5)). Inpatient hospital services may be extended to  
21 other eligible medically needy individuals if the federal Department  
22 of Health and Human Services directs that these services be included.

23 (b) Outpatient hospital services, subsection a.(2) of this section,  
24 shall only be provided to eligible medically needy individuals if the  
25 federal Department of Health and Human Services discontinues the  
26 State's waiver to establish outpatient hospital reimbursement rates for  
27 the Medicare and Medicaid programs under the authority of section  
28 601(c)(3) of the Social Security Amendments of 1983, Pub.L.98-21  
29 (42 U.S.C. s.1395ww(c)(5)). Outpatient hospital services may be  
30 extended to all or to certain medically needy individuals if the federal  
31 Department of Health and Human Services directs that these services  
32 be included. However, the use of outpatient hospital services shall  
33 be limited to clinic services and to emergency room services for  
34 injuries and significant acute medical conditions.

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

37 h. In the case of a qualified disabled and working individual  
38 pursuant to section h6408 of Pub.L.101-239 (42 U.S.C. s.1396d), the  
39 only medical assistance provided under this act shall be the payment  
40 of premiums for Medicare part A under 42 U.S.C. ss.1395i-2 and  
41 1395r.

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

47 j. In the case of a qualified individual pursuant to 42 U.S.C.  
48 s.1396a(aa), the only medical assistance provided under this act shall  
49 be payment for authorized services provided during the period in

1 which the individual requires treatment for breast or cervical cancer,  
2 in accordance with criteria established by the commissioner.

3 k. In the case of a qualified individual pursuant to 42 U.S.C.  
4 s.1396a(ii), the only medical assistance provided under this act shall  
5 be payment for family planning services and supplies as described at  
6 42 U.S.C. s.1396d(a)(4)(C), including medical diagnosis and  
7 treatment services that are provided pursuant to a family planning  
8 service in a family planning setting.  
9 (cf: P.L.2023, c.187, s.1)

10

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

14

15

16

STATEMENT

17

18 This bill establishes the “New Jersey Menopause Coverage Act”  
19 and requires health insurance coverage of medically necessary  
20 perimenopause and menopause treatments.

21 Under the bill, health insurance carriers (including insurance  
22 companies, hospital service corporations, medical service  
23 corporations, health service corporations, health maintenance  
24 organizations authorized to issue health benefits plans in New Jersey,  
25 entities contracted to administer health benefits in connection with  
26 the State Health Benefits Program and School Employees’ Health  
27 Benefits Program, and the New Jersey FamilyCare Program) will be  
28 required to cover medically necessary treatment for perimenopause,  
29 menopause, and symptoms associated with perimenopause and  
30 menopause, including but not limited to:

31 (1) hormonal therapies such as hormone replacement therapy and  
32 bioidentical hormone treatments;

33 (2) non-hormonal treatments, including medications to manage  
34 menopausal symptoms;

35 (3) behavioral health care services;

36 (4) pelvic floor physical therapy;

37 (5) bone health treatments, including screenings, medications,  
38 and supplements, due to hormonal changes related to perimenopause  
39 and menopause;

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

43 (7) counseling and education regarding menopause management.

44 The bill also requires that carriers are to provide clear and  
45 accessible information to covered persons regarding perimenopause  
46 and menopause treatments.

47 For the purpose of this bill, “menopause” means the natural and  
48 permanent end of a female’s menstrual cycle, diagnosed by a licensed  
49 medical provider after 12 consecutive months without a menstrual

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