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§1 - C.17:48-600
§2 - C.17:48A-711
§3 –
C.17:48E-35.39
§4 –
C.17B:26-2.1ii
§5 –
C.17B:27-46.100
§6 –
C.17B:27A-7.22
§7 –
C.17B:27A-19.26
§8 - C.26:2J-4.40
§9 –
C.52:14-17.29x
§10 –
C.52:14-17.46i
§11 - C.30:7E-7
§12 - C.30:4D-9.1
§13 - Note

(CORRECTED COPY)

P.L.2017, CHAPTER 176, *approved July 21, 2017*
Assembly, No. 4568 (*Second Reprint*)

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
13 this State, by the Commissioner of Banking and Insurance on or
14 after the effective date of this act, shall not contain any provision
15 that 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:

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.

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

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

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

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

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

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

29 c. For the purposes of this section:

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

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

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

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

40 d. The provisions of this section shall apply to all hospital
41 service corporation contracts in which the hospital service
42 corporation has reserved the right to change the premium.

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

46

47 2. a. Notwithstanding any other law or regulation to the
48 contrary, a medical service corporation contract that provides

1 hospital and medical expense benefits and is delivered, issued,
2 executed, or renewed in this State pursuant to P.L.1940,
3 c.74 (C.17:48A-1 et seq.), or approved for issuance or renewal in
4 this State, by the Commissioner of Banking and Insurance on or
5 after the effective date of this act, shall not contain any provision
6 that discriminates, and the medical service corporation shall not
7 discriminate, on the basis of a covered person's or prospective
8 covered person's gender identity or expression or on the basis that
9 the covered person or prospective covered person is a transgender
10 person.

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

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

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

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

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

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

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

40 c. For the purposes of this section:

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

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

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

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

3 d. The provisions of this section shall apply to all medical
4 service corporation contracts in which the medical service
5 corporation has reserved the right to change the premium.

6 ¹e. Nothing in this section shall preclude the medical service
7 corporation from performing utilization review, including periodic
8 review of the medical necessity of a particular service.¹

9
10 3. a. Notwithstanding any other law or regulation to the
11 contrary, a health service corporation contract that provides hospital
12 and medical expense benefits and is delivered, issued, executed, or
13 renewed in this State pursuant to P.L.1985, c.236 (C.17:48E-1 et
14 seq.), or approved for issuance or renewal in this State, by the
15 Commissioner of Banking and Insurance on or after the effective
16 date of this act, shall not contain any provision that discriminates,
17 and the health service corporation shall not discriminate, on the
18 basis of a covered person’s or prospective covered person’s gender
19 identity or expression or on the basis that the covered person or
20 prospective covered person is a transgender person.

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

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

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

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

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

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

45 (b) health care services that are ordinarily or exclusively
46 available to individuals of one sex when the denial or limitation is
47 due only to the fact that the covered person is enrolled as belonging

1 to the other sex or has undergone, or is in the process of
2 undergoing, gender transition.

3 c. For the purposes of this section:

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

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

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

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

14 d. The provisions of this section shall apply to all health
15 service corporation contracts in which the health service
16 corporation has reserved the right to change the premium.

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

20

21 4. a. Notwithstanding any other law or regulation to the
22 contrary, an individual health insurance policy that provides
23 hospital and medical expense benefits and is delivered, issued,
24 executed, or renewed in this State pursuant to N.J.S.17B:26-1 et
25 seq., or approved for issuance or renewal in this State, by the
26 Commissioner of Banking and Insurance on or after the effective
27 date of this act, shall not contain any provision that discriminates,
28 and the insurer shall not discriminate, on the basis of a covered
29 person’s or prospective covered person’s gender identity or
30 expression or on the basis that the covered person or prospective
31 covered person is a transgender person.

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

33 (1) denying, cancelling, limiting or refusing to issue or renew a
34 policy on the basis of 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 (2) demanding or requiring a payment or premium that is based
39 in whole or in part on a covered person’s or prospective covered
40 person’s gender identity or expression, or for the reason that the
41 covered person or prospective covered person is a transgender
42 person;

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

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

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

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

14 c. For the purposes of this section:

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

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

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

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

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

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

31
32 5. a. Notwithstanding any other law or regulation to the
33 contrary, a group health insurance policy that provides hospital and
34 medical expense benefits and is delivered, issued, executed, or
35 renewed in this State pursuant to N.J.S.17B:27-26 et seq., or
36 approved for issuance or renewal in this State, by the Commissioner
37 of Banking and Insurance on or after the effective date of this act,
38 shall not contain any provision that discriminates, and the insurer
39 shall not discriminate, on the basis of a covered person's or
40 prospective covered person's gender identity or expression or on the
41 basis that the covered person or prospective covered person is a
42 transgender person.

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

44 (1) denying, cancelling, limiting or refusing to issue or renew a
45 policy on the basis of a covered person's or prospective covered
46 person's gender identity or expression, or for the reason that the
47 covered person or prospective covered person is a transgender
48 person;

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

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

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

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

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

24 c. For the purposes of this section:

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

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

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

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

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

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

41

42 6. a. Notwithstanding any other law or regulation to the
43 contrary, an individual health benefits plan that provides hospital
44 and medical expense benefits and is delivered, issued, executed, or
45 renewed in this State pursuant to P.L.1992, c.161 (C.17B:27A-2 et
46 seq.), or approved for issuance or renewal in this State, by the
47 Commissioner of Banking and Insurance on or after the effective
48 date of this act, shall not contain any provision that discriminates,

1 and the carrier shall not discriminate, on the basis of a covered
2 person's or prospective covered person's gender identity or
3 expression or on the basis that the covered person or prospective
4 covered person is a transgender person.

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

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

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

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

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

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

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

34 c. For the purposes of this section:

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

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

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

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

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

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

5 7. a. Notwithstanding any other law or regulation to the
6 contrary, a small employer health benefits plan that provides
7 hospital and medical expense benefits and is delivered, issued,
8 executed, or renewed in this State pursuant to P.L.1992,
9 c.162 (C.17B:27A-17 et seq.), or approved for issuance or renewal
10 in this State, by the Commissioner of Banking and Insurance on or
11 after the effective date of this act, shall not contain any provision
12 that discriminates, and the carrier shall not discriminate, on the
13 basis of a covered person's or prospective covered person's gender
14 identity or expression or on the basis that the covered person or
15 prospective covered person is a transgender person.

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

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

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

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

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

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

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

45 c. For the purposes of this section:

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

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

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

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

8 d. The provisions of this section shall apply to those health
9 benefits plans in which the carrier has reserved the right to change
10 the premium.

11 ¹e. 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 8. a. Notwithstanding any other law or regulation to the
16 contrary, a health maintenance organization contract that provides
17 hospital and medical expense benefits and is delivered, issued,
18 executed, or renewed in this State pursuant to P.L.1973,
19 c.337 (C.26:2J-1 et seq.), or approved for issuance or renewal in
20 this State, by the Commissioner of Banking and Insurance on or
21 after the effective date of this act, shall not contain any provision
22 that discriminates, and the health maintenance organization shall
23 not discriminate, on the basis of a covered person’s or prospective
24 covered person’s gender identity or expression or on the basis that
25 the covered person or prospective covered person is a transgender
26 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
44 services including but not limited to the following, due to a covered
45 person’s gender identity or expression or for the reason that the
46 covered person is a transgender person:

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

1 are not related to gender transition, including but not limited to
2 hormone 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
7 undergoing, 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
16 accord 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 d. The provisions of this section shall apply to those contracts
20 for health care services under which the health maintenance
21 organization has reserved the right to change the schedule of
22 charges for enrollee coverage.

23 ¹e. Nothing in this section shall preclude the health maintenance
24 organization from performing utilization review, including periodic
25 review of the medical necessity of a particular service.¹
26

27 9. a. Notwithstanding any other law or regulation to the
28 contrary, the State Health Benefits Commission shall ensure that
29 every contract purchased by the commission on or after the
30 effective date of this act that provides hospital and medical expense
31 benefits shall not contain any provision that discriminates, and the
32 commission shall ensure there is no discrimination, on the basis of a
33 covered person’s or prospective covered person’s gender identity or
34 expression or on the basis that the covered person or prospective
35 covered person is a transgender 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

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

8 (a) health care services related to gender transition if coverage
9 is available for those services under the contract when the services
10 are not related to gender transition, including but not limited to
11 hormone 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
16 undergoing, 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
25 accord 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 ¹d. Nothing in this section shall preclude the carrier from
29 performing utilization review, including periodic review of the
30 medical necessity of a particular service.¹

31

32 10. a. Notwithstanding any other law or regulation to the
33 contrary, the School Employees' Health Benefits Commission shall
34 ensure that every contract purchased by the commission on or after
35 the effective date of this act that provides hospital and medical
36 expense benefits shall not contain any provision that discriminates,
37 and the commission shall ensure there is no discrimination, on the
38 basis of a covered person's or prospective covered person's gender
39 identity or expression or on the basis that the covered person or
40 prospective covered person is a transgender person.

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

42 (1) denying, cancelling, limiting or refusing to issue or renew a
43 contract on the basis of 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 (2) demanding or requiring a payment or premium that is based
48 in whole or in part on a covered person's or prospective covered

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

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

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

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

22 c. For the purposes of this section:

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

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

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

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

33 ¹d. Nothing in this section shall preclude the carrier from
34 performing utilization review, including periodic review of the
35 medical necessity of a particular service.¹

36
37 11. a. Notwithstanding the provisions of any other law or
38 regulation to the contrary, any contract between ²[University
39 Correctional Health Care, a division of Rutgers University
40 Behavioral HealthCare,] a health care provider² and the New Jersey
41 Department of Corrections, the Juvenile Justice Commission, the
42 State Parole Board, or any other State or local entity, which contract
43 provides health care services to the State's inmate population, shall
44 not contain any provision that discriminates, and ²[University
45 Correctional Health Care] the State or local entity contracting for
46 services² shall ensure there is no discrimination, on the basis of a

1 person's gender identity or expression or on the basis that the
2 person is a transgender 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
20 services including but not limited to the following, due to a covered
21 person's gender identity or expression or for the reason that the
22 covered person is a transgender person:

23 (a) health care services related to gender transition if coverage
24 is available for those services under the contract when the services
25 are not related to gender transition, including but not limited to
26 hormone 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
31 undergoing, 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
40 accord 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 ¹d. Nothing in this section shall preclude ²[University
44 Correctional Health Care] a State or local entity contracting for
45 services pursuant to this section² from performing utilization
46 review, including periodic review of the medical necessity of a
47 particular service.¹

1 12. a. Notwithstanding the provisions of any other law or
2 regulation to the contrary, any contract between a carrier and the
3 Division of Medical Assistance and Health Services in the
4 Department of Human Services that provides benefits to persons
5 who are eligible for Medicaid under P.L.1968, c.413 (C.30:4D-1 et
6 seq.) shall not contain any provision that discriminates, and the
7 carrier shall not discriminate, on the basis of a covered person's or
8 prospective covered person's gender identity or expression or on the
9 basis that the covered person or prospective covered person is a
10 transgender person.

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

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

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

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

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

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

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

40 c. For the purposes of this section:

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

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

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

1 “Transgender person” means a person who identifies as a gender
2 different from the sex assigned to the person at birth

3 ¹d. Nothing in this section shall preclude the carrier from
4 performing utilization review, including periodic review of the
5 medical necessity of a particular service.¹

6
7 13. This act shall take effect on the first day of the fourth month
8 next following enactment.

9

10

11

12

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

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)

Co-Sponsored by:

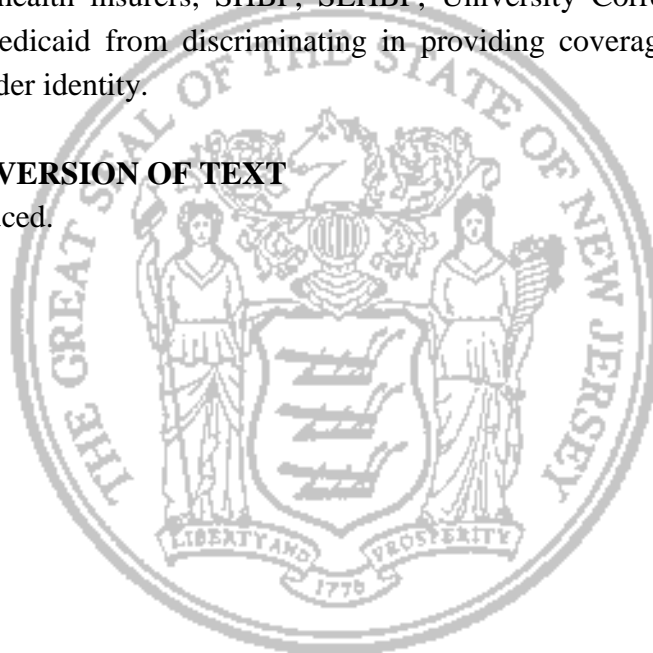
Assemblymen Wisniewski and Burzichelli

SYNOPSIS

Prohibits health insurers, SHBP, SEHBP, University Correctional Health Care, and Medicaid from discriminating in providing coverage and services based on gender identity.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 3/21/2017)

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
13 this State, by the Commissioner of Banking and Insurance on or
14 after the effective date of this act, shall not contain any provision
15 that 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
37 services including but not limited to the following, due to a covered
38 person's gender identity or expression or for the reason that the
39 covered person is a transgender person:

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

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

1 c. For the purposes of this section:

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

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

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

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

12 d. The provisions of this section shall apply to all hospital
13 service corporation contracts in which the hospital service
14 corporation has reserved the right to change the premium.

15

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

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

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

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

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

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

1 (a) health care services related to gender transition if coverage
2 is available for those services under the contract when the services
3 are not related to gender transition, including but not limited to
4 hormone 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
9 undergoing, 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
18 accord 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 medical
22 service corporation contracts in which the medical service
23 corporation has reserved the right to change the premium.

24

25 3. a. Notwithstanding any other law or regulation to the
26 contrary, a health service corporation contract that provides hospital
27 and medical expense benefits and is delivered, issued, executed, or
28 renewed in this State pursuant to P.L.1985, c.236 (C.17:48E-1 et
29 seq.), or approved for issuance or renewal in this State, by the
30 Commissioner of Banking and Insurance on or after the effective
31 date of this act, shall not contain any provision that discriminates,
32 and the health service corporation shall not discriminate, on the
33 basis of a covered person’s or prospective covered person’s gender
34 identity or expression or on the basis that the covered person or
35 prospective covered person is a transgender 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

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

8 (a) health care services related to gender transition if coverage
9 is available for those services under the contract when the services
10 are not related to gender transition, including but not limited to
11 hormone 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
16 undergoing, 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
25 accord 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 health
29 service corporation contracts in which the health service
30 corporation has reserved the right to change the premium.

31

32 4. a. Notwithstanding any other law or regulation to the
33 contrary, an individual health insurance policy that provides
34 hospital and medical expense benefits and is delivered, issued,
35 executed, or renewed in this State pursuant to N.J.S.17B:26-1 et
36 seq., or approved for issuance or renewal in this State, by the
37 Commissioner of Banking and Insurance on or after the effective
38 date of this act, shall not contain any provision that discriminates,
39 and the insurer shall not discriminate, on the basis of a covered
40 person's or prospective covered person's gender identity or
41 expression or on the basis that the covered person or prospective
42 covered person is a transgender person.

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

44 (1) denying, cancelling, limiting or refusing to issue or renew a
45 policy on the basis of a covered person's or prospective covered
46 person's gender identity or expression, or for the reason that the
47 covered person or prospective covered person is a transgender
48 person;

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

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

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

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

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

24 c. For the purposes of this section:

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

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

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

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

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

38

39 5. a. Notwithstanding any other law or regulation to the
40 contrary, a group health insurance policy that provides hospital and
41 medical expense benefits and is delivered, issued, executed, or
42 renewed in this State pursuant to N.J.S.17B:27-26 et seq., or
43 approved for issuance or renewal in this State, by the Commissioner
44 of Banking and Insurance on or after the effective date of this act,
45 shall not contain any provision that discriminates, and the insurer
46 shall not discriminate, on the basis of a covered person's or
47 prospective covered person's gender identity or expression or on the

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

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

4 (1) denying, cancelling, limiting or refusing to issue or renew a
5 policy 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
20 services including but not limited to the following, due to a covered
21 person's gender identity or expression or for the reason that the
22 covered person is a transgender person:

23 (a) health care services related to gender transition if coverage
24 is available for those services under the policy when the services
25 are not related to gender transition, including but not limited to
26 hormone 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
31 undergoing, 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
40 accord 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 group
44 health insurance policies in which the insurer has reserved the right
45 to change the premium.

46

47 6. a. Notwithstanding any other law or regulation to the
48 contrary, an individual health benefits plan that provides hospital

1 and medical expense benefits and is delivered, issued, executed, or
2 renewed in this State pursuant to P.L.1992, c.161 (C.17B:27A-2 et
3 seq.), or approved for issuance or renewal in this State, by the
4 Commissioner of Banking and Insurance on or after the effective
5 date of this act, shall not contain any provision that discriminates,
6 and the carrier shall not discriminate, on the basis of a covered
7 person's or prospective covered person's gender identity or
8 expression or on the basis that the covered person or prospective
9 covered person is a transgender person.

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

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

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

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

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

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

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

39 c. For the purposes of this section:

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

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

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

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

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

6
7 7. a. Notwithstanding any other law or regulation to the
8 contrary, a small employer health benefits plan that provides
9 hospital and medical expense benefits and is delivered, issued,
10 executed, or renewed in this State pursuant to P.L.1992,
11 c.162 (C.17B:27A-17 et seq.), or approved for issuance or renewal
12 in this State, by the Commissioner of Banking and Insurance on or
13 after the effective date of this act, shall not contain any provision
14 that discriminates, and the carrier shall not discriminate, on the
15 basis of a covered person’s or prospective covered person’s gender
16 identity or expression or on the basis that the covered person or
17 prospective covered person is a transgender person.

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

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

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

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

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

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

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

47 c. For the purposes of this section:

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
8 accord 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 health
12 benefits plans in which the carrier has reserved the right to change
13 the premium.

14

15 8. a. Notwithstanding any other law or regulation to the
16 contrary, a health maintenance organization contract that provides
17 hospital and medical expense benefits and is delivered, issued,
18 executed, or renewed in this State pursuant to P.L.1973,
19 c.337 (C.26:2J-1 et seq.), or approved for issuance or renewal in
20 this State, by the Commissioner of Banking and Insurance on or
21 after the effective date of this act, shall not contain any provision
22 that discriminates, and the health maintenance organization shall
23 not discriminate, on the basis of a covered person’s or prospective
24 covered person’s gender identity or expression or on the basis that
25 the covered person or prospective covered person is a transgender
26 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
44 services including but not limited to the following, due to a covered
45 person’s gender identity or expression or for the reason that the
46 covered person is a transgender person:

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

1 are not related to gender transition, including but not limited to
2 hormone 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
7 undergoing, 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
16 accord 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 d. The provisions of this section shall apply to those contracts
20 for health care services under which the health maintenance
21 organization has reserved the right to change the schedule of
22 charges for enrollee coverage.

23

24 9. a. Notwithstanding any other law or regulation to the
25 contrary, the State Health Benefits Commission shall ensure that
26 every contract purchased by the commission on or after the
27 effective date of this act that provides hospital and medical expense
28 benefits shall not contain any provision that discriminates, and the
29 commission shall ensure there is no discrimination, on the basis of a
30 covered person’s or prospective covered person’s gender identity or
31 expression or on the basis that the covered person or prospective
32 covered person is a transgender person.

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

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

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

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

48 or

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

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

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

14 c. For the purposes of this section:

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

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

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

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

25

26 10. a. Notwithstanding any other law or regulation to the
27 contrary, the School Employees' Health Benefits Commission shall
28 ensure that every contract purchased by the commission on or after
29 the effective date of this act that provides hospital and medical
30 expense benefits shall not contain any provision that discriminates,
31 and the commission shall ensure there is no discrimination, on the
32 basis of a covered person's or prospective covered person's gender
33 identity or expression or on the basis that the covered person or
34 prospective covered person is a 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

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

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

7 (a) health care services related to gender transition if coverage
8 is available for those services under the contract when the services
9 are not related to gender transition, including but not limited to
10 hormone 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
15 undergoing, 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
24 accord 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

28 11. a. Notwithstanding the provisions of any other law or
29 regulation to the contrary, any contract between University
30 Correctional Health Care, a division of Rutgers University
31 Behavioral HealthCare, and the New Jersey Department of
32 Corrections, the Juvenile Justice Commission, the State Parole
33 Board, or any other State or local entity, which contract provides
34 health care services to the State's inmate population, shall not
35 contain any provision that discriminates, and University
36 Correctional Health Care shall ensure there is no discrimination, on
37 the basis of a person's gender identity or expression or on the basis
38 that the person is a 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

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
9 services including but not limited to the following, due to a covered
10 person's gender identity or expression or for the reason that the
11 covered person is a transgender person:

12 (a) health care services related to gender transition if coverage
13 is available for those services under the contract when the services
14 are not related to gender transition, including but not limited to
15 hormone 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
20 undergoing, 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
29 accord 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

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

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

44 (1) denying, cancelling, limiting or refusing to issue or renew a
45 contract on the basis of a covered person's or prospective covered
46 person's gender identity or expression, or for the reason that the
47 covered person or prospective covered person is a transgender
48 person;

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

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

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

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

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

24 c. For the purposes of this section:

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

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

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

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

35

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

38

39

40

STATEMENT

41

42 This bill prohibits health insurers and health maintenance
43 organizations, as well as health benefits plans or contracts which
44 are issued or purchased pursuant to the New Jersey Individual
45 Health Coverage Program, New Jersey Small Employer Health
46 Benefits Program, State Health Benefits Program, School
47 Employees' Health Benefits Program, and the Medicaid Program
48 from discriminating in the provision of coverage on the basis of

1 gender identity or expression. The prohibited discrimination relates
2 to covered persons and prospective covered persons. This bill also
3 prohibits contracts between University Correctional Health Care
4 and the New Jersey Department of Corrections, the Juvenile Justice
5 Commission, the State Parole Board, or any other State or local
6 entity from discriminating in the provision of coverage on the basis
7 of gender identity or expression.

8 The discrimination prohibited by this bill includes:

9 (1) denying, cancelling, limiting or refusing to issue or renew a
10 contract or policy on the basis of a covered person's or prospective
11 covered person's gender identity or expression, or for the reason
12 that the covered person or prospective covered person is a
13 transgender 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
25 services including but not limited to the following, due to a covered
26 person's gender identity or expression or for the reason that the
27 covered person is a transgender person:

- 28 • health care services related to gender transition if coverage
29 is available for those services under the contract or policy
30 when the services are not related to gender transition,
31 including but not limited to hormone therapy, hysterectomy,
32 mastectomy, and vocal training; or
- 33 • health care services that are ordinarily or exclusively
34 available to individuals of one sex when the denial or
35 limitation is due only to the fact that the covered person is
36 enrolled as belonging to the other sex or has undergone, or is
37 in the process of undergoing, gender transition.

ASSEMBLY HUMAN SERVICES COMMITTEE

STATEMENT TO

ASSEMBLY, No. 4568

STATE OF NEW JERSEY

DATED: FEBRUARY 13, 2017

The Assembly Human Services Committee reports favorably Assembly Bill No. 4568.

This bill prohibits health insurers and health maintenance organizations, as well as health benefits plans or contracts which are issued or purchased pursuant to the New Jersey Individual Health Coverage Program, New Jersey Small Employer Health Benefits Program, State Health Benefits Program, School Employees' Health Benefits Program, and the Medicaid Program from discriminating in the provision of coverage on the basis of gender identity or expression. The prohibited discrimination relates to covered persons and prospective covered persons. This bill also prohibits contracts between University Correctional Health Care and the New Jersey Department of Corrections, the Juvenile Justice Commission, the State Parole Board, or any other State or local entity from discriminating in the provision of coverage on the basis of gender identity or expression.

The discrimination prohibited by this bill includes:

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

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

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

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

- health care services related to gender transition if coverage is available for those services under the contract or policy

when the services are not related to gender transition, including but not limited to hormone therapy, hysterectomy, mastectomy, and vocal training; or

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

ASSEMBLY APPROPRIATIONS COMMITTEE

STATEMENT TO

ASSEMBLY, No. 4568

with committee amendments

STATE OF NEW JERSEY

DATED: MARCH 20, 2017

The Assembly Appropriations Committee reports favorably Assembly Bill No. 4568, with committee amendments.

As amended, this bill prohibits health insurers and health maintenance organizations, as well as health benefits plans or contracts which are issued or purchased pursuant to the New Jersey Individual Health Coverage Program, New Jersey Small Employer Health Benefits Program, State Health Benefits Program, School Employees' Health Benefits Program, and the Medicaid Program from discriminating in the provision of coverage on the basis of gender identity or expression. The prohibited discrimination relates to covered persons and prospective covered persons. This bill also prohibits contracts between University Correctional Health Care and the New Jersey Department of Corrections, the Juvenile Justice Commission, the State Parole Board, or any other State or local entity from discriminating in the provision of coverage on the basis of gender identity or expression.

The discrimination prohibited by this bill includes:

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

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

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

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

- health care services related to gender transition if coverage is available for those services under the contract or policy when the

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

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

FISCAL IMPACT:

This bill was not certified as requiring a fiscal note.

COMMITTEE AMENDMENTS:

The amendments provide that health insurers, health maintenance organizations and others prohibited by the bill from discriminating in the provision of health care coverage based on gender identity are not precluded from performing utilization review, including periodic review of the medical necessity of a particular service.

SENATE COMMERCE COMMITTEE

STATEMENT TO

[First Reprint]

ASSEMBLY, No. 4568

with committee amendments

STATE OF NEW JERSEY

DATED: MAY 15, 2017

The Senate Commerce Committee reports favorably and with committee amendments Assembly Bill No. 4568 (1R).

This bill, with committee amendments, prohibits health insurers and health maintenance organizations, as well as health benefits plans or contracts which are issued or purchased pursuant to the New Jersey Individual Health Coverage Program, New Jersey Small Employer Health Benefits Program, State Health Benefits Program, School Employees' Health Benefits Program, and the Medicaid Program from discriminating in the provision of coverage on the basis of gender identity or expression. The prohibited discrimination relates to covered persons and prospective covered persons. This bill also prohibits contracts between certain health care providers who provide health care services to the State's inmate population, such as University Correctional Health Care, and the New Jersey Department of Corrections, the Juvenile Justice Commission, the State Parole Board, or any other State or local entity from discriminating in the provision of coverage on the basis of gender identity or expression.

The discrimination prohibited by this bill includes:

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

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

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

(4) denying or limiting coverage, or denying a claim, for services including but not limited to the following, due to a covered person's

gender identity or expression or for the reason that the covered person is a transgender person:

- health care services related to gender transition if coverage is available for those services under the contract or policy when the services are not related to gender transition, including but not limited to hormone therapy, hysterectomy, mastectomy, and vocal training; or
- health care services that are ordinarily or exclusively available to individuals of one sex when the denial or limitation is due only to the fact that the covered person is enrolled as belonging to the other sex or has undergone, or is in the process of undergoing, gender transition.

As amended and reported by the committee, this bill is identical to Senate Bill No. 3017 as also amended and reported by the committee.

Committee Amendment:

The committee amendment clarifies that contracts between any health care provider, including University Correctional Health Care, and a State or local entity, which contract provides health care services to the State's inmate population, shall not contain any provision that discriminates, and the State or local entity contracting for services must ensure there is no discrimination, on the basis of a person's gender identity or expression or on the basis that the person is a transgender person.

SENATE, No. 3017

STATE OF NEW JERSEY 217th LEGISLATURE

INTRODUCED FEBRUARY 27, 2017

Sponsored by:

Senator JOSEPH F. VITALE

District 19 (Middlesex)

Senator M. TERESA RUIZ

District 29 (Essex)

Co-Sponsored by:

Senator Turner

SYNOPSIS

Prohibits health insurers, SHBP, SEHBP, University Correctional Health Care, and Medicaid from discriminating in providing coverage and services based on gender identity.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 5/2/2017)

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, c.366
12 (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
14 the 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
37 services including but not limited to the following, due to a covered
38 person's gender identity or expression or for the reason that the
39 covered person is a transgender person:

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

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

1 c. For the purposes of this section:

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

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

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

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

12 d. The provisions of this section shall apply to all hospital
13 service corporation contracts in which the hospital service
14 corporation has reserved the right to change the premium.

15

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

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

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

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

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

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

1 (a) health care services related to gender transition if coverage
2 is available for those services under the contract when the services
3 are not related to gender transition, including but not limited to
4 hormone 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
9 undergoing, 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
18 accord 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 medical
22 service corporation contracts in which the medical service
23 corporation has reserved the right to change the premium.

24
25 3. a. Notwithstanding any other law or regulation to the
26 contrary, a health service corporation contract that provides hospital
27 and medical expense benefits and is delivered, issued, executed, or
28 renewed in this State pursuant to P.L.1985, c.236 (C.17:48E-1 et
29 seq.), or approved for issuance or renewal in this State, by the
30 Commissioner of Banking and Insurance on or after the effective
31 date of this act, shall not contain any provision that discriminates,
32 and the health service corporation shall not discriminate, on the
33 basis of a covered person’s or prospective covered person’s gender
34 identity or expression or on the basis that the covered person or
35 prospective covered person is a transgender 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

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

8 (a) health care services related to gender transition if coverage
9 is available for those services under the contract when the services
10 are not related to gender transition, including but not limited to
11 hormone 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
16 undergoing, 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
25 accord 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 health
29 service corporation contracts in which the health service
30 corporation has reserved the right to change the premium.

31

32 4. a. Notwithstanding any other law or regulation to the
33 contrary, an individual health insurance policy that provides
34 hospital and medical expense benefits and is delivered, issued,
35 executed, or renewed in this State pursuant to N.J.S.17B:26-1 et
36 seq., or approved for issuance or renewal in this State, by the
37 Commissioner of Banking and Insurance on or after the effective
38 date of this act, shall not contain any provision that discriminates,
39 and the insurer shall not discriminate, on the basis of a covered
40 person's or prospective covered person's gender identity or
41 expression or on the basis that the covered person or prospective
42 covered person is a transgender person.

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

44 (1) denying, cancelling, limiting or refusing to issue or renew a
45 policy on the basis of a covered person's or prospective covered
46 person's gender identity or expression, or for the reason that the
47 covered person or prospective covered person is a transgender
48 person;

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

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

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

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

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

24 c. For the purposes of this section:

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

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

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

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

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

38

39 5. a. Notwithstanding any other law or regulation to the
40 contrary, a group health insurance policy that provides hospital and
41 medical expense benefits and is delivered, issued, executed, or
42 renewed in this State pursuant to N.J.S.17B:27-26 et seq., or
43 approved for issuance or renewal in this State, by the Commissioner
44 of Banking and Insurance on or after the effective date of this act,
45 shall not contain any provision that discriminates, and the insurer
46 shall not discriminate, on the basis of a covered person's or
47 prospective covered person's gender identity or expression or on the

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

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

4 (1) denying, cancelling, limiting or refusing to issue or renew a
5 policy 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
20 services including but not limited to the following, due to a covered
21 person's gender identity or expression or for the reason that the
22 covered person is a transgender person:

23 (a) health care services related to gender transition if coverage
24 is available for those services under the policy when the services
25 are not related to gender transition, including but not limited to
26 hormone 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
31 undergoing, 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
40 accord 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 group
44 health insurance policies in which the insurer has reserved the right
45 to change the premium.

46

47 6. a. Notwithstanding any other law or regulation to the
48 contrary, an individual health benefits plan that provides hospital

1 and medical expense benefits and is delivered, issued, executed, or
2 renewed in this State pursuant to P.L.1992, c.161 (C.17B:27A-2 et
3 seq.), or approved for issuance or renewal in this State, by the
4 Commissioner of Banking and Insurance on or after the effective
5 date of this act, shall not contain any provision that discriminates,
6 and the carrier shall not discriminate, on the basis of a covered
7 person's or prospective covered person's gender identity or
8 expression or on the basis that the covered person or prospective
9 covered person is a transgender person.

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

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

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

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

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

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

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

39 c. For the purposes of this section:

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

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

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

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

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

6
7 7. a. Notwithstanding any other law or regulation to the
8 contrary, a small employer health benefits plan that provides
9 hospital and medical expense benefits and is delivered, issued,
10 executed, or renewed in this State pursuant to P.L.1992, c.162
11 (C.17B:27A-17 et seq.), or approved for issuance or renewal in this
12 State, by the Commissioner of Banking and Insurance on or after
13 the effective date of this act, shall not contain any provision that
14 discriminates, and the carrier shall not discriminate, on the basis of
15 a covered person’s or prospective covered person’s gender identity
16 or expression or on the basis that the covered person or prospective
17 covered person is a transgender person.

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

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

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

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

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

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

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

47 c. For the purposes of this section:

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
8 accord 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 health
12 benefits plans in which the carrier has reserved the right to change
13 the premium.

14

15 8. a. Notwithstanding any other law or regulation to the
16 contrary, a health maintenance organization contract that provides
17 hospital and medical expense benefits and is delivered, issued,
18 executed, or renewed in this State pursuant to P.L.1973, c.337
19 (C.26:2J-1 et seq.), or approved for issuance or renewal in this
20 State, by the Commissioner of Banking and Insurance on or after
21 the effective date of this act, shall not contain any provision that
22 discriminates, and the health maintenance organization shall not
23 discriminate, on the basis of a covered person’s or prospective
24 covered person’s gender identity or expression or on the basis that
25 the covered person or prospective covered person is a transgender
26 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
44 services including but not limited to the following, due to a covered
45 person’s gender identity or expression or for the reason that the
46 covered person is a transgender person:

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

1 are not related to gender transition, including but not limited to
2 hormone 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
7 undergoing, 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
16 accord 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 d. The provisions of this section shall apply to those contracts
20 for health care services under which the health maintenance
21 organization has reserved the right to change the schedule of
22 charges for enrollee coverage.

23

24 9. a. Notwithstanding any other law or regulation to the
25 contrary, the State Health Benefits Commission shall ensure that
26 every contract purchased by the commission on or after the
27 effective date of this act that provides hospital and medical expense
28 benefits shall not contain any provision that discriminates, and the
29 commission shall ensure there is no discrimination, on the basis of a
30 covered person’s or prospective covered person’s gender identity or
31 expression or on the basis that the covered person or prospective
32 covered person is a transgender person.

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

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

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

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

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

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

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

14 c. For the purposes of this section:

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

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

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

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

25
26 10. a. Notwithstanding any other law or regulation to the
27 contrary, the School Employees' Health Benefits Commission shall
28 ensure that every contract purchased by the commission on or after
29 the effective date of this act that provides hospital and medical
30 expense benefits shall not contain any provision that discriminates,
31 and the commission shall ensure there is no discrimination, on the
32 basis of a covered person's or prospective covered person's gender
33 identity or expression or on the basis that the covered person or
34 prospective covered person is a 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

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

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

7 (a) health care services related to gender transition if coverage
8 is available for those services under the contract when the services
9 are not related to gender transition, including but not limited to
10 hormone 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
15 undergoing, 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
24 accord 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

28 11. a. Notwithstanding the provisions of any other law or
29 regulation to the contrary, any contract between University
30 Correctional Health Care, a division of Rutgers University
31 Behavioral HealthCare, and the New Jersey Department of
32 Corrections, the Juvenile Justice Commission, the State Parole
33 Board, or any other State or local entity, which contract provides
34 health care services to the State's inmate population, shall not
35 contain any provision that discriminates, and University
36 Correctional Health Care shall ensure there is no discrimination, on
37 the basis of a person's gender identity or expression or on the basis
38 that the person is a 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

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
9 services including but not limited to the following, due to a covered
10 person's gender identity or expression or for the reason that the
11 covered person is a transgender person:

12 (a) health care services related to gender transition if coverage
13 is available for those services under the contract when the services
14 are not related to gender transition, including but not limited to
15 hormone 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
20 undergoing, 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
29 accord 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

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

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

44 (1) denying, cancelling, limiting or refusing to issue or renew a
45 contract on the basis of a covered person's or prospective covered
46 person's gender identity or expression, or for the reason that the
47 covered person or prospective covered person is a transgender
48 person;

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

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

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

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

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

24 c. For the purposes of this section:

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

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

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

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

35

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

38

39

40

STATEMENT

41

42 This bill prohibits health insurers and health maintenance
43 organizations, as well as health benefits plans or contracts which
44 are issued or purchased pursuant to the New Jersey Individual
45 Health Coverage Program, New Jersey Small Employer Health
46 Benefits Program, State Health Benefits Program, School
47 Employees' Health Benefits Program, and the Medicaid Program
48 from discriminating in the provision of coverage on the basis of

1 gender identity or expression. The prohibited discrimination relates
2 to covered persons and prospective covered persons. This bill also
3 prohibits contracts between University Correctional Health Care
4 and the New Jersey Department of Corrections, the Juvenile Justice
5 Commission, the State Parole Board, or any other State or local
6 entity from discriminating in the provision of coverage on the basis
7 of gender identity or expression.

8 The discrimination prohibited by this bill includes:

9 (1) denying, cancelling, limiting or refusing to issue or renew a
10 contract or policy on the basis of a covered person's or prospective
11 covered person's gender identity or expression, or for the reason
12 that the covered person or prospective covered person is a
13 transgender 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
25 services including but not limited to the following, due to a covered
26 person's gender identity or expression or for the reason that the
27 covered person is a transgender person:

- 28 • health care services related to gender transition if coverage
29 is available for those services under the contract or policy
30 when the services are not related to gender transition,
31 including but not limited to hormone therapy, hysterectomy,
32 mastectomy, and vocal training; or
- 33 • health care services that are ordinarily or exclusively
34 available to individuals of one sex when the denial or
35 limitation is due only to the fact that the covered person is
36 enrolled as belonging to the other sex or has undergone, or is
37 in the process of undergoing, gender transition.

SENATE COMMERCE COMMITTEE

STATEMENT TO

SENATE, No. 3017

with committee amendments

STATE OF NEW JERSEY

DATED: MAY 15, 2017

The Senate Commerce Committee reports favorably and with committee amendments Senate Bill No. 3017.

This bill, with committee amendments, prohibits health insurers and health maintenance organizations, as well as health benefits plans or contracts which are issued or purchased pursuant to the New Jersey Individual Health Coverage Program, New Jersey Small Employer Health Benefits Program, State Health Benefits Program, School Employees' Health Benefits Program, and the Medicaid Program from discriminating in the provision of coverage on the basis of gender identity or expression. The prohibited discrimination relates to covered persons and prospective covered persons. This bill also prohibits contracts between certain health care providers who provide health care services to the State's inmate population, such as University Correctional Health Care, and the New Jersey Department of Corrections, the Juvenile Justice Commission, the State Parole Board, or any other State or local entity from discriminating in the provision of coverage on the basis of gender identity or expression.

The discrimination prohibited by this bill includes:

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

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

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

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

- health care services related to gender transition if coverage is available for those services under the contract or policy when the services are not related to gender transition, including but not limited to hormone therapy, hysterectomy, mastectomy, and vocal training; or
- health care services that are ordinarily or exclusively available to individuals of one sex when the denial or limitation is due only to the fact that the covered person is enrolled as belonging to the other sex or has undergone, or is in the process of undergoing, gender transition.

As amended and reported by the committee this bill is identical to Assembly Bill No 4568 (1R) as also amended and reported by the committee.

Committee Amendments:

The committee amendments:

- provide that health insurers, health maintenance organizations and others prohibited by the bill from discriminating in the provision of health care coverage based on gender identity are not precluded from performing utilization review, including periodic review of the medical necessity of a particular service; and

- clarify that contracts between any health care provider, including University Correctional Health Care, and a State or local entity, which contract provides health care services to the State's inmate population, shall not contain any provision that discriminates, and the State or local entity contracting for services must ensure there is no discrimination, on the basis of a person's gender identity or expression or on the basis that the person is a transgender person.

Governor Christie Takes Action on Pending Legislation

Friday, July 21, 2017

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Trenton, NJ – Governor Chris Christie today took action on dozens of bills, including S-359/A-2320 (Codey, Vitale/Vainieri Huttle, Conaway, Jimenez, Lampitt, Jasey, Sumter), which raises the minimum age from 19 to 21 of a person to whom a vendor may sell, offer for sale, distribute, give or furnish tobacco products in New Jersey. This new law also amends various related statues concerning penalties, fines, signage requirements, non-face-to-face transactions, and enforcement provisions to reflect the increased minimum age.

“By raising the minimum age to purchase tobacco products to 21, we are giving young people more time to develop a maturity and better understanding of how dangerous smoking can be and that it is better to not start smoking in the first place,” Governor Christie said. “My mother died from the effects of smoking, and no one should lose their life due to any addictive substance. Additionally, the less people who develop costly tobacco habits that can cause health problems, such as lung cancer, heart disease and developmental issues, the less strain there will be on our healthcare system.”

Governor Christie also took action on pending legislation related to:

Further Addressing the Opioid Epidemic

Governor Christie signed four bills that continue New Jersey's leadership role in fighting the national opioid epidemic. The legislation that requires the Department of Human Services develop, maintain, and post on their website daily information about the number of open beds available in facilities in the state for people in need of mental health or substance use disorder treatment; help inform parents of student athletes and cheerleaders about the use and misuse of prescription opioids; allows hospice programs to accept the unused prescription medicines of their hospice patients for safe disposal and implements the use of current-day, sensitive terminology when referring to persons with substance use disorders or certain disabilities.

- **A-1662/S-2466 (Schaer, Vainieri Huttle, Coughlin, McKnight, Mukherji/Vitale, Allen)** - Requires development and maintenance of data dashboard report to advise of open bed availability in residential facilities providing behavioral health services
- **A-3944/S-2402 (Mazzeo, Lagana, Vainieri Huttle, Benson, Caride, Wimberly/Diegnan, Vitale)** - Requires DOE to develop educational fact sheet for distribution to parents of student-athletes and cheerleaders concerning use and misuse of prescription opioids
- **S-2970/A-4522 (Vitale, Diegnan/Lampitt, Vainieri Huttle, Jimenez)** - Allows hospice care programs to accept unused prescription medications for disposal under certain circumstances
- **S-2721/ACS for A-926 (Vitale, Whelan/Vainieri Huttle, Benson, Tucker, Eustace, McKnight, Mosquera)** - Implements person-first language and changes pejorative terminology referring to persons with certain disabilities or substance use disorders

Protecting and Preserving the Environment

The Governor also signed several bills to protect people and improve the quality of life by strengthening New Jersey's environment.

“These new laws will create more open space preservation opportunities, green energy solutions and safeguards to ensure quality drinking water for all New Jerseyans,” Governor Christie said. “They provide greater flexibility for counties and municipalities to use the roughly \$270 million open space tax dollars they collect each year for the intended mission of protecting New Jersey's environment, improving communities with more recreation and

conservation, and preventing overcrowding of our towns and schools. They also ensure reliable, sustainable and safe environmental infrastructure across the state, by investing nearly \$100 million in critical projects this year."

- **A-1645/S-195 (Schaer, Webber, Dancer, Pintor Marin/Kyrillos, Smith)** - Expands definition of "acquisition," for purposes of county and municipal open space trust funds, to include demolition, removal of debris, and restoration of lands being acquired
- **S-3352/A-5045 (Ruiz, Bateman/Oliver, Chaparro, Singleton, Lagana, Bramnick, Vainieri Huttie, Zwicker)** - Appropriates \$71,700,224 from constitutionally dedicated CBT revenues and various Green Acres funds to DEP for local government open space acquisition and park development projects
- **S-3353/A-5046 (Greenstein, Thompson/Eustace, Land, Mukherji, Schaer, Bramnick, Vainieri Huttie, Wimberly)** - Appropriates \$12.3 million from constitutionally dedicated CBT revenues for recreation and conservation purposes to DEP for State capital and park development projects
- **S-3354/A-5044 (Gordon, Allen/McKeon, Mazzeo, Muoio, Moriarty, Bramnick, Zwicker, Vainieri Huttie)** - Appropriates \$8,992,898 to DEP from constitutionally dedicated CBT revenues and various Green Acres funds for grants to certain nonprofit entities to acquire or develop lands for recreation and conservation purposes
- **S-3240/A-4996 (Greenstein, Codey/Mukherji, Mazzeo, Schaer, Holley, Land)** - Authorizes NJ Environmental Infrastructure Trust to expend certain sums to make loans for environmental infrastructure projects for FY2018
- **CC for S-3241/A-4998 (Smith, Codey/Eustace, Muoio, Moriarty, Conaway, Andrzejczak)** - Appropriates funds to DEP for environmental infrastructure projects for FY2018
- **S-3242/A-4997 (Gordon, Oroho/McKeon, Prieto)** - Clarifies procedures for approval of environmental and transportation infrastructure projects
- **S-3181/A-4756 (Smith, Diegnan/DeAngelo, Eustace, Gusciora)** - Permits solar electric power generation facility projects not having commenced commercial operation to retain designation through May 31, 2018 as connected to distribution system
- **S-2834/A-4569 (Sweeney, Greenstein, Bateman/Eustace, Karabinchak, McKeon, Vainieri Huttie, Benson, Muoio)** - The "Water Quality Accountability Act"; imposes certain testing, reporting, management, and infrastructure investment requirements on water purveyors

Governor Christie also took action on the following bills:

BILL SIGNINGS:

S-5/A-4925 (Vitale, Sweeney/Conaway, O'Scanlon, Houghtaling, Quijano, Giblin, DeAngelo, Munoz, Mukherji, A.M. Bucco) - Establishes data reporting requirements for emergency medical services providers and dispatch centers

SS SCS SCS for S-291, 652, 1954/ACS for A-1464 (Vitale, Whelan, Allen, Turner/Lampitt, Coughlin, Conaway, Vainieri Huttie, Lagana, Mukherji, Moriarty) - Authorizes health care providers to engage in telemedicine and telehealth

S-742/A-1205 (Beach/Mosquera, Holley, Wimberly, Jones) - Requires board of education to enter into agreement with law enforcement authorities regarding access to live video streams of public school buildings

S-1295/A-3701 (Vitale/Eustace, Munoz) - Amends and repeals sections of "Respiratory Care Practitioner Licensing Act"

S-1315/A-1839 (Vitale/Giblin, Wimberly, McKeon, Mukherji, Sumter) - Revises statutes regarding practice of physical therapy

S-1840/A-2085 (Ruiz, Gill/Mukherji, Oliver, McKnight) - Prohibits charging fee to stop publishing personal identifying information obtained through the criminal justice system

S-1913/A-2794 (Addiego, Greenstein/Lagana, Moriarty, Mukherji, Downey) - "Personal Information and Privacy Protection Act"; restricts collection and use of personal information by retail establishments for certain purposes

S-2058/A-671 (T. Kean, Pou/Munoz, Giblin, Mukherji, Moriarty) - Adds two nurse educators to the New Jersey Board of Nursing

S-2331/A-3962 (Codey, Vitale/Jasey, McKeon, Vainieri Huttie, Munoz, Mukherji, Mosquera, Lampitt) - Establishes tuition reimbursement program for certain psychiatrists who work in underserved areas or psychiatric hospitals in New Jersey

CC S-2403/A-3717 (Rice, Turner/Sumter, Vainieri Huttie, Lampitt, Downey) - Establishes Women's Vocational Training Pilot Program to promote economic self-sufficiency of low-income women through increased participation in high-wage, high-demand occupations; authorizes allocation of certain funds therefor

S-2452/A-4007 (Diegnan, Stack/Houghtaling, Downey, Mosquera, Mazzeo) - Requires Director of Division of Taxation to promulgate Property Taxpayer Bill of Rights

S-2577/A-4238 (Cunningham, Ruiz, Gordon/Sumter, Jasey, Muoio, Lagana, Downey, Benson) - Requires Higher Education Student Assistance Authority to provide annual New Jersey College Loans to Assist State Students Loan Program report to Governor and Legislature and develop student loan comparison information document to increase program transparency

S-2618/A-4691 (Cunningham, Pou/Caride, McKeon, Jasey, Giblin) - Requires institutions of higher education to enter into collective Statewide reverse transfer agreement

S-2819/A-4363 (Sweeney, Ruiz, Lesniak/Taliaferro, Andrzejczak, Lampitt, Mosquera, Holley, Quijano) - Creates "Nourishing Young Minds Initiative Fund" in Dept. of Agriculture to help pay for child food and nutrition programs

S-3027/A-4631 (Smith, Greenstein/Lampitt, Quijano, Eustace, Kennedy, Benson, Muoio, Zwicker, Mukherji) - Establishes State food waste reduction goal of 50 percent by 2030

S-3067/A-4652 (Ruiz, Vitale/Vainieri Huttie, Caride, Eustace, Jasey, Wimberly, Gusciora) - Requires Commissioner of Education to develop guidelines for school districts regarding transgender students

S-3176/A-4898 (Madden/Mukherji, Singleton) - Changes year used to calculate TDI and FLI employee taxes from most recent calendar year to most recent fiscal year

S-3191/A-3370 (Sweeney, Bateman/Burzichelli, Jones) - Extends voting rights of representatives of sending districts on receiving district board of education

S-3219/A-4859 (Sweeney, T. Kean, Greenstein, Holzapfel/Vainieri Huttie, Prieto, Downey) - Establishes additional penalties related to child pornography and expands crime to include portrayal of child in sexual manner; establishes crime of leader of child pornography network

S-3331/A-5039 (Cruz-Perez/Jones) - Authorizes State Treasurer to sell surplus real property in City of Camden, County of Camden to Camden County Improvement Authority

SJR-105/AJR-157 (Diegnan, Cruz-Perez, Sweeney/Pinkin, Karabinchak, Coughlin) - Designates August 29, 2017 as Governor James Florio Day in New Jersey

SJR-113/AJR-165 (Gordon/Vainieri Huttie, Chiaravalloti) - Clarifies intent of law subjecting PANYNJ to open public records and freedom of information laws in New Jersey and New York

A-222/S-2171 (DeAngelo, Giblin, Singleton, Holley, Benson/Bateman, Greenstein, Stack) - "New Jersey Library Construction Bond Act"; authorizes issuance of \$125,000,000 in general obligation bonds to finance capital projects at public libraries; appropriates \$5,000

A-373/S-607 (Auth, Vainieri Huttie, McGuckin, Schepisi, Peterson, Jimenez/Addiego, A.R. Bucco) - Requires life imprisonment without parole for persons convicted of the murder of a minor under the age of 18 in the course of the commission of a sex crime

A-555/S-1847 (Pinkin, Eustace/Diegnan) - Revises statutes concerning incorporation and governance of the Protestant Episcopal Church to remove gender-specific references

A-621/S-2328 (Lagana, Greenwald, Moriarty, Mosquera, Mukherji/Cruz-Perez, Turner) - Permits bowling alleys, including alleys licensed to sell alcoholic beverages, to conduct amusement games

A-1458/S-2449 (Lampitt, Mosquera, Downey, Singleton, Vainieri Huttie/Vitale, Ruiz) - Requires health care professionals engaged in prenatal care to provide parents of newborns with information on health insurance coverage for newborn children

A-1761/S-332 (Eustace, Mukherji, Gusciora/Scutari, Bateman) - Creates fencing crime involving stolen domestic companion animals

A-2060/S-2333 (Gusciora, Sumter, Oliver, Jasey, McKnight/Cruz-Perez, Turner) - Establishes process for consideration of offers from short sale buyers during residential mortgage foreclosures

A-2221/S-2453 (Benson, Russo, DeAngelo, A.M. Bucco/Diegnan, Greenstein) - Allows gross income taxpayers to use returns to make voluntary contributions to the Boy Scouts of America Councils in New Jersey

A-2441/S-2910 (Eustace, Gusciora, Kennedy, Mazzeo, Mukherji/Gordon, Turner) - Authorizes the Unclaimed Property Administrator to verify certain governmental debts before delivering abandoned property

A-2926/S-3197 (Greenwald, Vainieri Huttie, Schaer, Mukherji, Holley, Mosquera, Muoio, Sumter, Mazzeo/Cruz-Perez, Cunningham) - Repeals law suspending certain licenses, registrations and certifications for failure to repay student loans

A-2993/S-1305 (Conaway, Pinkin, Sumter, Wimberly, McKnight, Mukherji/Vitale, Madden) - Requires Medicaid coverage for diabetes self-management education, training, services, and equipment for patients diagnosed with diabetes, gestational diabetes, and pre-diabetes

A-3347/S-2242 (Wolfe, Holley, Jasey, McKnight, Wimberly/Diegnan) - Establishes New Jersey School Safety Specialist Academy in Department of Education and requires school districts to designate school safety specialist

A-3438/S-1564 (DeAngelo, Danielsens, Holley, Houghtaling, Downey, Wimberly, Quijano/Turner, Beach) - Requires initial determination of unemployment benefits to be made within three weeks of filing of claim

A-3463/S-2038 (Coughlin/Vitale, Codey) - Updates references to DOC and DHS and refers to persons receiving services from DHS

A-3686/S-2423 (McKeon, Jasey, Munoz, Vainieri Huttie, A.M. Bucco/Codey, Oroho) - Establishes new crime of strict liability vehicular homicide; renames existing vehicular homicide as reckless vehicular homicide; designated as Ralph and David's Law

A-4011/S-2887 (Jones, Barclay, Moriarty, Mosquera, Greenwald, Lampitt, Mazzeo, Chiaravalloti/Cruz-Perez, Beach) - Designates USS New Jersey as New Jersey State Ship

A-4081/S-2662 (Lampitt, Vainieri Huttle, Benson, Wimberly, Greenwald/Allen, Sweeney) - "Charlie's Law"; Establishes civil penalties for persons who interfere with or deny persons with disabilities accompanied by service or guide dogs access to places of public accommodation

A-4088/S-2567 (Schaer, Jasey, Benson, Wimberly/Cruz-Perez, Singer) - Establishes "High School to College Readiness Commission" to examine issues and develop recommendations to enhance student preparation for postsecondary education

A-4175/S-2808 (Caride, McKnight, Holley, Pintor Marin, Wimberly/Ruiz, Turner) -Requires Commissioner of Education to develop guidance on identifying English language learners for gifted and talented programs

A-4246/S-3194 (Dancer/Lesniak, Beck) - Decreases annual thoroughbred race dates to 50 minimum upon written consent from New Jersey Thoroughbred Horsemen's Association

A-4317/S-3206 (Prieto, Giblin/Diegnan) - Concerns violations of certain occupational licensing laws

A-4568/S-3017 (Vainieri Huttle, Eustace, Pinkin, Jasey, Johnson/Vitale, Ruiz) - Prohibits health insurers, SHBP, SEHBP, certain health care providers, and Medicaid from discriminating in providing coverage and services based on gender identity

A-4875/S-1996 (Muoio, Gusciora/Beach, Van Drew) - Requires gubernatorial candidates' statements be posted online

A-4969/S-3281 (Oliver, Giblin, Jasey, McKnight, Schaer, Wimberly/Gill, Cunningham) - Establishes Montclair State University as public research university

ACS for A-4994/S-3314 (McKeon, Burzichelli, Singleton, Caride/Sarlo, Oroho) - Requires certain State and local government agency employees with access to federal tax information to undergo criminal history background checks

AJR-37/SJR-67 (Mosquera, Chaparro/Weinberg) - Designates June 21 of each year as "ASK Day" to promote children's health and gun safety

ACS for AJR-54/SJR-104 (Benson, Mosquera, Chiaravalloti, Holley, McKnight, Wimberly/Sweeney, Beach) - Designates April 2nd of each year as "World Autism Awareness Day"

AJR-72/SJR-31 (Gove, Rumpf, A.M. Bucco, Holley/A.R. Bucco) - Designates September 17 through September 23 of each year as "Constitution Week"

AJR-115/SJR-81 (Vainieri Huttle, Lampitt, Giblin, Benson/Diegnan, A.R. Bucco) - Designates third Friday in September of every year as Concussion Awareness Day

AJR-126/SJR-85 (Dancer, DeAngelo, Munoz, A.M. Bucco, Mukherji, Houghtaling, Downey/Allen, Madden) - Commemorates establishment and service of the New Jersey State Police and celebrates 95th anniversary of first graduating class

AJR-137/SJR-102 (Mazzeo/Whelan) - Urges United States President Trump, members of his administration, and Congress to oppose measures and actions to prohibit states from authorizing and conducting Internet gaming

BILLS VETOED:

SCS for S-1297, 1990/A-3751 (Vitale, Sweeney/Jasey, Coughlin) - **CONDITIONAL** - Permits candidates for school board to circulate petitions jointly and be bracketed together on ballot; permits short nonpolitical designation of principles on petitions and ballots

A-31/S-3315 (Prieto, Muoio, Oliver, Schaer, Holley, Mukherji, Quijano, Wimberly, Pintor Marin/Vitale, Cruz-Perez) - **ABSOLUTE** - Increases amount of benefits under Work First New Jersey program by 30 percent over three years and according to Social Security cost of living increases thereafter

A-33/S-3316 (Muoio, Vainieri Huttle, Mukherji, Oliver, Gusciora, Pintor Marin/Vitale, Cruz-Perez) - **ABSOLUTE** - Repeals family cap in Work First New Jersey program

A-320/S-1018 (Singleton, Vainieri Huttle, Munoz, Moriarty, Lampitt, Sumter, Mukherji/Weinberg, Cruz-Perez) - **CONDITIONAL** - Establishes minimum Medicaid reimbursement rate for personal care services

A-1139/S-2616 (Holley, McKnight, Munoz, Kennedy, Mukherji, Pintor Marin, Wimberly/Ruiz, Vitale) - **CONDITIONAL** - Prohibits sale of unsafe supplemental mattresses designed for children's products

A-2297/S-659 (Vainieri Huttle, Sumter, Mukherji, Caride, Downey, Zwicker, Wimberly/Turner, Allen) - **CONDITIONAL** - Requires health insurance coverage for contraceptives to include prescriptions for 12 months

A-3338/S-862 (Eustace, Lagana, Vainieri Huttle, Muoio, Mukherji, Benson, Jimenez, Giblin, Moriarty, Lampitt/Stack, Weinberg) - **CONDITIONAL** - Dedicates one percent of cigarette and other tobacco products tax revenues to anti-smoking initiatives

ACS for A-3480, 4119/S-2536 (Downey, Lampitt, Schaer, Houghtaling, Benson, Singleton, Muoio, DeAngelo/Gill, Weinberg) - **ABSOLUTE** - Concerns employer inquiries about worker's wage and salary experience

A-4253/S-2634 (Quijano, Mukherji, Vainieri Huttle, Eustace, Jones, McKeon/Weinberg, Diegnan) - CONDITIONAL - Establishes "New Jersey Nonprofit Security Grant Pilot Program"; appropriates \$3,000,000 over next three fiscal years

A-4453/S-2881 (Downey, Houghtaling/Ruiz) – CONDITIONAL - Requires pupils who reside on certain federal property to enroll in resident school district in accordance with schedule determined by executive county superintendent of schools

A-4496/S-2977 (Wimberly, Sumter, Lampitt/Lesniak) – CONDITIONAL - "Healthy Small Food Retailer Act"; provides funding to small food retailers to sell fresh and nutritious food; appropriates \$1 million

A-4587/SCS for S-2574 (Quijano, Vainieri Huttle, Mukherji, Giblin/Diegnan, Sarlo) – ABSOLUTE - Imposes State sales and use tax and hotel and motel occupancy fee on transient accommodations; authorizes various municipal taxes and fees on transient accommodations

A-4870/S-3226 (Prieto, Oliver, Quijano, Pintor Marin, Schaer, Vainieri Huttle, Eustace/Ruiz, Sweeney, Greenstein) – ABSOLUTE - "Safe Transportation Jobs and Fair Employment Rules Act"

ACS for A-4927/SCS for S-3085 (Prieto, Oliver, Gusciora, Jasey/Sweeney, Diegnan, Ruiz) – CONDITIONAL - Revises law concerning family leave, temporary disability and family temporary disability leave, and domestic or sexual violence safety leave

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