

SENATE HEALTH, HUMAN SERVICES AND SENIOR
CITIZENS COMMITTEE

STATEMENT TO

SENATE, No. 2772

with committee amendments

STATE OF NEW JERSEY

DATED: DECEMBER 14, 2023

The Senate Health, Human Services and Senior Citizens Committee reports favorably and with committee amendments Senate Bill No. 2772.

As amended by the committee, this bill establishes a Women's Menstrual Health Program to identify and assist patients, who have displayed symptoms related to menstrual disorders, for endometriosis and polycystic ovary syndrome (PCOS).

Endometriosis may affect more than 11 percent of American women between the ages of 15 and 44, which is approximately 6.5 million women in the United States alone. Symptoms include severe pelvic and menstrual pain, infertility, painful bowel movements, pain with intercourse, excessive bleeding, and nausea.

PCOS is one of the most common causes of female infertility, affecting six to 12 percent of women of reproductive age in the United States (as many as five million women). This life-long health condition continues far beyond the child-bearing years and involves other serious health complications, including insulin resistance, gestational diabetes, and heart disease.

Given the increased health risks associated with endometriosis and PCOS and the number of women impacted by these disorders, the bill establishes a Women's Menstrual Health Program in the Department of Health (department), to identify and assist patients, who have displayed symptoms related to menstrual disorders, for endometriosis and PCOS.

As amended, the bill requires the department, in accordance with evidence-based industry best practices, guidelines, and screening tools, as recommended by the American College of Obstetricians and Gynecologists or another nationally-recognized body as may be designated by the Commissioner of Health, to:

(1) contract with appropriate health care providers to identify, assist, provide screenings for endometriosis and polycystic ovary syndrome, and provide any necessary treatment, follow-up care, and referrals, as appropriate, to patients, who have displayed symptoms related to menstrual disorders;

(2) provide education and training to health care providers, hospital staff who encounter patients in emergent situations, and the public concerning menstrual health, menstrual health screening, and menstrual health care; and

(3) provide on the department's Internet website information and resources for health care providers and patients, which will include, but not be limited to: evidence-based clinical practice guidelines for health care providers for the screening, referral, treatment, and follow-up care of patients, who have displayed symptoms related to menstrual disorders; and educational materials for health care providers and the public concerning menstrual disorders, menstruation-related disorders, and menstruation-related conditions.

As amended, the bill requires the commissioner to collect information on patients, who were screened pursuant to the bill, in a standardized manner and develop a system for quality assurance which includes the periodic assessment of indicators that are measurable, functional, and appropriate to the conditions for which patients, who have displayed symptoms related to menstrual disorders, will be screened pursuant to the bill. The commissioner will have the authority to use the information collected to provide follow-up care to, and appropriate referrals for, patients with positive diagnoses through the health care providers contracted pursuant to the bill. Information on patients compiled will be used by the department and agencies designated by the commissioner for the purposes of carrying out the provisions of the bill, but otherwise the information will be confidential and not divulged or made public so as to disclose the identity of any person to which it relates, except as provided by law.

As amended and reported by the committee, Senate Bill No. 2772 is identical to Assembly Bill No. 3212 (3R), which was also amended and reported by the committee on this date.

COMMITTEE AMENDMENTS:

The committee amendments define "endometriosis" to mean a systemic disease generally occurring in menstruating individuals, which may also occur in pre-menarcheal and post-menopausal individuals.

The committee amendments revise the name of the program established by the bill from "Women's Menstrual Health Screening Program" to "Women's Menstrual Health Program."

The committee amendments clarify that the program will be established in the Department of Health.

The committee amendments require the Department of Health (department) to implement the provisions of the bill in accordance with evidence-based industry best practices, guidelines, and screening tools, as recommended by the American College of Obstetricians and Gynecologists or another nationally-recognized body as may be designated by the Commissioner of Health (commissioner).

The committee amendments revise specific references to nurses and physicians to reference health care providers broadly.

The committee amendments provide that the department will contract with appropriate health care providers to identify, assist, provide screenings for endometriosis and polycystic ovary syndrome, and provide any necessary treatment, follow-up care, and referrals, as appropriate, to patients, who have displayed symptoms related to menstrual disorders.

The committee amendments specify that the program will provide education and training to health care providers, hospital staff who encounter patients in emergent situations, and the public concerning menstrual health, menstrual health screening, and menstrual health care.

The committee amendments require the department to provide on its Internet website certain information and resources for health care providers and patients concerning menstrual disorders, menstruation-related disorders, and menstruation-related conditions.

The committee amendments remove provisions from the bill that would have established a fee for the services provided under the program.

The amendments clarify that any follow-up care and referrals provided in response to the information collected pursuant to the bill will be provided through the health care providers contracted by the department under the bill.

The committee amendments make various technical corrections involving grammar, syntax, usage, numbering, citation, style, and punctuation. The amendments reorganize certain provisions of the bill and make a technical change to the synopsis.