

LEGISLATIVE FISCAL ESTIMATE

[Third Reprint]

ASSEMBLY, No. 3212

STATE OF NEW JERSEY 220th LEGISLATURE

DATED: MARCH 30, 2023

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: State expenditure and revenue increases.

Agencies Affected: Department of Health.

Office of Legislative Services Estimate

Fiscal Impact	<u>Annual</u>
State Cost Increase	Indeterminate
State Revenue Increase	Indeterminate

- The Office of Legislative Services (OLS) concludes that 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.
- State revenues will also increase due to a provision in the bill that authorizes the department to charge a fee to cover costs related to the Women's Menstrual Health Program, including patient identification, referral, and follow-up; the electronic exchange of data by physicians; and educational initiatives for the public and health professionals. The OLS assumes that the department will set the fee at an amount sufficient to cover higher State costs related to the program activities required pursuant to the bill.

BILL DESCRIPTION

The bill establishes a Women's Menstrual Health Program, which is tasked with identifying patients, who have displayed symptoms related to menstrual disorders, for endometriosis or polycystic ovary syndrome. The Women's Menstrual Health program will be housed within the Department of Health. Pursuant to the bill, the Commissioner of Health is required to use information gathered from patients in the program to provide appropriate follow-up and referrals to those patients who have been diagnosed with endometriosis or polycystic ovary syndrome. The bill additionally requires the department to educate physicians, hospital staff, nurses, and the public about the program.

The bill authorizes the department to charge patients who participate in the program a fee, in an amount sufficient to cover costs of the identification, follow-up, and consultation with patients, and educational outreach to health professionals and the public, as required under the bill. The fee will also be used to support other aspects of the program, including infrastructure upgrades and providing electronic access to physicians for the exchange of data.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS concludes that costs incurred by the Department of Health will rise by an indeterminate amount in order to establish a Women's Menstrual Health Program, identify patients who report symptoms of menstrual disorders as potentially having endometriosis or polycystic ovary syndrome, and provide appropriate follow-up care, referrals, and consultation to patients, as necessary. The OLS is unable to determine the amount by which State costs will increase under the bill, since the identification, referral, and treatment protocols for both endometriosis and polycystic ovary syndrome 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 of 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 (NSAIDs) 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 either undergo fertility preservation or in vitro fertilization in order to become pregnant.

According to *Forbes Health*, the average cost of one cycle of IVF in 2023 can range 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, anticipates 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 on Disease Control and Prevention (CDC), 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.

The OLS assumes that the department will set the fee required under the bill in an amount that will support the department's ongoing costs to identify individuals who may have endometriosis or polycystic ovary syndrome; provide any requisite patient follow-up care, referrals, and consultations, as necessary; support the electronic exchange of data by physicians; support routine infrastructure upgrades, as needed; and conduct the public and professional education and training as required pursuant to the bill.

Section: Human Services

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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.).