

LEGISLATIVE FISCAL ESTIMATE

[First Reprint]

ASSEMBLY, No. 1207

STATE OF NEW JERSEY
222nd LEGISLATURE

DATED: SEPTEMBER 24, 2026

SUMMARY

- Synopsis:

Requires unrestricted Medicaid coverage for ovulation enhancing drugs and medical services related to administering such drugs for certain beneficiaries experiencing infertility.
- Type of Impact:

Annual increases in State expenditures and revenues.
- Agencies Affected:

Department of Human Services

Office of Legislative Services Estimate

Fiscal Impact	Annual
State Expenditure Increase	Indeterminate
State Revenue Increase	Indeterminate

- The Office of Legislative Services (OLS) determines that annual NJ FamilyCare costs will increase by an indeterminate amount to cover up to three rounds of certain medically necessary ovulation enhancing medications and certain medical services related to prescribing and monitoring the use of such drugs for NJ FamilyCare enrollees, ages 21 through 44 years, who are experiencing infertility. Given that approximately 95 percent of NJ FamilyCare beneficiaries are enrolled in one of the five State-contracted NJ FamilyCare managed care plans, and the State’s contract with the NJ FamilyCare managed care organizations specifically precludes coverage for services provided primarily for the diagnosis and treatment of infertility, the OLS cannot determine with certainty the amount by which NJ FamilyCare costs would increase under the bill.
- To the extent that State Medicaid expenditures increase under the bill, State revenues will increase in the form of federal Medicaid reimbursements.

BILL DESCRIPTION

The bill requires NJ FamilyCare coverage for ovulation enhancing drugs and the medical services related to prescribing and monitoring the use of such drugs for enrollees, ages 21 through 44 years, who are experiencing infertility, provided that there is federal financial participation available under the federal Medicaid program. Only oral formulations of ovulation enhancing drugs would be covered under the bill. Medical services covered under the bill are limited to office visits, hysterosalpingograms, pelvic ultrasounds, and blood testing to diagnose the cause of anovulation or to monitor ovulation induction.

The Department of Human Services, however, may revise the list of covered drugs and medical services, provided federal financial participation is available.

Coverage of ovulation enhancing drugs and related medical services would be limited to three cycles of treatment per lifetime of the beneficiary.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS concludes that annual NJ FamilyCare costs would increase by an indeterminate amount to provide up to three cycles of certain medically necessary ovulation enhancing medications and certain medical services related to prescribing and monitoring the use of such drugs for enrollees, ages 21 through 44 years, who are experiencing infertility. Given that approximately 95 percent of NJ FamilyCare beneficiaries are enrolled in one of the five State-contracted NJ FamilyCare managed care plans, and the State's contract with the Medicaid managed care organizations specifically precludes coverage for services provided primarily for the diagnosis and treatment of infertility, the OLS lacks the informational basis to determine how demand for the specific ovulation enhancing drugs and related medical services may change as a result of the bill and how much the associated State costs would increase.

Contingent upon the receipt of federal financial participation for State expenditures under the federal Medicaid program, the bill would provide coverage for any other oral ovulation enhancing medication and would authorize the Department of Human Services to revise the list of covered drugs and medical services, which may ultimately increase State Medicaid program costs. To the extent that State Medicaid expenditures increase under the bill, State revenues would increase in the form of federal Medicaid reimbursements.

For context, the *2024 KFF Women's Health Survey* found that 10 percent of respondents with incomes below 200 percent of the federal poverty level required fertility services in order to become pregnant; of these, 28 percent were prescribed ovulation enhancing medications. Research from the Urban Institute, published in May 2025, found that approximately 164,000 women of reproductive age, defined as women between the ages of 18 and 49 years, were enrolled in NJ FamilyCare in 2025. According to the *KFF Women's Health Survey*, just four percent of women ages 18 to 25 years reported needing fertility services in order to become pregnant.

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.).