

**LEGISLATIVE FISCAL ESTIMATE**  
**ASSEMBLY, No. 3366**  
**STATE OF NEW JERSEY**  
**221st LEGISLATURE**

DATED: MAY 7, 2024

**SUMMARY**

**Synopsis:** Establishes Women's Menstrual Health Program to identify and assist patients with symptoms related to endometriosis and polycystic ovary syndrome.

**Type of Impact:** Annual State expenditure increase.

**Agencies Affected:** Department of Health.

**Office of Legislative Services Estimate**

<b>Fiscal Impact</b>	<b><u>Annual</u></b>
<b>State Expenditure Increase</b>	Indeterminate

- The Office of Legislative Services (OLS) concludes that annual Department of Health expenditures will increase by an indeterminate amount to establish a Women’s Menstrual Health Program, which will identify certain patients, who have reported symptoms of menstrual disorders, as potentially having endometriosis or polycystic ovary syndrome.
- Since identification, referral, and treatment protocols for endometriosis and polycystic ovary syndrome vary by patient, depending upon whether or not the individual is symptomatic, the stage of the disease at the time of diagnosis, and the individual’s fertility goals, the OLS is unable to determine the amount by which State costs will increase under the bill.
- Departmental costs will further increase to provide education and training to health care providers, hospital staff who treat patient in emergent situations, and the public regarding menstrual health, menstrual health screening, and menstrual health care. To the extent that the department can utilize or adapt educational and training materials already developed by the American College of Obstetricians and Gynecologists, or another nationally-recognized entity, the department’s costs to comply with this requirement will be reduced.
- For reference, the OLS notes that current funding levels for State public awareness campaigns that are of a similar magnitude to the public and professional education and training requirement under the bill range from \$90,000 to \$500,000 annually.



## **BILL DESCRIPTION**

The bill establishes a Women's Menstrual Health Program in the Department of Health, which is tasked with identifying patients who have displayed symptoms related to menstrual disorders, and contracting with appropriate health care providers to screen the women for endometriosis and polycystic ovary syndrome. Pursuant to the bill, the Department of Health is required to ensure that the contracted providers utilize evidence-based industry best practices to screen, and to provide treatment, follow-up care, and referrals for patients who have symptoms of menstrual disorders. The bill additionally requires the department to educate physicians, hospital staff, nurses, and the public about the program, and to provide evidence-based clinical practice guidelines for health care providers concerning menstrual disorders, and educational materials and resources for the public on the department's website. Finally, the department will collect information on patients who have been screened under the bill, and will use this information to provide appropriate follow-up care to, and provide referrals for, patients who have been diagnosed with endometriosis or polycystic ovary syndrome through the contracted health care providers.

## **FISCAL ANALYSIS**

### ***EXECUTIVE BRANCH***

None received.

### ***OFFICE OF LEGISLATIVE SERVICES***

The OLS concludes that annual Department of Health expenditures will increase by an indeterminate amount to establish a Women's Menstrual Health Program, and contract with health care providers to identify and provide screenings for patients who report symptoms of menstrual disorders as potentially having endometriosis or polycystic ovary syndrome, and provide any treatment, follow-up care, and referrals, as necessary. The OLS is unable to determine the amount by which State costs will increase for the department to contract with health care providers to identify, screen, and provide treatment, follow-up care, and referrals for patients who have symptoms of endometriosis and polycystic ovary syndrome, since identification, referral, and treatment protocols will vary, depending upon the extent to which a patient's reproductive and other biological systems have been affected, whether or not the patient is experiencing symptoms, and the patient's individual fertility goals.

For context, health care professionals may utilize a variety of non-invasive imaging tests, such as a pelvic ultrasound or an MRI, to diagnose a patient's suspected endometriosis; however, a combination of laparoscopy and tissue biopsy is the most definitive way to diagnose endometriosis. Costs for these tests vary widely, ranging from an average of \$325 for a pelvic ultrasound, \$1,400 for a pelvic MRI, and an average of \$5,000 in out-of-pocket costs for laparoscopy and tissue biopsy. Following an endometriosis diagnosis, some patients with relatively mild symptoms may be prescribed oral contraceptives, and advised to take nonsteroidal anti-inflammatory drugs to manage their symptoms; monthly costs for this treatment regimen average less than \$50 for most patients. Patients diagnosed with advanced endometriosis who are trying to conceive may require laparoscopic surgery to remove endometrial tissue and scar tissue from the reproductive organs. Furthermore, since endometriosis is one of the most common conditions associated with female infertility, some patients who want to conceive will undergo either fertility preservation or in vitro fertilization (IVF) in order to become pregnant. According

to *Forbes Health*, the average cost of one cycle of IVF in 2023 ranged from \$15,000 to \$30,000, depending upon the facility and the patient's medication needs.

Researchers estimate that annual medical expenditures for a woman living with endometriosis are \$12,118 higher than for a woman who does not have the condition. According to the Office on Women's Health in the United States Department of Health and Human Services, 11 percent of women ages 15 to 44 years live with endometriosis. The OLS, therefore, estimates that approximately 184,100 New Jersey residents currently live with endometriosis. Because not every individual living with endometriosis is symptomatic, not all of these individuals would necessarily seek medical treatment, or be referred to the Women's Menstrual Health Program.

According to the United States Centers for Disease Control and Prevention, between five and 12 percent of U.S. women live with polycystic ovary syndrome, which translates to between 87,000 and 200,800 New Jersey women. As with endometriosis, treatment for polycystic ovary syndrome varies with the individual's age, the severity of the condition, and the individual's fertility goals. According to a 2021 study, the highest costs associated with polycystic ovary syndrome care are for the treatment of long-term metabolic health conditions related to the condition, including stroke, type 2 diabetes, and infertility. Researchers estimated that the annual cost in the U.S. to diagnose and treat the immediate and long-term repercussions of polycystic ovary syndrome was \$8 billion annually; of this total cost, the researchers estimate that the initial diagnosis of the condition accounted for less than two percent, or \$160 million.

Some women displaying symptoms of endometriosis or polycystic ovary syndrome, however, may choose not to participate in the State-run program if they have private health insurance that covers many of the same services that would be provided through the Women's Menstrual Health Program. For reference, NJ FamilyCare covers many of the diagnostic tests and some of the treatments recommended for women who are diagnosed with endometriosis or polycystic ovary syndrome.

An estimate of State costs to contract with health care providers to identify, screen, treat, and provide follow-up care and referrals for women with symptoms of endometriosis or polycystic ovary syndrome is further complicated by the fact that these total costs will largely be determined by the reimbursement rates set under the State's contract with the providers.

The State will incur additional costs for the department to educate and train health care providers, emergency room staff, and the public regarding menstrual health care and menstrual health screenings, and post information and resources for providers and patients on endometriosis and polycystic ovary syndrome on the department's website. The OLS estimates that State costs will likely increase between \$90,000 and \$500,000 annually to deliver the requisite training and provide information and resources for patients and providers. This range of costs is similar to funding, provided in the FY 2024 Appropriations Act, for various public awareness campaigns conducted by the Department of Health. For example, the FY 2024 Appropriations Act includes \$90,000 for the Breast Cancer Public Awareness Campaign, \$100,000 for the Stillbirth Prevention Public Health Campaign, and \$500,000 for the Public Awareness Campaign for Black Infant Mortality.

*Section: Human Services*

*Analyst: Anne Cappabianca  
Senior Fiscal 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.).