ASSEMBLY, No. 3212

STATE OF NEW JERSEY

220th LEGISLATURE

INTRODUCED MARCH 7, 2022

Sponsored by:
Assemblywoman SHANIQUE SPEIGHT
District 29 (Essex)
Assemblywoman ANGELA V. MCKNIGHT
District 31 (Hudson)
Assemblywoman VERLINA REYNOLDS-JACKSON
District 15 (Hunterdon and Mercer)

SYNOPSIS
Establishes a Women’s Menstrual Health Screening Program and requirements to screen appropriate patients for endometriosis and polycystic ovary syndrome.

CURRENT VERSION OF TEXT
As introduced.

(Sponsorship Updated As Of: 3/24/2022)
AN ACT establishing a Women’s Menstrual Health Screening Program and supplementing Title 26 of the Revised Statutes.

BE IT ENACTED by the Senate and General Assembly of the State of New Jersey:

1. The Legislature finds and declares that:
   a. According to the United States Department of Health and Human Services’ Office on Women’s Health, 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;
   b. According to the Mayo Clinic, endometriosis is an often painful disorder in which tissue similar to the tissue that normally lines the inside of a woman’s uterus, called the endometrium, grows outside the uterus;
   c. In patients who have endometriosis, the endometrial-like tissue thickens, breaks down, and bleeds with each menstrual cycle. However, since this tissue has no way to exit the body, it becomes trapped;
   d. When endometriosis impacts the ovaries, cysts called endometriomas may form. Surrounding tissue can become irritated, eventually developing scar tissue and adhesions that can cause pelvic tissues and organs to stick to each other;
   e. The primary symptom of endometriosis is pelvic pain. While many women experience cramping during their menstrual periods, those patients with endometriosis typically describe menstrual pain that is much worse than typical, and this pain may increase over time;
   f. Symptoms of endometriosis include: painful periods (called dysmenorrhea); pain with intercourse; pain with bowel movements or urination; excessive bleeding; infertility; fatigue; diarrhea; constipation; bloating; and nausea;
   g. Ovarian cancer occurs at higher than expected rates in those who have endometriosis. Although rare, another type of cancer called endometriosis-associated adenocarcinoma can develop later in life in those who have had endometriosis;
   h. According to the Centers for Disease Control and Prevention, polycystic ovary syndrome (“PCOS”) is one of the most common causes of female infertility, affecting 6 to 12 percent of women in the United States of reproductive age (as many as 5 million women);
   i. This life-long health condition continues far beyond the child-bearing years and involves other serious health complications;
   j. Women with PCOS are often insulin resistant, which means that their bodies can make insulin but are unable to use it effectively. Insulin resistance increases a patient’s risk for Type 2 diabetes;
k. PCOS patients also have higher levels of androgens, hormones which can stop eggs from being released and cause irregular periods, acne, thinning scalp hair, and excess hair growth on the face and body;

l. More than half of women with PCOS develop type 2 diabetes by age 40. PCOS patients can also develop gestational diabetes, which is diabetes when pregnant which puts the pregnancy and baby at risk and can lead to type 2 diabetes later in life for both mother and child;

m. Women with PCOS are at higher risk of heart disease, and this risk increases with age. Those with PCOS can also experience: (1) high blood pressure, which can damage the heart, brain, and kidneys; (2) high LDL (“bad”) cholesterol and low HDL (“good”) cholesterol, which increases the risk for heart disease; (3) sleep apnea, a disorder that causes breathing to stop during sleep and raises the risk for heart disease and type 2 diabetes; and (4) stroke;

n. PCOS is also linked to depression and anxiety; and

o. Given all of the increased health risks associated with endometriosis and PCOS and the number of women impacted by these disorders, it is imperative that the State establish a Women’s Menstrual Health Screening Program within the Department of Health and requirements to screen patients, who have displayed symptoms related to menstrual disorders, for endometriosis and PCOS.

2. a. The Commissioner of Health shall establish a Women’s Menstrual Health Screening Program to screen patients, who have displayed symptoms related to menstrual disorders, for endometriosis and PCOS. The Commissioner of Health may issue regulations to assure that patients are screened in a manner approved by the commissioner.

b. The Department of Health shall charge a reasonable fee for the screening, follow-up, treatment, and education performed pursuant to this act. The amount of the fee shall be adjusted by the commissioner as necessary to support the screening, follow-up, and treatment of patients, and the education of physicians, hospital staffs, nurses, and the public as required by this act. The procedures for collecting the fee shall be determined by the commissioner. The commissioner shall apply all revenues collected from the fees to the screening, follow-up, education, and treatment procedures performed pursuant to this act. The fee shall be used to support the program, including, but not limited to, ongoing infrastructure upgrades, and providing electronic access to physicians to obtain screening results.

c. The commissioner shall collect screening information on patients 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 are screened pursuant to this section. The commissioner shall have the authority to use the information collected to provide follow-up to patients with screened positive diagnoses to provide appropriate referral. Information on patients compiled pursuant to this section shall be used by the department and agencies designated by the commissioner for the purposes of carrying out this act, but otherwise the information shall 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.

d. The department shall provide education or training on the Women’s Menstrual Health Screening Program to physicians, hospital staffs, nurses, and the public concerning mental health screening.

3. The Department of Health shall, in accordance with the “Administrative Procedure Act,” P.L.1968, c.410 (C.52:14B-1 et seq.), adopt any rules and regulations as the department deems necessary to implement the provisions of this act.

4. This act shall take effect on the 30th day following enactment, except that the Commissioner of Health may take such anticipatory action in advance as shall be necessary for its implementation.

STATEMENT

This act establishes a Women’s Menstrual Health Screening Program and requirements to screen 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 6 to 12 percent of women in the United States of reproductive age (as many as 5 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 all of 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 Screening Program within the Department of Health, (“DOH”) and requirements to screen patients, who have displayed symptoms.
related to menstrual disorders, for endometriosis and PCOS. The
DOH is to charge a reasonable fee for the screening, follow-up,
treatment, and education performed pursuant to this bill and provide
education or training on the Women’s Menstrual Health Screening
Program to physicians, hospital staffs, nurses, and the public
concerning mental health screening. The Commissioner of Health
is to collect screening information on patients in a standardized
manner and develop a system for quality assurance.