

ASSEMBLY HUMAN SERVICES COMMITTEE

STATEMENT TO

ASSEMBLY, No. 4568

STATE OF NEW JERSEY

DATED: FEBRUARY 13, 2017

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

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

The discrimination prohibited by this bill includes:

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

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

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

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

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

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

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