

Chapter 176, P.L. 2017

(Approved July 21, 2017)

[Second Reprint]

ASSEMBLY, No. 4568

STATE OF NEW JERSEY

217th LEGISLATURE

INTRODUCED FEBRUARY 13, 2017

Sponsored by:

Assemblywoman VALERIE VAINIERI HUTTLE

District 37 (Bergen)

Assemblyman TIM EUSTACE

District 38 (Bergen and Passaic)

Assemblywoman NANCY J. PINKIN

District 18 (Middlesex)

Assemblywoman MILA M. JASEY

District 27 (Essex and Morris)

Assemblyman GORDON M. JOHNSON

District 37 (Bergen)

Senator JOSEPH F. VITALE

District 19 (Middlesex)

Senator M. TERESA RUIZ

District 29 (Essex)

Co-Sponsored by:

Assemblymen Wisniewski, Burzichelli, McKeon, Gusciora,

Assemblywoman Muoio, Senators Turner and Beck

SYNOPSIS

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

CURRENT VERSION OF TEXT

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

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



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

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3

1 AN ACT concerning certain discrimination in provision of health
2 benefits coverage and health care services and supplementing
3 various parts of the statutory law.

4

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

7

8 1. a. Notwithstanding any other law or regulation to the
9 contrary, a hospital service corporation contract that provides
10 hospital and medical expense benefits and is delivered, issued,
11 executed, or renewed in this State pursuant to P.L.1938,
12 c.366 (C.17:48-1 et seq.), or approved for issuance or renewal in this
13 State, by the Commissioner of Banking and Insurance on or after the
14 effective date of this act, shall not contain any provision that
15 discriminates, and the hospital service corporation shall not
16 discriminate, on the basis of a covered person's or prospective
17 covered person's gender identity or expression or on the basis that
18 the covered person or prospective covered person is a transgender
19 person.

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

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

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

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

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

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

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

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹Assembly AAP committee amendments adopted March 20, 2017.

²Senate SCM committee amendments adopted May 15, 2017.

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

6 c. For the purposes of this section:

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

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

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

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

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

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

23

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

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

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

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

47 (3) designating a covered person’s or prospective covered
48 person’s gender identity or expression, or the fact that a covered

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1 person or prospective covered person is a transgender person, as a
2 preexisting condition for which coverage will be denied or limited;
3 or

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

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

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

17 c. For the purposes of this section:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

27 c. For the purposes of this section:

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

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

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

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

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

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

44
45 4. a. Notwithstanding any other law or regulation to the
46 contrary, an individual health insurance policy that provides hospital
47 and medical expense benefits and is delivered, issued, executed, or
48 renewed in this State pursuant to N.J.S.17B:26-1 et seq., or approved

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

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

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

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

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

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

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

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

37 c. For the purposes of this section:

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

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

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

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

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

4 'e. Nothing in this section shall preclude the insurer from
5 performing utilization review, including periodic review of the
6 medical necessity of a particular service.'
7

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

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

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

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

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

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

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

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

48 c. For the purposes of this section:

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

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

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

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

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

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

17

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

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

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

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

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

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

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

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

10 c. For the purposes of this section:

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

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

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

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

21 d. The provisions of this section shall apply to all those health
22 benefits plans in which the carrier has reserved the right to change
23 the premium.

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

27

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

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

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

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

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1 covered person or prospective covered person is a transgender
2 person;

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

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

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

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

21 c. For the purposes of this section:

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

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

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

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

32 d. The provisions of this section shall apply to those health
33 benefits plans in which the carrier has reserved the right to change
34 the premium.

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

38

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

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

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

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

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

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

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

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

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

32 c. For the purposes of this section:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

43 c. For the purposes of this section:

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

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

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

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

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

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

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

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

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

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

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

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

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

48 c. For the purposes of this section:

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

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

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

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

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

14

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

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

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

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

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

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

47 (a) health care services related to gender transition if coverage is
48 available for those services under the contract when the services are

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16

1 not related to gender transition, including but not limited to hormone
2 therapy, hysterectomy, mastectomy, and vocal training; or

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

8 c. For the purposes of this section:

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

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

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

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

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

24
25 12. a. Notwithstanding the provisions of any other law or
26 regulation to the contrary, any contract between a carrier and the
27 Division of Medical Assistance and Health Services in the
28 Department of Human Services that provides benefits to persons who
29 are eligible for Medicaid under P.L.1968, c.413 (C.30:4D-1 et seq.)
30 shall not contain any provision that discriminates, and the carrier
31 shall not discriminate, on the basis of a covered person’s or
32 prospective covered person’s gender identity or expression or on the
33 basis that the covered person or prospective covered person is a
34 transgender person.

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

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

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

46 (3) designating a covered person’s or prospective covered
47 person’s gender identity or expression, or the fact that a covered
48 person or prospective covered person is a transgender person, as a

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1 preexisting condition for which coverage will be denied or limited;
2 or

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

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

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

16 c. For the purposes of this section:

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

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

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

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

27 'd. Nothing in this section shall preclude the carrier from
28 performing utilization review, including periodic review of the
29 medical necessity of a particular service.'
30

31 13. This act shall take effect on the first day of the fourth month
32 next following enactment.