

SENATE, No. 4579

STATE OF NEW JERSEY
222nd LEGISLATURE

INTRODUCED SEPTEMBER 28, 2026

Sponsored by:
Senator JOHN J. BURZICHELLI
District 3 (Cumberland, Gloucester and Salem)

SYNOPSIS

Establishes and requires coverage for routine opt-out HIV testing during provision of medical care in certain settings.

CURRENT VERSION OF TEXT

As introduced.



1 AN ACT concerning HIV testing and supplementing and amending
2 various parts of statutory law.

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

6
7 1. a. The Legislature finds and declares:

8 (1) HIV (human immunodeficiency virus) is a virus that attacks
9 the body's immune system that without treatment can lead to
10 acquired immunodeficiency syndrome (AIDS).

11 (2) There is currently no effective cure and once people get
12 HIV, they have it for life, but proper medical care can control the
13 virus.

14 (3) Testing for HIV is the only way to determine if a person is
15 living with the virus.

16 (4) If individuals do not know their HIV status, HIV
17 transmission cannot be eliminated.

18 (5) The Centers for Disease Control and Prevention (CDC)
19 recommend that every person between the ages of 13 and 64 years
20 old receive an HIV test at least once, regardless of risk.

21 (6) The Legislature therefore determines that is in the public
22 interest to establish routine HIV testing in the State in order to
23 promote early detection and treatment of HIV, reduce transmission
24 of HIV by increasing individual awareness of HIV status, and align
25 with CDC recommendations for HIV screening.

26 b. As a part of routine medical care involving the collection of
27 specimen from a patient for laboratory examination:

28 (1) the testing of HIV shall be included for patients receiving
29 care in the following settings:

30 (a) primary care settings;

31 (b) emergency departments of licensed general hospitals in this
32 State; and

33 (c) any other appropriate health care setting as determined by
34 the Commissioner of Health;

35 (2) separate written consent for HIV testing shall not be required
36 when a patient, or the patient's parent or legal guardian as
37 applicable, has already provided general consent for medical care in
38 settings listed pursuant to paragraph (1) of this subsection;

39 (3) each patient listed under paragraph (1) of this subsection
40 shall be tested for HIV, unless:

41 (a) the patient, or the patient's parent or legal guardian as
42 applicable, opts out of the testing;

43 (b) if the patient is an adult, the patient lacks decision-making
44 capacity;

45 (c) the patient requires emergency care that prevents the testing
46 from occurring;

47 (d) the patient is receiving hospice care through a licensed
48 hospice; or

1 (e) the patient already has a confirmed diagnosis of HIV;

2 (4) testing of a patient for HIV conducted pursuant to this
3 section shall be voluntary and free of coercion;

4 (5) the provision of pre-test counseling shall not be required
5 prior to HIV testing conducted pursuant to this section; and

6 (6) a patient shall be notified that testing shall be performed
7 unless the patient, or the patient's parent or legal guardian as
8 applicable, declines the testing. The health care provider
9 performing the test shall maintain documentation consistent with
10 any applicable federal and State HIV clinical practice guidelines
11 concerning medical record documentation. If a patient declines to
12 be tested for HIV, the declination shall be documented in the
13 patient's medical record.

14 b. The Commissioner of Health shall establish guidelines
15 regarding:

16 (1) health care providers providing timely notification to a
17 patient, or the patient's parent or legal guardian as applicable,
18 whose test result is positive, counseling about the significance of
19 the test result, providing referrals to appropriate follow-up care, and
20 coordinating with the Department of Health as necessary; and

21 (2) a model notice for providers to use when informing patients
22 of the HIV test.

23

24 3. a. No group or individual hospital service corporation
25 contract providing hospital or medical expense benefits shall be
26 delivered, issued, executed, or renewed in this State or approved for
27 issuance or renewal in this State by the Commissioner of Banking
28 and Insurance, on or after the effective date of this act, unless the
29 contract provides benefits to any subscriber or other person covered
30 thereunder for HIV testing required pursuant to section 2 of P.L. ,

31 c. (C.) (pending before the Legislature as this bill).

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

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

38

39 4. a. No group or individual medical service corporation
40 contract providing hospital or medical expense benefits shall be
41 delivered, issued, executed, or renewed in this State or approved for
42 issuance or renewal in this State by the Commissioner of Banking
43 and Insurance, on or after the effective date of this act, unless the
44 contract provides benefits to any subscriber or other person covered
45 thereunder for HIV testing required pursuant to section 2 of P.L. ,

46 c. (C.) (pending before the Legislature as this bill).

1 b. The benefits provided under this section shall be provided to
2 the same extent as for any other medical condition under the
3 contract.

4 c. The provisions of this section shall apply to all contracts in
5 which the group or individual medical service corporation has
6 reserved the right to change the premium.

7
8 5. a. No group or individual health service corporation contract
9 providing hospital or medical expense benefits shall be delivered,
10 issued, executed, or renewed in this State or approved for issuance
11 or renewal in this State by the Commissioner of Banking and
12 Insurance, on or after the effective date of this act, unless the
13 contract provides benefits to any subscriber or other person covered
14 thereunder for HIV testing required pursuant to section 2 of P.L. ,
15 c. (C.) (pending before the Legislature as this bill).

16 b. The benefits provided under this section shall be provided to
17 the same extent as for any other medical condition under the
18 contract.

19 c. The provisions of this section shall apply to all contracts in
20 which the health service corporation has reserved the right to
21 change the premium.

22
23 6. a. Except as provided in paragraph (2) of this subsection, no
24 individual health insurance policy providing hospital or medical
25 expense benefits shall be delivered, issued, executed, or renewed in
26 this State or approved for issuance or renewal in this State by the
27 Commissioner of Banking and Insurance, on or after the effective
28 date of this act, unless the policy provides benefits to any named
29 insured or other person covered thereunder for HIV testing required
30 pursuant to section 2 of P.L. , c. (C.) (pending before the
31 Legislature as this bill).

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

35 c. The provisions of this section shall apply to all policies in
36 which the insurer has reserved the right to change the premium.

37
38 7. a. No group health insurance policy providing hospital or
39 medical expense benefits shall be delivered, issued, executed, or
40 renewed in this State or approved for issuance or renewal in this
41 State by the Commissioner of Banking and Insurance, on or after
42 the effective date of this act, unless the policy provides benefits to
43 any named insured or other person covered thereunder for HIV
44 testing required pursuant to section 2 of P.L. , c. (C.)
45 (pending before the Legislature as this bill).

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

1 c. The provisions of this section shall apply to all policies in
2 which the insurer has reserved the right to change the premium.

3
4 8. a. Every individual health benefits plan that is delivered,
5 issued, executed, or renewed in this State pursuant to P.L.1992,
6 c.161 (C.17B:27A-2 et seq.) or approved for issuance or renewal in
7 this State, on or after the effective date of this act, shall provide
8 benefits to any person covered thereunder for expenses incurred for
9 HIV testing required pursuant to section 2 of P.L. , c. (C.)
10 (pending before the Legislature as this bill).

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

14 c. The provisions of this section shall apply to all health benefit
15 plans in which the carrier has reserved the right to change the
16 premium.

17
18 9. a. Every small employer health benefits plan that is
19 delivered, issued, executed, or renewed in this State pursuant to
20 P.L.1992, c.162 (C.17B:27A-17 et seq.) or approved for issuance or
21 renewal in this State, on or after the effective date of this act, shall
22 provide benefits to any person covered thereunder for HIV testing
23 required pursuant to section 2 of P.L. , c. (C.) (pending
24 before the Legislature as this bill).

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

28 c. The provisions of this section shall apply to all health benefit
29 plans in which the carrier has reserved the right to change the
30 premium.

31
32 10. a. Notwithstanding any provision of law to the contrary, a
33 certificate of authority to establish and operate a health maintenance
34 organization in this State shall not be issued or continued by the
35 Commissioner of Banking and Insurance on or after the effective
36 date of this act unless the health maintenance organization provides
37 health care services to any enrollee for expenses incurred for HIV
38 testing required pursuant to section 2 of P.L. , c. (C.)
39 (pending before the Legislature as this bill).

40 b. The benefits provided under this section shall be provided to
41 the same extent as for any other medical condition under the
42 contract.

43 c. The provisions of this section shall apply to those contracts
44 for health care services by health maintenance organizations under
45 which the health maintenance organization has reserved the right to
46 change the schedule of charges for enrollee coverage.

11. a. Notwithstanding any provision of law to the contrary, the School Employees' Health Benefits Commission shall ensure that every contract purchased by the commission on or after the effective date of this act that provides hospital or medical expense benefits shall provide benefits under the contract for expenses incurred for HIV testing required pursuant to section 2 of P.L. , c. (C.) (pending before the Legislature as this bill).

b. The benefits provided under this section shall be provided to the same extent as for any other medical condition under the contract.

12. a. Notwithstanding any State law or regulation to the contrary, the Department of Human Services shall ensure the provision of benefits for HIV testing required pursuant to section 2 of P.L. , c. (C.) (pending before the Legislature as this bill) to eligible persons under the Medicaid program, established pursuant to P.L.1968, c.413 (C.30:4D-1 et seq.).

b. The benefits provided under this section shall be provided to the same extent as for any other medical condition under the contract.

c. The Commissioner of Human Services shall apply for such State plan amendments or waivers as may be necessary to implement the provisions of this section and to secure federal financial participation for State Medicaid expenditures under the federal Medicaid program.

13. a. The State Health Benefits Commission shall provide benefits to each person covered under the State Health Benefits Program for expenses incurred for HIV testing required pursuant to section 2 of P.L. , c. (C.) (pending before the Legislature as this bill).

b. The benefits provided under this section shall be provided to the same extent as for any other medical condition under the contract.

14. The Commissioner of Health may adopt rules and regulations, pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), as may be necessary to implement the provisions of this act.

15. This act shall take effect immediately.

STATEMENT

This bill establishes and requires coverage for routine opt-out HIV testing during the provision of medical care in certain settings.

1 HIV (human immunodeficiency virus) is a virus that attacks the
2 body's immune system that without treatment can lead to AIDS
3 (acquired immunodeficiency syndrome). There is currently no
4 effective cure and once people get HIV, they have it for life, but
5 proper medical care can control the virus. Testing for HIV is the
6 only way to determine if a person is living with the virus. If
7 individuals do not know their HIV status, HIV transmission cannot
8 be eliminated. The Centers for Disease Control and Prevention
9 (CDC) recommend that every person between the ages of 13 and 64
10 years old receive an HIV test at least once, regardless of risk. It is
11 the sponsor's intent that establishing routine HIV testing in the
12 State will promote early detection and treatment of HIV, reduce
13 transmission of HIV by increasing individual awareness of HIV
14 status, and align with CDC recommendations for HIV screening.

15 The bill provides that, as a part of routine medical care involving
16 the collection of specimen from a patient for laboratory
17 examination, HIV testing will be included for patients receiving
18 care in the following settings: primary care settings; emergency
19 departments of licensed general hospitals in this State; and any
20 other appropriate health care setting as determined by the
21 Commissioner of Health. Under the bill, separate written consent
22 for HIV testing will not be required when a patient, or the patient's
23 parent or legal guardian as applicable, has already provided general
24 consent for medical care. Each patient will be tested for HIV,
25 unless:

26 1) the patient, or the patient's parent or legal guardian as
27 applicable, opts out of the testing;

28 2) if the patient is an adult, the patient lacks decision-making
29 capacity;

30 3) the patient requires emergency care that prevents the testing
31 from occurring;

32 4) the patient is receiving hospice care through a licensed
33 hospice; or

34 5) the patient already has a confirmed diagnosis of HIV.
35 Testing of a patient for HIV will be voluntary and free of coercion.
36 The provision of pre-test counseling will not be required prior to
37 HIV testing. The patient will be notified that testing will be
38 performed unless the patient, or the patient's parent or legal
39 guardian as applicable, declines the testing. The health care
40 provider performing the test will maintain documentation consistent
41 with any applicable federal and State HIV clinical practice
42 guidelines concerning medical record documentation. If a patient
43 declines to be tested for HIV, the declination shall be documented
44 in the patient's medical record.

45 The bill requires the Commissioner of Health to establish
46 guidelines regarding: health care providers providing timely
47 notification to a patient, or the patient's parent or legal guardian as
48 applicable, whose test result is positive, counseling about the

S4579 BURZICHELLI

8

1 significance of the test result, providing referrals to appropriate
2 follow-up care, and coordinating with the Department of Health as
3 necessary; and a model notice for providers to use when informing
4 patients of the HIV test.

5 Under the bill, health insurance carriers in the State will be
6 required to cover the routine HIV testing required under the bill.