ASSEMBLY, No. 890

STATE OF NEW JERSEY

218th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2018 SESSION

Sponsored by:

Assemblywoman BETTYLOU DECROCE District 26 (Essex, Morris and Passaic) Assemblyman DANIEL R. BENSON District 14 (Mercer and Middlesex) Assemblywoman PAMELA R. LAMPITT District 6 (Burlington and Camden)

Co-Sponsored by:

Assemblywoman Tucker, Assemblymen Egan, Giblin, Assemblywoman Schepisi, Assemblymen Caputo, Space, Assemblywoman Caride and Assemblyman Harold J. Wirths

SYNOPSIS

Requires screening of certain high-risk pregnancies and reporting of fetal deaths.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel.



(Sponsorship Updated As Of: 3/6/2018)

AN ACT concerning high-risk pregnancies, amending R.S.26:8-4, 1 2 and supplementing P.L.1968, c.413 (C.30:4D-1 et seq.).

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

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- 1. R.S.26:8-4 is amended to read as follows:
- 8 26:8-4. Duty to furnish information relative to birth, death, 9 marriage, civil union, domestic partnership. Upon demand of the 10 State registrar in person, by mail, by means of the NJ-EDRS, or through the local registrar, every physician, midwife, informant, 11 12 funeral director, or other person having knowledge of the facts relative to any birth, death, fetal death, marriage, civil union or 13 14 domestic partnership, shall supply such information as he may 15 possess, upon a form provided by the State registrar, or through the NJ-EDRS, or upon the original birth, death, fetal death, marriage, 16 17 civil union or domestic partnership certificate or its electronic 18 facsimile or digitized form thereof. In the case of a fetal death 19 occurring 20 or more weeks after gestation, the particulars of that death shall be entered into a State electronic birth certificate and 20 21 perinatal database. 22

(cf: P.L.2006, c.103, s.38)

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2. (New section) A health care professional, when providing prenatal care to a patient or care to a newborn patient in a federally qualified health center or other community health center, shall apply the criteria contained in the most recent edition of the Guidelines for Perinatal Care developed by the American Academy of Pediatrics and the American Congress of Obstetricians and Gynecologists, to determine which high-risk conditions require that a patient be referred to a perinatologist, and shall refer that patient to a perinatologist if the criteria are met.

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3. Pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), the Commissioner of Health shall adopt rules and regulations to effectuate the purposes of R.S.26:8-4 as amended by P.L., c. (pending before the Legislature as this bill), and the Commissioner of Human Services shall adopt rules and regulations to effectuate the purposes of section 2 of) (pending before the Legislature as this bill). P.L. , c. (C.

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4. This act shall take effect on the first day of the sixth month next following the date of enactment, but the Commissioners of Health and Human Services may take such anticipatory administrative action in advance thereof as shall be necessary for the implementation of this act.

EXPLANATION - Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

A890 B.DECROCE, BENSON

STATEMENT

This bill requires that various actions be taken during the perinatal period, which is from the 20th week of gestation through the 28th day after birth, in order to improve birth outcomes and protect the health of low-income expectant mothers who may be at risk for complications.

Specifically, the bill amends R.S.26:8-4, which currently requires reporting of births and deaths (including fetal deaths) to the State registrar, to require that fetal deaths occurring 20 or more weeks after gestation also be reported to a State electronic birth certificate and perinatal database. In addition, the bill requires that health care professionals in clinics providing prenatal care to patients and care to newborns apply the criteria contained in the most recent edition of the Guidelines for Perinatal Care, developed by the American Academy of Pediatrics and the American Congress of Obstetricians and Gynecologists, to determine which high-risk conditions require referral to a perinatologist, which is a specialist in the care of mothers and fetuses at higher-than-normal risk for complications.