SENATE, No. 1785

STATE OF NEW JERSEY

219th LEGISLATURE

INTRODUCED FEBRUARY 13, 2020

Sponsored by:
Senator VIN GOPAL
District 11 (Monmouth)

SYNOPSIS

Establishes task force to study and make recommendations concerning health care service needs of the lesbian, gay, bisexual, transgendered, and queer or questioning individuals, and persons with intersex conditions in the State.

CURRENT VERSION OF TEXT

As introduced.

AN ACT establishing a task force to study and make recommendations concerning the health care service needs of the lesbian, gay, bisexual, transgendered, and queer or questioning individuals, and persons with intersex conditions in the State.

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

1. The Legislature finds and declares that:

a. Lesbian, gay, bisexual, transgender, and queer or questioning individuals, and persons with intersex conditions (LGBTQI) often face challenges and barriers to accessing needed health care services, and as a result, can experience worse health outcomes than the general population.

b. The challenges include stigmatization, discrimination, daily life stressors, and inequality in the workplace and health care system because of sexual orientation, gender identity, and gender expression.

c. Research has shown that members of the LGBTQI community experience higher rates of family abandonment and homelessness, more severe and putative forms of school discipline, greater contact with the juvenile justice system, and higher rates of poverty and unemployment than their heterosexual and cisgender counterparts.

d. Although every expert medical and psychological organization has asserted that neither same-sex attraction or cross-gender identification are indicative of mental illness or psychopathy, members of the LGBTQI community, as a group, experience higher levels of depression, anxiety, substance abuse, and suicidality than their non-LGBTQI peers, most likely as a result of the stigma and discrimination LGBTQI individuals experience in their daily lives.

e. LGBTQI senior citizens are less likely to have adult children or extended family who can act as advocates and caregivers when they fall ill and are need to access health care services. As a result, direct engagement between this population of seniors and health care professionals is extremely important. Yet a significant number of LGBTQI seniors report delaying or forgoing needed health care because of the fear of discrimination.

f. Members of the LGBTQI community also have more chronic health conditions and suffer from higher rates of HIV/AIDS, mental illness, substance abuse, and sexual and physical violence.

g. In addition to fear of discrimination and higher rates of illness and violence, some members of the LGBTQI community are less likely to have health insurance and are more likely to report unmet health care needs than their heterosexual counterparts.

h. These disparities stem from federal and state policies on health insurance coverage and other employee benefits and the lack of medical professionals trained in providing culturally competent health care services to LGBTQI individuals.

i. It is in the public interest of the State to establish a task force to study and make recommendations concerning the health care service needs of the State's LGBTQI community and to guarantee that all New Jersey citizens, regardless of their sexual orientation, gender identity, or gender expression have equal opportunity to quality health care services.

2. a. There is established the New Jersey Task Force on Health Care Services for Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, and Intersex Persons in the Department of Health.

b. The purpose of the task force is to develop and issue recommendations concerning the health care service needs of the State's LGBTQI community. The task force shall:

(1) review current State and federal policies and laws as they relate to health care services provided to members of the State's LGBTQI community;

(2) determine what existing resources are currently being utilized Statewide for the provision of health care services to members of the LGBTQI community;

(3) examine the quality and accessibility of existing LGBTQI-related health care services throughout the State and investigate whether there is a need for improving the quality and accessibility of such services;

(4) evaluate research and literature, including any national best practices, professional standards, or guidelines, concerning the removal of the barriers faced by members of the LGBTQI community when accessing health care services and obtaining health insurance coverage;

(5) examine the curricula of the State's medical schools and schools of public health to determine whether they provide instruction on how to address the specific health care needs of the LGBTQI community; and

(6) develop and issue recommendations to:

(i) improve the quality and accessibility of LGBTQI-related health care services in the State; and

(ii) remove current and emerging barriers faced by members of the LGBTQI community when accessing health care services and obtaining health insurance coverage.

3. The task force shall consist of the following nine members:

a. The Commissioner of Health or a designee, who shall serve ex-officio;

b. four members of the public as follows: a representative of Garden State Equality; a representative of the New Jersey Hospital

Association; a representative of a federally qualified health center; and a New Jersey resident representing the LGBTQI community, who shall be appointed by the Governor; and

c. four members of the public as follows: one member each who shall be appointed by the Speaker of the General Assembly, the Senate President, the Minority Leader of the Senate, and the Minority Leader of the General Assembly.

d. Vacancies in the membership of the task force shall be filled in the same manner as the original appointments. The members of the task force shall serve without compensation but may be reimbursed for any expenses incurred by them in the performance of their duties, subject to the availability of funds.

e. The task force shall organize as soon as practicable after the appointment of its members and shall select a chairperson from among its members.

f. The Department of Health task force shall provide professional and clerical staff to the task force as necessary to carry out its duties.

g. The task force shall be entitled to call to its assistance and avail itself of the services of the employees of any State, county, or municipal department, board, bureau, commission, or agency as it may require and as may be available to perform its duties.

h. The task force shall report to the Governor and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), to the Legislature on its findings, recommendations, and activities no later than one year after the organization of the task force.

4. This act shall take effect immediately and shall expire upon the issuance of the task force report.

STATEMENT

This bill establishes the nine-member New Jersey Task Force on Health Care Services for Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, and Intersex Persons in the Department of Health (DOH).

The purpose of the task force would be to develop and issue recommendations concerning the health care service needs of the State's LGBTQI community.

Specifically, the task force would: review current State and federal policies and laws as they relate to LGBTQI-related health care services; determine what existing resources are currently being utilized Statewide for the provision of health care services to members of the LGBTQI community, examine the quality and accessibility of those services, and investigate whether there is a need for improving the quality and accessibility of such services; evaluate research and literature concerning the removal of barriers

faced by members of the LGBTQI community when accessing health care services and obtaining health insurance coverage; examine the current curricula of the State's medical schools and schools of public health to determine whether they provide instruction on how to address the specific health care needs of the LGBTQI community; and develop and issue recommendations to improve the quality and accessibility of LGBTQI-related health care services in the State and to remove current and emerging barriers faced by members of the LGBTQI community when accessing health care services and obtaining health insurance coverage.

The membership of the task force would include: the Commissioner of Health or a designee; four members of the public appointed by the Governor representing Garden State Equality, the New Jersey Hospital Association, a federally qualified health center, and the LGBTQI community; and four members of the public, one each appointed by the Senate President, the Speaker of the General Assembly, and the Majority and Minority Leaders of the Senate and General Assembly.

Under the provisions of the bill: DOH would provide professional and clerical staff to the task force as necessary to carry out its duties; the task force would report to the Governor and the Legislature on its findings, recommendations, and activities no later than one year after its organization of the task force; and the task force would expire upon the issuance of its report.