LEGISLATIVE FISCAL ESTIMATE

ASSEMBLY COMMITTEE SUBSTITUTE FOR

ASSEMBLY, Nos. 2181 and 2188

STATE OF NEW JERSEY
222nd LEGISLATURE

DATED: OCTOBER 30, 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 an 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.

- NJ FamilyCare 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 NJ FamilyCare patients are enrolled in a managed care plan; the NJ FamilyCare managed care organizations' costs are proprietary information. To the extent that NJ FamilyCare expenditures increase under the bill, State revenues will increase in the form of federal Medicaid reimbursements.

- There is the potential for annual cost savings under the NJ FamilyCare program if the bill's requirements were to cause positive health outcomes that reduce future treatment costs.

BILL DESCRIPTION

The bill directs the Department of Health to require licensed physicians or health care practitioners who provide perinatal care to a pregnant or postpartum person to refer the person for an endometriosis evaluation, if the person has been diagnosed with preeclampsia and later shows symptoms of endometriosis.

The Board of Medical Examiners will require obstetric care providers who are the primary caregiver for a pregnant person or a postpartum person who seeks perinatal care to: (1) provide the person with Department of Health-developed information on endometriosis; (2) inform the person of the benefits of being evaluated for endometriosis if the person has been diagnosed with preeclampsia and later has symptoms of endometriosis; and (3) evaluate the person for endometriosis or refer the person for an evaluation unless the person provides a written refusal.

The department will develop, in consultation with the Endometriosis Foundation of America and other designated organizations, endometriosis educational information for pregnant individuals and postpartum persons who have been diagnosed with preeclampsia and subsequently have endometriosis symptoms.

Upon receipt of a referral for an endometriosis evaluation, an obstetric care provider will be required to discuss any evaluation results with the patient and, if the patient is diagnosed with endometriosis, develop a treatment plan.

Licensed birthing centers, federally qualified health centers, and health care practitioners providing prenatal or postpartum care will be required to adopt policies requiring a pregnant or postpartum person to be evaluated, as necessary, for pregnancy-related hypertensive disorders, provided the person exhibits symptoms and has not previously been diagnosed with the condition, or after the onset of such symptoms. Evaluation tools will be based on best practices and guidance, as determined by the American College of Obstetricians and Gynecologists or another nationally-recognized body.

These same health care entities will: (1) provide a pregnant or postpartum person with evidence-based information on pregnancy-related hypertensive disorders; (2) inform the person of the benefits of being evaluated for pregnancy-related hypertensive disorders and that the person should be evaluated under certain circumstances, unless the person declines to be evaluated; and (3) review and discuss any evaluation results with the person and, if the person is diagnosed with preeclampsia, develop an evidence-based treatment plan to minimize the person's risk.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS concludes that Department of Health expenditures will increase by an indeterminate amount to develop and implement the endometriosis public education program and the evaluation program required under the bill. The OLS notes that the FY 2023 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 Department of Law and Public Safety's Division of Consumer Affairs will also realize an indeterminate expenditure increase 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.

NJ FamilyCare 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. NJ FamilyCare costs would further increase pursuant to the bill's requirement that obstetric care providers, in the case of a pregnant or postpartum enrollee who is diagnosed with endometriosis, develop a treatment plan to minimize the enrollee's risk from endometriosis. Since approximately 95 percent of NJ FamilyCare patients are enrolled in a managed care plan, and the reimbursement rates that the contracted NJ FamilyCare managed care organizations negotiate with contracted providers are proprietary information, the OLS is unable to determine the amount by which NJ FamilyCare costs would increase under the bill. To the extent that NJ FamilyCare program expenditures increase under the bill, State revenues will increase in the form of federal Medicaid reimbursements.

The OLS concludes that, to the extent that individuals covered under NJ FamilyCare receive additional or more intensive treatment because of the bill's requirement that certain health care facilities and practitioners adopt policies requiring evaluations of pregnant and postpartum patients for pregnancy-related hypertensive disorders, annual NJ FamilyCare expenditures will increase by an indeterminate amount. The OLS lacks the informational basis to determine how demand for such evaluations may change as a result of the bill and by how much the associated State costs will increase. However, any increased NJ FamilyCare expenditures for such evaluations will be eligible for additional federal Medicaid matching funds, thereby increasing annual State revenues, albeit by an indeterminate amount. The OLS also notes that there is the potential for annual cost

savings under the NJ FamilyCare program if the bill's requirements were to cause positive health outcomes that reduce future treatment costs.

The OLS concludes that the Department of Health, the State Board of Medical Examiners, and the State Board of Nursing will utilize existing resources to promulgate rules and regulations necessary to implement the bill's requirements.

By way of context, New Jersey has 69 State-licensed hospitals and 24 federally qualified health centers that would be affected by the bill. New Jersey State Health Assessment Data show that there were 93,668 births to New Jersey residents in 2025, the most recent year for which data are available. Of this total number, approximately 29 percent, or 26,710 births in 2025, were covered by the Medicaid program. According to the Preeclampsia Foundation, hypertensive disorders of pregnancy affect between five and eight percent of all births in the United States; moreover, the foundation reports that the rate of preeclampsia in the Unites States has risen by 25 percent over the past 20 years. Federal Centers for Disease Control and Prevention data show that, among women ages 20-49 in 2022-2023, 6.2 percent had ever been diagnosed with endometriosis.

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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.).