

PUBLIC NOTICE

HEALTH

THE COMMISSIONER

POPULATION HEALTH BRANCH

FAMILY HEALTH SERVICES DIVISION

Notice of Action on Petition for Rulemaking

Dysmenorrhea Research and Therapeutic Evaluation Initiative

Petitioner: Caleb L. McGillvary, New Jersey State Prison, Trenton, New Jersey.

Take notice that on July 24, 2026, the Department of Health (Department) received a petition for rulemaking from Caleb L. McGillvary, New Jersey State Prison, Trenton, New Jersey. The Department filed a notice of receipt of the petition on August 3, 2026, which appeared in the September 8, 2026 issue of the New Jersey Register at 58 N.J.R. 2129(a).

Take further notice that Dr. Raynard E. Washington, Commissioner of the Department (Commissioner), having duly considered the petition pursuant to law, has determined to deny the petition for the reasons stated below.

The petitioner requested that the Department promulgate new rules at N.J.A.C. 8:52-15A.1 through 15A.5 establishing: (1) a Dysmenorrhea Research and Therapeutic Evaluation Initiative; (2) procedures for research coordination with academic medical centers and other qualified entities regarding dysmenorrhea and sildenafil citrate as a potential treatment; (3) research priorities concerning prevalence, economic impacts, and therapeutic interventions for dysmenorrhea; and (4) biennial public reporting requirements on research findings and recommendations.

N.J.S.A. 26:1A-123 et seq. (Act), specifically N.J.S.A. 26:1A-124, establishes the Office of Women's Health (Office) within the Department to be "a special office to focus exclusively on [the] crucial health concerns facing the women in New Jersey." N.J.S.A. 26:124 directs the Office to:

"a. Provide grants to community-based organizations to conduct special research, demonstration, and evaluation projects on women's health concerns;

b. Develop and implement model public and private partnerships throughout the State for health awareness campaigns and to improve the access, acceptability, and use of public health services;

c. Serve as an information and resource center for women's health information and data;

d. Function as an advocate for the adoption and implementation of effective measures to improve women's health;

e. Convene such task forces of experienced, knowledgeable persons on specific women's health issues as the director deems appropriate; and

f. Review the programs of the Departments of Health, Human Services, Children and Families, and Education and any other department of State government, as appropriate, that concern women's health and make recommendations to the departments that will enable them to better coordinate and improve the effectiveness of their efforts."

N.J.S.A. 26:1A-126 directs the Office to:

“a. Apply for and accept any grant of money from the [F]ederal government, private foundations or other sources, which may be available for programs related to women’s health;

b. Serve as the designated State agency for receipt of [F]ederal funds specifically designated for women’s health programs; and

c. Enter into contracts with individuals, organizations, and institutions necessary for the performance of its duties under [the Act].”

N.J.S.A. 26:1A-129 directs the Office to “report annually ... to the Legislature and the Governor on the activities of the [O]ffice, including the grants made to community-based organizations, any public or private partnerships that the [O]ffice has developed or implemented, and any task forces on specific women’s health issues that the [O]ffice has convened,” and authorizes it to “include in the report any recommendations for administrative or legislative action that it deems appropriate.” N.J.S.A. 26:1A-131 authorizes the Commissioner to promulgate rules to effectuate the Act.

The Act, at N.J.S.A. 26:1A-127, establishes the Women’s Health Advisory Commission (Commission), which performs functions that are comparable to those the rule the petitioner requests would establish. N.J.S.A. 26:1A-128 directs the Commission, among other functions, to “[a]dvice the [O]ffice on the awarding of grants and development of programs and services required pursuant to [the Act]; [and a]dvice the [O]ffice on the needs, priorities, programs and policies relating to women’s health in this State.”

The Act’s mandate to the Office and the Commission, to address women’s health research requiring consideration of women’s perspectives and needs in State-supported

research initiatives, already addresses the petitioner's stated concerns. The rule the petitioner requests would be redundant of the existing functions and duties of the Office and the Commission and would create an unnecessary parallel administrative structure that duplicates the existing statutory framework. The petition fails to identify any inadequacy in the existing statutory scheme or explain why administrative rulemaking is necessary when the Act directly addresses each of the petitioner's concerns.

If the Department were to promulgate the rule that the petitioner requests, the rule would establish an inflexible mandate to focus research on a specific health condition, dysmenorrhea, rather than allowing the Office and the Commission to act within the discretion the Act confers in exercising statutory grant-making authority. The Act authorizes the Office to provide grants for "women's health concerns" generally rather than mandating research on specific conditions, permitting the Office to respond to current and emerging needs and priorities. The Act confers authority and discretion on the Office and the Commission to determine which research projects warrant grant funding to achieve the greatest public health impact.

Thus, the Office and the Commission already possess authority necessary to address dysmenorrhea research needs. The petitioner identifies no legal barrier preventing the Office or the Commission from exercising the existing statutory authority to coordinate research, provide grants, collaborate with academic institutions, or collect data concerning dysmenorrhea. Instead, the petitioner asks that the Department be required, by regulation, to establish a specific initiative for one health condition.

N.J.S.A. 52:14B-4(f) and N.J.A.C. 1:30-4.1(b) require a petition for rulemaking to state clearly and concisely the reasons for the request and references to the authority of

the agency to take the requested action. The petitioner does not explain how the powers and duties of the Office and the Commission pursuant to the Act are inadequate to address the concerns the petitioner raises.

The petitioner's suggestion that the Department add the rule the petitioner requests at N.J.A.C. 8:52-15A, Public Health Practice Standards of Performance for Local Boards of Health in New Jersey, would be inappropriate because that chapter addresses the obligations of local health officers and local boards of health, and does not address the activities of the Office or the Commission.

The requested rulemaking is unnecessary because the Department, through the Office and the Commission, already possesses adequate statutory and regulatory authority to address the concerns the petitioner raises, and because promulgating a rule that mandates a specific research initiative for one health condition would inappropriately constrain the programmatic discretion that the Act vests in the Office and the Commission. For these reasons, and for the reasons stated in response to another petition for rulemaking the petitioner submitted, which appears elsewhere in this issue of the New Jersey Register, requesting that the Department promulgate a rule establishing a Dysmenorrhea Research and Therapeutic Evaluation Initiative, the petition for rulemaking is denied. This denial does not reflect any determination by the Department regarding the scientific merit of dysmenorrhea research or the potential therapeutic value of sildenafil citrate.

In accordance with N.J.A.C. 1:30-4.2, the Department shall mail this notice of action to the petitioner.