

ASSEMBLY COMMITTEE SUBSTITUTE FOR
ASSEMBLY, Nos. 2181 and 2188

STATE OF NEW JERSEY
222nd LEGISLATURE

ADOPTED OCTOBER 22, 2026

Sponsored by:

Assemblywoman SHANIQUE SPEIGHT

District 29 (Essex and Hudson)

Assemblywoman SHAMA A. HAIDER

District 37 (Bergen)

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District 15 (Hunterdon and Mercer)

Assemblywoman DAWN FANTASIA

District 24 (Morris, Sussex and Warren)

Co-Sponsored by:

**Assemblywomen Carter, Assemblyman Miller, Assemblywoman Swain,
Assemblyman Tully, Assemblywomen Peterpaul, Donlon, and Karabinchak**

SYNOPSIS

Establishes requirements to evaluate certain people who are pregnant and who have given birth for endometriosis.

CURRENT VERSION OF TEXT

Substitute as adopted by the Assembly Appropriations Committee.



1 AN ACT concerning endometriosis evaluations and supplementing
2 Title 26 of the Revised Statutes.

3

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

6

7 1. a. The Commissioner of Health shall require every licensed
8 physician or health care practitioner in the State providing perinatal
9 care to a pregnant person or a person who has given birth, to refer the
10 person for an endometriosis evaluation if the person has been
11 diagnosed with preeclampsia and subsequently shows symptoms of
12 endometriosis.

13 b. The Board of Medical Examiners shall require every obstetric
14 care provider, who is the primary caregiver for a pregnant person, or
15 a person who seeks perinatal care within six weeks of giving birth, to
16 in accordance with nationally recognized guidelines:

17 (1) provide the person with information, developed by the
18 Department of Health, on endometriosis and potential warning signs
19 and symptoms;

20 (2) inform the person of the benefits of being evaluated for
21 endometriosis if the person has been diagnosed with preeclampsia
22 and subsequently shows symptoms of endometriosis; and

23 (3) evaluate the person for endometriosis or refer the person to a
24 qualified obstetric care provider for an endometriosis evaluation
25 unless the person provides written refusal.

26 c. The commissioner shall develop, in consultation with the
27 Endometriosis Foundation of America and any other community-
28 based organization as may be designated by the commissioner,
29 educational information concerning endometriosis for pregnant
30 individuals and individuals who have recently given birth and have
31 been diagnosed with preeclampsia and subsequently show symptoms
32 of endometriosis. The educational information provided shall
33 include information on endometriosis and the potential warning signs
34 and symptoms of endometriosis.

35 d. Upon receipt of a referral for an endometriosis evaluation
36 pursuant to subsection a. or b. of this section, the obstetric care
37 provider shall perform an evaluation and discuss the results with the
38 person and, if the person has a positive diagnosis of endometriosis,
39 develop a treatment plan to minimize the person's risk from
40 endometriosis.

41

42 2. a. Every birthing center licensed in the State pursuant to
43 P.L.1971, c.136 (C.26:2H-1 et seq.), every federally qualified health
44 center, and every licensed health care practitioner providing prenatal
45 care to a pregnant person, or postpartum care to a person who seeks
46 treatment within 12 weeks of giving birth, shall adopt and adhere to
47 policies requiring the person to be evaluated, as necessary, for
48 hypertensive disorders related to pregnancy, including, but not

1 limited to, postpartum preeclampsia and hypertension, if the person
2 shows symptoms of the condition and has not in the current or recent
3 pregnancy previously been diagnosed with the condition or after the
4 onset of such symptoms. Evaluation tools shall be based on best
5 practices and guidance, as determined by the American College of
6 Obstetricians and Gynecologists or another nationally-recognized
7 body.

8 b. Every birthing center licensed in the State pursuant to
9 P.L.1971, c.136 (C.26:2H-1 et seq.), every federally qualified health
10 center, and every licensed health care practitioner providing prenatal
11 care to a pregnant person, or postpartum care to a person who seeks
12 treatment within 12 weeks of giving birth, shall, in accordance with
13 nationally recognized evidence-based treatment practices:

14 (1) provide the person with evidence-based information on
15 hypertensive disorders related to pregnancy preeclampsia, including,
16 but not limited to, postpartum preeclampsia and hypertension and
17 potential warning signs and symptoms;

18 (2) inform the person of the benefits of being evaluated for
19 hypertensive disorders related to pregnancy preeclampsia, including,
20 but not limited to, postpartum preeclampsia and hypertension, if the
21 person shows symptoms of any such disorders, and that the person
22 should be evaluated for hypertensive disorders related to pregnancy
23 under the circumstances set forth in this section unless the person
24 declines to be evaluated; and

25 (3) upon receipt of the results of any evaluation conducted
26 pursuant to this section, discuss the results with the person and, if the
27 person has a positive evaluation for preeclampsia, develop an
28 evidence-based treatment plan to minimize the person's risk from
29 preeclampsia.

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31 3. The Commissioner of Health may adopt rules and regulations,
32 in accordance with the "Administrative Procedure Act," P.L.1968,
33 c.410 (C.52:14B-1 et seq.), and the State Board of Medical
34 Examiners, and any other agency or board that regulates health care
35 practitioners, shall promulgate rules and regulations as are necessary
36 to effectuate the purposes of this act.

37
38 4. This act shall take effect 180 days following enactment.