

CHAPTER 176

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

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

C.17:48-600 Hospital service corporation to provide coverage regardless of gender identity, expression.

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

b. The discrimination prohibited by this section shall include:

(1) denying, cancelling, limiting or refusing to issue or renew a contract 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:

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

(b) 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.

c. For the purposes of this section:

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

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

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

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

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

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

C.17:48A-711 Medical service corporation to provide coverage regardless of gender identity, expression.

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

b. The discrimination prohibited by this section shall include:

(1) denying, cancelling, limiting or refusing to issue or renew a contract 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:

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

(b) 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.

c. For the purposes of this section:

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

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

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

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

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

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

C.17:48E-35.39 Health service corporation to provide coverage regardless of gender identity, expression.

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

b. The discrimination prohibited by this section shall include:

(1) denying, cancelling, limiting or refusing to issue or renew a contract 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:

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

(b) 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.

c. For the purposes of this section:

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

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

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

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

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

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

C.17B:26-2.1ii Individual health insurance policy to provide coverage regardless of gender identity, expression.

4. a. Notwithstanding any other law or regulation to the contrary, an individual health insurance policy that provides hospital and medical expense benefits and is delivered, issued,

executed, or renewed in this State pursuant to N.J.S.17B:26-1 et seq., or approved for issuance or renewal in this State, by the Commissioner of Banking and Insurance on or after the effective date of this act, shall not contain any provision that discriminates, and the insurer shall not discriminate, on the basis of a covered person's or prospective covered person's gender identity or expression or on the basis that the covered person or prospective covered person is a transgender person.

b. The discrimination prohibited by this section shall include:

(1) denying, cancelling, limiting or refusing to issue or renew a 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:

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

(b) 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.

c. For the purposes of this section:

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

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

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

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

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

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

C.17B:27-46.100 Group health insurance policy to provide coverage regardless of gender identity, expression.

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

identity or expression or on the basis that the covered person or prospective covered person is a transgender person.

b. The discrimination prohibited by this section shall include:

(1) denying, cancelling, limiting or refusing to issue or renew a 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:

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

(b) 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.

c. For the purposes of this section:

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

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

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

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

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

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

C.17B:27A-7.22 Individual health benefits plan to provide coverage regardless of gender identity, expression.

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

b. The discrimination prohibited by this section shall include:

(1) denying, cancelling, limiting or refusing to issue or renew a contract 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:

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

(b) 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.

c. For the purposes of this section:

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

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

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

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

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

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

C.17B:27A-19.26 Small employer health benefits plan to provide coverage regardless of gender identity, expression.

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

b. The discrimination prohibited by this section shall include:

(1) denying, cancelling, limiting or refusing to issue or renew a contract 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:

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

(b) 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.

c. For the purposes of this section:

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

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

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

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

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

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

C.26:2J-4.40 Health maintenance organization to provide coverage regardless of gender identity, expression.

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

b. The discrimination prohibited by this section shall include:

(1) denying, cancelling, limiting or refusing to issue or renew a contract 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:

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

(b) 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.

c. For the purposes of this section:

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

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

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

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

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

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

C.52:14-17.29x State Health Benefits Commission contracts to provide coverage regardless of gender identity, expression.

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

b. The discrimination prohibited by this section shall include:

(1) denying, cancelling, limiting or refusing to issue or renew a contract 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:

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

(b) 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.

c. For the purposes of this section:

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

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

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

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

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

C.52:14-17.46.6i School Employees' Health Benefits Commission to provide coverage regardless of gender identity, expression.

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

b. The discrimination prohibited by this section shall include:

(1) denying, cancelling, limiting or refusing to issue or renew a contract 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:

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

(b) 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.

c. For the purposes of this section:

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

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

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

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

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

C.30:7E-7 Contracted health care providers to provide coverage regardless of gender identity, expression.

11. a. Notwithstanding the provisions of any other law or regulation to the contrary, any contract between a health care provider and the New Jersey Department of Corrections, the Juvenile Justice Commission, the State Parole Board, or any other 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 shall 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.

b. The discrimination prohibited by this section shall include:

(1) denying, cancelling, limiting or refusing to issue or renew a contract 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:

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

(b) 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.

c. For the purposes of this section:

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

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

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

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

d. Nothing in this section shall preclude a State or local entity contracting for services pursuant to this section from performing utilization review, including periodic review of the medical necessity of a particular service.

C.30:4D-9.1 Medicaid contract providers to provide coverage regardless of gender identity, expression.

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

b. The discrimination prohibited by this section shall include:

(1) denying, cancelling, limiting or refusing to issue or renew a contract 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:

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

(b) 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.

c. For the purposes of this section:

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

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

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

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

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

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

Approved July 21, 2017.