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§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:

<sup>1</sup>Assembly AAP committee amendments adopted March 20, 2017.

<sup>2</sup>Senate 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 <sup>1</sup>e. 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.<sup>1</sup>

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 <sup>1</sup>e. 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.<sup>1</sup>

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 <sup>1</sup>e. 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.<sup>1</sup>

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 <sup>1</sup>e. 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.<sup>1</sup>

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 <sup>1</sup>e. 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.<sup>1</sup>

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 <sup>1</sup>e. 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.<sup>1</sup>  
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 <sup>1</sup>e. 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.<sup>1</sup>

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 <sup>1</sup>e. 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.<sup>1</sup>  
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 <sup>1</sup>d. 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.<sup>1</sup>

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 <sup>1</sup>d. 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.<sup>1</sup>

36  
37 11. a. Notwithstanding the provisions of any other law or  
38 regulation to the contrary, any contract between <sup>2</sup>【University  
39 Correctional Health Care, a division of Rutgers University  
40 Behavioral HealthCare,】 a health care provider<sup>2</sup> 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 <sup>2</sup>【University  
45 Correctional Health Care】 the State or local entity contracting for  
46 services<sup>2</sup> 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 <sup>1</sup>d. Nothing in this section shall preclude <sup>2</sup>[University  
44 Correctional Health Care] a State or local entity contracting for  
45 services pursuant to this section<sup>2</sup> from performing utilization  
46 review, including periodic review of the medical necessity of a  
47 particular service.<sup>1</sup>

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       <sup>1</sup>d. 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.<sup>1</sup>

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

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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.