

ASSEMBLY APPROPRIATIONS COMMITTEE

STATEMENT TO

ASSEMBLY COMMITTEE SUBSTITUTE FOR  
**ASSEMBLY, Nos. 2181 and 2188**

**STATE OF NEW JERSEY**

DATED: OCTOBER 22, 2026

The Assembly Appropriations Committee reports favorably an Assembly Committee Substitute for Assembly Bill Nos. 2181 and 2188.

As reported, this committee substitute directs the Commissioner of Health to require every licensed physician or health care practitioner in the State 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 committee substitute requires the Board of Medical Examiners to require every obstetric care 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 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 commissioner 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 commissioner, 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 committee substitute, the obstetric care provider would 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.

The committee substitute also directs every birthing center licensed in the State, every federally qualified health center, and every health care practitioner providing prenatal care to a pregnant person or

postpartum care to a person who seeks treatment within 12 weeks of giving birth to adopt and adhere to policies requiring the person to be evaluated, as necessary, for hypertensive disorders related to pregnancy. Those disorders include, but are not limited to, postpartum preeclampsia and hypertension, provided that the person shows symptoms of the condition and has not in the current or recent pregnancy previously been diagnosed with the condition, or after the onset of such symptoms. Evaluation tools are to be based on best practices and guidance, as determined by the American College of Obstetricians and Gynecologists or another nationally-recognized body.

Under the committee substitute, these same entities providing the same types of care are to, in accordance with nationally recognized evidence-based treatment practices: (1) provide the person with evidence-based information on hypertensive disorders related to pregnancy preeclampsia listed in the substitute; (2) inform the person of the benefits of being evaluated for hypertensive disorders related to pregnancy preeclampsia, including, but not limited to, postpartum preeclampsia and hypertension, and that the person should be evaluated for hypertensive disorders related to pregnancy under the circumstances set forth in the substitute, unless the person declines to be evaluated; and (3) upon receipt of the results of any evaluation, discuss the results with the person and, if the person has a positive evaluation for preeclampsia, develop an evidence-based treatment plan to minimize the person's risk from preeclampsia.

#### FISCAL IMPACT:

The OLS determines 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 required evaluation and 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.

The OLS further concludes that, to the extent that NJ FamilyCare enrollees receive additional or more intensive treatment under the provision in the bill that requires birthing centers, FQHCs, and certain licensed health care practitioners to evaluate certain pregnant and postpartum persons for pregnancy-related hypertensive disorders, including postpartum preeclampsia and hypertension and, if necessary, develop an evidence-based treatment plan for the person, NJ FamilyCare expenditures would increase by an indeterminate amount annually. These expenditures would be eligible for additional federal Medicaid matching funds, thereby increasing State revenues by an indeterminate amount. There is the potential for annual cost savings under the NJ FamilyCare program if these requirements were to cause positive health outcomes that reduce future treatment costs.