

LEGISLATIVE FISCAL ESTIMATE

ASSEMBLY, No. 2181

STATE OF NEW JERSEY

222nd LEGISLATURE

DATED: OCTOBER 22, 2026

SUMMARY

- Synopsis:** Establishes requirements to evaluate certain people who are pregnant and who have given birth for endometriosis.
- Type of Impact:** Annual State expenditure and revenue increases.
- Agencies Affected:** Department of Health; Department of Human Services; Division of Consumer Affairs in the Department of Law and Public Safety.

Office of Legislative Services Estimate

Fiscal Impact	Annual
State Expenditure Increase	Indeterminate
State Revenue Increase	Indeterminate

- The Office of Legislative Services (OLS) concludes that State costs will increase by an indeterminate amount for the Department of Health to develop and implement the endometriosis public education program for pregnant and postpartum persons who have been diagnosed with preeclampsia and subsequently show symptoms of endometriosis.
- Although current research shows that persons diagnosed with endometriosis have a higher risk of developing preeclampsia during pregnancy than do persons who are not diagnosed with endometriosis, there are no publicly available data on the percentage of persons with an endometriosis diagnosis who later develop preeclampsia, or vice versa. As such, the OLS cannot anticipate the number of pregnant and postpartum persons who would ultimately be evaluated subsequent to the bill.
- Expenditures incurred by the State Board of Medical Examiners in the Division of Consumer Affairs will increase by an indeterminate amount to ensure that licensed obstetric care practitioners comply with the educational and evaluation requirements established under the bill.
- Medicaid costs may potentially increase for licensed obstetric care providers to conduct the evaluation program established under the bill and to develop a treatment plan for those persons who receive a positive result for endometriosis. The OLS, however, is unable to determine the



amount by which Medicaid costs will increase under the bill, since 95 percent of Medicaid patients are enrolled in a managed care plan; Medicaid managed care organizations' costs are proprietary information. To the extent that State Medicaid expenditures increase under the bill, State revenues will increase in the form of federal Medicaid reimbursements.

BILL DESCRIPTION

Under the bill, the Department of Health will require every licensed physician or health care practitioner providing perinatal care to a pregnant person or a person who has given birth, to refer the person for an endometriosis evaluation, if the person has been diagnosed with preeclampsia and later shows symptoms of endometriosis.

The State Board of Medical Examiners in the Division of Consumer Affairs within the Department of Law and Public Safety will require every obstetric provider who is the primary caregiver for a pregnant person or a person who seeks perinatal care within six weeks of giving birth to : (1) in accordance with nationally recognized guidelines, provide the person with information developed by the New Jersey Department of Health on endometriosis; (2) inform the person of the benefits of being evaluated for endometriosis if the person has been diagnosed with preeclampsia and subsequently shows symptoms of endometriosis; and (3) evaluate the person for endometriosis or refer the person to a qualified obstetric care provider for evaluation unless the person provides a written refusal to be evaluated.

The department will be required to develop, in consultation with the Endometriosis Foundation of America and any other community-based organization as may be designated by the Department of Health, endometriosis educational information for pregnant individuals and individuals who have recently given birth, have been diagnosed with preeclampsia, and subsequently show symptoms of endometriosis. The educational information will include information on endometriosis and the potential warning signs and symptoms of endometriosis.

Upon receipt of a referral for an endometriosis evaluation pursuant to the bill, the obstetric care provider will discuss the results with the person and, if the person has a positive diagnosis of endometriosis, develop a treatment plan to minimize the person's risk from endometriosis.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS concludes that Department of Health costs will increase by an indeterminate amount in order to develop and implement the endometriosis public education program and the evaluation program established under the bill. The OLS notes that the FY2023 Appropriations Act included \$200,000 for a Menstrual Health Public Awareness Campaign to educate the public about menstrual disorders, including endometriosis, and maternal health. To the extent that the department utilizes the educational materials developed for the Menstrual Health Public

Awareness Campaign as part of the endometriosis education program established under this bill, departmental costs will be minimized.

The State Board of Medical Examiners in the Division of Consumer Affairs will also realize an indeterminate increase in costs to ensure that the State's obstetric care providers comply with the bill's requirements to provide pregnant and postpartum persons with the Department of Health-developed educational information concerning endometriosis, and to conduct endometriosis evaluations for certain patients who have a preeclampsia diagnosis and later show symptoms of endometriosis.

Although current research indicates that persons diagnosed with endometriosis have a higher risk of developing preeclampsia during pregnancy than do persons who are not diagnosed with endometriosis, there are no publicly available data on the percentage of persons with an endometriosis diagnosis who later develop preeclampsia, or vice versa. Given this lack of information, the OLS cannot anticipate the number of pregnant and postpartum persons who would ultimately be evaluated and counseled by an obstetric care provider under the bill.

Medicaid costs may potentially increase for licensed obstetric care providers to evaluate pregnant and postpartum enrollees who have a preeclampsia diagnosis and subsequently show symptoms of endometriosis. Medicaid costs would further increase pursuant to the bill's requirement that obstetric care providers, in the case of a pregnant or postpartum enrollee who receives a positive result for endometriosis, develop a treatment plan to minimize the enrollee's risk from endometriosis. Since approximately 95 percent of Medicaid patients are enrolled in a managed care plan, and the reimbursement rates that the contracted Medicaid managed care organizations negotiate with contracted providers are proprietary information, the OLS is unable to determine the amount by which Medicaid costs would increase under the bill. However, to the extent that State Medicaid program expenditures increase under the bill, State revenues will increase in the form of federal Medicaid reimbursements.

Section: *Human Services*
Analyst: *Sarah Schmidt*
 Principal Research Analyst
Approved: *Thomas Koenig*
 Legislative Budget and Finance Officer

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).