ASSEMBLY, No. 4931

STATE OF NEW JERSEY

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INTRODUCED JANUARY 17, 2019

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SYNOPSIS

Requires DOH to establish maternity care evaluation protocols and a maternity care evaluation database.

CURRENT VERSION OF TEXT

As introduced.

(Sponsorship Updated As Of: 3/19/2019)

AN ACT concerning maternity care evaluation and supplementing Title 26 of the Revised Statutes.

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

1. a. The Commissioner of Health shall develop and prescribe by regulation comprehensive policies and procedures to be followed by every hospital that provides inpatient maternity services, and every birthing center which is licensed in the State pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.). for the collection and dissemination of data on maternity care.

b. The Department of Health shall establish a maternity care evaluation protocol that every hospital providing inpatient maternity services, and every birthing center licensed in the State pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) shall follow in order to collect hospital discharge data relevant to maternity care.

The non-identifying hospital discharge data collected pursuant to the maternity care evaluation protocol shall include, but not be limited to:

(1) the race and age of the mother, maternal and paternal family history, comorbidities, prenatal care history, antepartum findings, history of maternal pregnancy complications, and history of past obstetric complications;

(2) the number and percentage of maternal patients who were treated for hypertensive disorders, including preeclampsia and associated conditions, during the reporting period;

(3) the number and percentage of maternal patients who experienced an obstetric hemorrhage during the reporting period;

(4) the number and percentage of maternal patients who underwent non-medically indicated labor induction procedures, and the number and percentage of maternal patients who underwent medically indicated induction procedures;

(5) the number and percentage of maternal patients who underwent non-medically indicated cesarean section procedures, and the number and percentage of maternal patients who underwent medically indicated cesarean section procedures;

(6) the number and percentage of maternal patients who underwent vaginal deliveries;

(7) the number and percentage of maternal patients who delivered at 41 or more weeks of gestation;

(8) the number and percentage of maternal patients who delivered at 39 or more weeks of gestation;

(9) the number and percentage of maternal patients who delivered after 37 weeks of gestation, but before 39 weeks of gestation;

(10) the number and percentage of maternal patients who delivered after 34 weeks of gestation, but before 37 weeks of gestation;

(11) the number and percentage of infants born with birth defects, broken down by the specific birth defect;

(12) the number and percentage of infants born weighing five pounds, eight ounces or more;

(13) the number and percentage of infants born weighing less than five pounds, eight ounces; and

(14) any other information related to a maternal patient's prenatal, postnatal, labor, and delivery care that is deemed necessary.

2. a. The Department of Health shall design, develop, and maintain a single searchable database, which contains a record of all data collected under the maternity care evaluation protocol pursuant to subsection b. of 1 of this act. The data shall be confidential and shall not be disclosed to any person except to the extent that it is necessary to carry out the purposes of this act.

b. The database shall be an interactive, online tool that generates near real-time data and performance metrics on the quality of maternity care services provided to patients and provided by health care providers for the purpose of:

(1) tracking the progress of initiatives implemented by every hospital providing inpatient maternity services, and by every birthing center licensed in the State pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) in order to improve the provision of such services; and

(2) producing public reports on the maternal health outcomes of, and the quality of maternity care provided by, hospitals and birthing centers in the State.

c. Access to the database shall be limited to staff who are responsible for administering the quality improvement system at each hospital that provides inpatient maternity services, and at each birthing center which is licensed in the State pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.).

d. Every hospital that provides inpatient maternity services, and every birthing center which is licensed in the State pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) shall submit to the database, on a monthly basis, information collected under the maternity care evaluation protocol.

e. The department, in consultation with the State Registrar, shall develop procedures and guidelines for linking the information submitted to the database pursuant to subsection d. of this section with information on birth records.

f. The department shall evaluate the data collected under the maternity care evaluation protocol for the purposes of:

(1) facilitating a data-based review of the provision of maternity care services in the State, in order to identify potential improvements in the provisions of such services;

(2) generating Statewide perinatal and provider-level quality metrics;

(3) establishing Statewide and regional objective benchmarks that promote improvements in maternal health outcomes and the quality of maternity care, and comparing the performance of every hospital that provides inpatient maternity services and every birthing center licensed in the State to such benchmarks;

(4) identifying data quality issues that may directly impact the performance of hospitals and birthing centers in providing maternity care services;

(5) encouraging hospitals and birthing centers that provide inpatient maternity services to participate in quality improvement collaboratives; and

(6) researching the association between clinical practices, the quality of maternal care, and maternal health care outcomes.

g. The department shall establish performance reporting procedures and methods for the submission of information contained in the database to the federal Centers for Medicaid and Medicare Services, the Joint Commission Professional Practice Evaluation program, and any other State, federal, or private commission, agency, or program that collects data on maternal health and maternity care services.

h. Within one year of the database becomes operational, the department shall report to the public, and make the report available on its website, on a select set of benchmarks that promote improvements in maternal health outcomes and the quality of maternity care, and the performance of every hospital that provides inpatient maternity services and every birthing center licensed in the State in relation to such benchmarks.

3. a. No later than one year after the effective date of this act, and annually thereafter, the Commissioner of Health shall report to the Governor, and to the Legislature pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), on the findings of the evaluation required pursuant to subsection f. of section 2 of this act, and shall include in the report any recommendations for legislative action that the commissioner deems appropriate.

b. The commissioner shall contract with every hospital that provides inpatient maternity services, and every birthing center which is licensed in the State pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) to share the cost of the design and maintenance of, and the cost of maintaining security of the information contained in, the database developed pursuant to section 2 of this act.

4. The Commissioner of Health, pursuant to the Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), shall adopt such rules and regulations as the commissioner determines necessary to effectuate the purposes of this act.

5. This act shall take effect one year after the date of enactment, but the Commissioner of Health may take such anticipatory administrative action in advance thereof as shall be necessary for the implementation of this act.

STATEMENT

This bill requires the Commissioner of Health to develop comprehensive policies and procedures to be followed by every hospital providing inpatient maternity services, and every birthing center licensed in the State pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.). in the State, for the collection and dissemination of data on maternity care.

The bill would require the Department of Health (DOH) to establish a maternity care evaluation protocol that every hospital and every birthing center would be required to follow in order to collect hospital discharge data relevant to maternity care, including, but not limited to non-identifying information outlined under the bill. DOH would also be required to design, develop, and maintain a single, searchable database that contains a confidential record of all data collected under the maternity care evaluation protocol. Access to the database would be limited to staff at hospitals and birthing centers who are responsible for administering their quality improvement systems.

The database would be an interactive, online tool that generates near real-time data and performance metrics on the quality of maternity care services provided to patients and provided by health care providers for the purpose of: tracking the progress of initiatives implemented by every hospital and birthing center, in order to improve the provision of such services; and producing public reports on the maternal health outcomes of, and the quality of maternity care provided by, hospitals and birthing centers in the State.

Under the provisions of the bill, every hospital and birthing center in the State would submit to the database, on a monthly basis, information collected under the maternity care evaluation protocol, and DOH would evaluate the data for the purposes of: facilitating a data-based review of the provision of maternity care services in the State in order to identify potential improvements in the provisions of such services; generating Statewide perinatal and provider-level quality metrics; establishing Statewide and regional objective benchmarks that promote improvements in maternal

health outcomes and the quality of maternity care, and comparing the performance every hospital and birthing center in the State to such benchmarks; identifying data quality issues that may directly impact the performance of hospitals and birthing centers in providing maternity care services; encouraging hospitals and birthing centers that provide inpatient maternity services to participate in quality improvement collaboratives; and researching the association between clinical practices, the quality of maternal care, and maternal health care outcomes.

The bill mandates that, in consultation with the State Registrar, DOH would develop procedures and guidelines for linking information submitted to the database pursuant to the bill with information on birth records.

DOH would be required to establish performance reporting procedures and methods for the submission of information contained in the database to the federal Centers for Medicaid and Medicare Services, the Joint Commission Professional Practice Evaluation program, and any other State, federal, or private commission, agency, or program that collects data on maternal health and maternity care services.

The department would also be required, within one year of the database becoming operational, to report to the public, and make that report available on its website, on a select set of benchmarks that promote improvements in maternal health outcomes and the quality of maternity care, and the performance of every hospital and birthing center in relation to those benchmarks.

No later than one year after the enactment of the bill, and every year after, the commissioner would report to the Governor and the Legislature pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), on the findings of the evaluation required pursuant to the bill. The report would include any recommendations for legislative action that the commissioner deems appropriate.

The bill would also allow the commissioner to contract with hospitals and birthing centers to share the cost of the design and maintenance of, and cost of maintaining the security of the information contained in, the database.

The quality of a hospital’s or birthing center’s data system can have a substantial impact on a state’s ability to improve the quality of maternity care and reduce the causes and incidences of maternal mortality. Although the federal Centers for Disease Control and Prevention has developed a national pregnancy surveillance system, states face challenges in accessing state-level data on maternal outcomes due to a lack of consistent, standardized data tracking and state-level surveillance.

This bill is modeled on the California’s Maternal Quality Care Collaborative Maternal Data Center. The data center is an online tool that generates data and performance metrics on maternity care services and severe maternal mortality and maternal morbidity

events, allowing hospitals, health care providers, and quality improvement professionals to effectively reduce pregnancy-related complications and improve maternal health outcomes.