

**LEGISLATIVE FISCAL ESTIMATE**  
[First Reprint]  
**ASSEMBLY, No. 4933**  
**STATE OF NEW JERSEY**  
**218th LEGISLATURE218th LEGISLATURE**

DATED: APRIL 4, 2019

**SUMMARY**

**Synopsis:** "Listening to Mothers Survey Act"; requires DOH to establish survey to evaluate and improve maternity care access and services.

**Type of Impact:** Annual State cost increase.

**Agencies Affected:** Department of Health.

**Office of Legislative Services Estimate**

<b>Fiscal Impact</b>	<b><u>Annual</u></b>
<b>State Cost Increase</b>	Indeterminate

- The Office of Legislative Services (OLS) estimates that this bill will increase State spending for developing, implementing, and tabulating data from a new Department of Health (DOH) survey to gauge women’s experiences with maternity care services provided throughout the pre-conception, pregnancy, childbirth, and postpartum periods, as well as producing a report concerning the results of the survey and the DOH recommendations for legislation or other action.
- The cost to design, conduct, and collect survey data cannot be quantified without information on the manner in which the DOH would carry out the survey requirements. The DOH may decide to leverage a United States Centers for Disease Control and Prevention (CDC) survey, which the State already conducts with the CDC, to satisfy the requirements of this bill, or may select a less rigorous protocol. The DOH may opt to use in-house staff or contract with a third-party entity to conduct the survey, review the resulting data, and produce a report on the results. Utilizing a third-party contractor would likely result in higher State costs than if DOH staff were tasked with these responsibilities. Even if DOH staff manages all phases of the survey, the agency would likely need to hire additional personnel to carry out the requirements of this bill.

## BILL DESCRIPTION

This bill, designated the “Listening to Mothers Survey Act,” requires the DOH to develop a maternity care experience survey to evaluate women’s experiences with maternity care services provided throughout the pre-conception, pregnancy, childbirth, and postpartum periods. The survey will be distributed to women receiving maternity care services at hospitals, ambulatory care facilities, or birthing centers. Women will also have the option to voluntarily complete the survey following the termination of a pregnancy.

The DOH will utilize the resulting survey data to identify local and State-wide trends in the provision of maternity care, and disparities in the care received by discrete racial, cultural, and socioeconomic groups. The agency will also use these data to develop programs, resources, and strategies to improve access to, and the quality of, maternity care services throughout the State.

The DOH will make the survey data available through its website, and submit a report to the Legislature outlining the survey results and any recommendations for legislation or other action.

## FISCAL ANALYSIS

### ***EXECUTIVE BRANCH***

None received.

### ***OFFICE OF LEGISLATIVE SERVICES***

The OLS estimates that this bill will increase State spending for developing, implementing, and tabulating data from a new DOH survey to gauge women’s experiences with maternity care services provided throughout the pre-conception, pregnancy, childbirth, and postpartum periods as well as producing a report concerning the results of the survey and the DOH’s recommendations. The OLS, however, cannot quantify the cost to design, conduct, and collect survey data without information from the Executive.

The OLS notes that the DOH may utilize the existing Pregnancy Risk Assessment Monitoring System (PRAMS) to collect, distribute, and publish survey data. PRAMS is a surveillance project of the CDC and the DOH. PRAMS collects state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy. PRAMS is a mixed-mode (mail and telephone) surveillance system that incorporates many techniques to enhance response, including personalized mailing packages, use of response incentives and rewards, and repeated but varied contact attempts.

For reference, according to the DOH website, approximately 170 women per month in New Jersey are randomly picked to participate in PRAMS. The State accounting system indicates that \$155,590 of federal funds were spent to support PRAMS in FY 2018. There was an average of 101,944 annual births in the State in 2015 through 2017. Using this three-year average, each year approximately 99,904 women who give birth in the State are not engaged in the PRAMS survey. In order to reach all women receiving maternity care services, as provided under the bill, the DOH may incur up to \$7.8 million in expenses if the existing PRAMS protocol is followed. However, costs could be substantially lower if a less rigorous protocol is utilized to fulfill the provisions of the bill.

The DOH may contract with a third-party entity to conduct the survey, analyze the data collected, and issue a report on the results. Utilizing a third-party contractor would likely result in higher State costs than if DOH staff were tasked with these responsibilities. Even if DOH staff managed all phases of the survey, the agency would likely need to hire additional personnel to carry out the requirements of this bill. Without information from the Executive, the OLS cannot accurately estimate the cost of hiring a third-party contractor, or of having DOH staff manage the survey.

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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.).