

LEGISLATIVE FISCAL ESTIMATE

ASSEMBLY, No. 2281

STATE OF NEW JERSEY

222nd LEGISLATURE

DATED: OCTOBER 6, 2026

SUMMARY

Synopsis: Requires Medicaid coverage for fertility preservation services in cases of iatrogenic infertility caused by medically necessary treatments.

Type of Impact: Annual increase 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) concludes that annual State costs will increase by an indeterminate amount to cover one cycle of standard fertility preservation services for Medicaid and Plan First enrollees who are diagnosed with iatrogenic 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 lacks the informational basis to determine how demand for fertility preservation services may change as a result of the bill and how much the associated State costs would increase.
- Any increase in expenditures for the State Medicaid program would lead to an increase in State revenues, indeterminate in amount, in the form of federal reimbursements.

BILL DESCRIPTION

The bill requires the State Medicaid program and the Plan First program to cover standard fertility preservation services for persons undergoing a medically necessary treatment that may, directly or indirectly, cause iatrogenic infertility. The bill limits this benefit to one fertility preservation cycle per qualifying enrollee, unless the procedure is unsuccessful. Iatrogenic infertility is an impairment of fertility caused by surgery, radiation, chemotherapy, or other

medical treatment affecting reproductive organs or processes. Standard fertility preservation services are procedures that are consistent with established medical practices and professional guidelines from the American Society for Reproductive Medicine, the American Society of Clinical Oncology, or as defined by the New Jersey Department of Health.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS concludes that annual State costs will increase by an indeterminate amount to cover one cycle of standard fertility preservation services for Medicaid and Plan First enrollees of reproductive age who are diagnosed with iatrogenic infertility, unless the procedure is unsuccessful. 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 fertility preservation services may change as a result of the bill and how much the associated State costs would increase.

Any increase in expenditures for the State Medicaid program would lead to an increase in State revenues, indeterminate in amount, in the form of federal reimbursements for State Medicaid expenditures under the federal Medicaid program.

Because only six states (Illinois, Maryland, Montana, Nevada, Oklahoma, and Utah) cover fertility preservation services under their Medicaid programs, and the majority of these states have waivers or state plan amendments pending approval by the federal Centers for Medicare and Medicaid Services, the OLS cannot look to these states for guidance on average reimbursement rates for, or enrollee utilization of, fertility preservation services. However, as part of its waiver application to cover fertility preservation services for Medicaid enrollees either diagnosed with or at risk for iatrogenic infertility, the Maryland Department of Health projected \$6.4 million in increased costs annually. An OLS review of federal Medicaid waiver approvals indicates that the federal government has not yet approved Maryland's waiver application for these services.

Also, a 2019 public notice by the State of Illinois anticipated that the state's new Medicaid fertility preservation benefit for enrollees with iatrogenic infertility would increase state Medicaid costs by \$5.0 million annually. Although the number of treatment cycles covered by the state Medicaid program is unspecified, the public notice states that coverage would be limited to office visits, pelvic ultrasounds, sperm and oocyte cryopreservation and storage, medications and injectables, and laboratory testing.

A 2019 report by the New Jersey Mandated Health Benefits Advisory Commission concerning P.L.2019, c.306, which requires certain State-regulated health insurers to cover fertility preservation services in cases of iatrogenic infertility, assumed that between 25 percent and 33 percent of eligible enrollees would utilize these services. These projections are likely high for the Medicaid and Plan First populations, since the State Medicaid program currently does not provide infertility services for enrollees. As such, most health care providers who offer fertility preservation services are unlikely to participate in the State Medicaid program or the Plan First

program. The OLS, moreover, cannot anticipate the number of fertility specialists who may apply to become an approved Medicaid provider as a result this legislation.

The State's Plan First program provides targeted family planning and family planning-related services and supplies for individuals whose annual incomes are below 205 percent of the federal poverty level and who are not otherwise eligible for Medicaid or the NJ FamilyCare program.

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.).