

LEGISLATIVE FISCAL ESTIMATE

[First Reprint]

ASSEMBLY, No. 1073

**STATE OF NEW JERSEY
219th LEGISLATURE**

DATED: MAY 24, 2021

SUMMARY

- Synopsis:** Requires preeclampsia testing for certain pregnant women and women who have given birth.
- Type of Impact:** State expenditure and revenue increases.
- Agencies Affected:** Department of Human Services, Division of Medical Assistance and Health Services; Department of Health.

Office of Legislative Services Estimate

Fiscal Impact	<u>Year 2</u>
State Cost Increase	Indeterminate
State Revenue Increase	Indeterminate

- The Office of Legislative Services (OLS) concludes that this bill would increase State costs by an indeterminate amount for the New Jersey FamilyCare program to cover preeclampsia screening of pregnant and postpartum women who show symptoms of the condition by New Jersey hospitals, licensed birthing centers, federally-qualified health centers, and physicians or health care practitioners who provide care to pregnant and postpartum women. The NJ FamilyCare program costs additionally would increase by a marginal amount in order for health care providers in all practice settings to provide the preeclampsia educational materials to pregnant and postpartum patients and discuss the benefits of screening for preeclampsia with these patients.
- Moreover, University Hospital, an independent non-profit legal entity that is an instrumentality of the State, would incur an indeterminate increase in costs to comply with the requirements established under this bill.
- By implementing the requirements established under this bill, the State would ultimately realize savings resulting from earlier diagnoses of preeclampsia in pregnant and postpartum women, thereby avoiding significant costs for treating infants born prematurely due to their

mothers' undiagnosed preeclampsia, and treatment costs for the serious medical complications associated with undiagnosed preeclampsia in obstetric patients.

BILL DESCRIPTION

This bill mandates the Department of Health (DOH) to require every hospital in the State, every birthing center licensed in the State pursuant to State law, every federally qualified health center, and every physician or health care practitioner in the State providing care to a pregnant woman or a woman who has given birth to screen for preeclampsia, if the woman shows symptoms of the condition. The screening tools are to be based on industry best practices and guidance, as determined by the American College of Obstetricians and Gynecologists, the American Academy of Family Physicians, or other nationally recognized body, as determined by the DOH.

A hospital that provides inpatient maternity services, a licensed birthing center, or a federally qualified health center providing care to, or a physician or other health care practitioner who is the primary caregiver for, a pregnant woman or a woman who seeks treatment within four weeks of giving birth, would, in accordance with guidelines developed by the DOH: provide the woman with information on preeclampsia and potential warning signs and symptoms; inform the woman of the benefits of being screened for preeclampsia if she shows symptoms of the condition, and that she is required to be screened for preeclampsia unless she indicates in writing her refusal to be screened on a form and in a manner prescribed by the DOH; and screen the woman for preeclampsia unless she indicates her written refusal as hereinabove provided. The woman would, on the same form acknowledge receipt of the information provided by the hospital, birthing center, physician, or health care practitioner, as applicable, regarding the benefits of being screened for preeclampsia.

Upon receipt of the results of any screening conducted pursuant to the bill, a hospital that provides inpatient maternity services, licensed birthing center, federally qualified health center, or physician or health care practitioner would discuss the results with a pregnant women or women who has given birth and, if the woman screens positive for preeclampsia, develop a treatment plan to minimize the woman's risk from preeclampsia.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS concludes that this bill would increase State costs by an indeterminate amount for the New Jersey FamilyCare program to cover preeclampsia screening of pregnant and postpartum women who show symptoms of the condition by New Jersey hospitals, licensed birthing centers, federally-qualified health centers (FQHCs), and physicians or health care practitioners who provide care to pregnant and postpartum women. By way of context, the State has 49 licensed hospitals that provide maternity services, and 23 FQHCs that would be affected by the requirements established under this bill. According to the Preeclampsia Foundation, preeclampsia and other related hypertensive disorders of pregnancy affect five to eight percent of all births in

the United States; moreover, the foundation reports that the rate of preeclampsia in the United States has risen by 25 percent over the past 20 years.

The DOH additionally would incur marginal costs to develop and disseminate the preeclampsia screening waiver and educational materials to be provided to pregnant and postpartum women pursuant to the bill. The NJ FamilyCare program costs would increase by a marginal amount in order for health care providers in all practice settings to discuss the need for and benefits of preeclampsia screening with pregnant and postpartum patients, and secure the signed screening waiver from those women who refuse screening. Moreover, University Hospital, an independent non-profit legal entity that is an instrumentality of the State, would incur an indeterminate increase in costs to comply with the requirements established under this bill.

Although the preeclampsia screening requirements established pursuant to the bill would increase NJ FamilyCare costs, the State would ultimately realize savings from earlier diagnoses of preeclampsia in pregnant and postpartum women, thereby avoiding significant costs related to treating infants born prematurely due to their mothers' undiagnosed preeclampsia, and treatment costs for women suffering from serious medical complications associated with undiagnosed preeclampsia.

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.).