

**ASSEMBLY, No. 4935**

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**STATE OF NEW JERSEY**

**218th LEGISLATURE**

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INTRODUCED JANUARY 17, 2019

**Sponsored by:**

**Assemblywoman ANGELA V. MCKNIGHT**

**District 31 (Hudson)**

**Assemblyman RAJ MUKHERJI**

**District 33 (Hudson)**

**Assemblywoman VALERIE VAINIERI HUTTLE**

**District 37 (Bergen)**

**Co-Sponsored by:**

**Assemblywomen Chaparro, Reynolds-Jackson, Murphy, Tucker and Mosquera**

**SYNOPSIS**

Prohibits health benefits coverage for certain non-medically indicated early elective deliveries under Medicaid program, SHBP, and SEHBP.

**CURRENT VERSION OF TEXT**

As introduced.



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

1 AN ACT concerning health benefits coverage for non-medically  
2 indicated early elective deliveries and supplementing various  
3 parts of statutory law.

4  
5 **BE IT ENACTED** *by the Senate and General Assembly of the State*  
6 *of New Jersey:*

7  
8 1. The Legislature finds and declares:

9 a. Data strongly demonstrates that early elective deliveries—  
10 scheduled cesarean sections or medical inductions performed prior  
11 to 39 weeks of gestation without medical necessity—carry risks to  
12 both babies and mothers;

13 b. During the last few weeks of pregnancy, critical fetal  
14 development is still occurring;

15 c. As such, studies have shown that non-medically indicated  
16 early elective deliveries provide for higher incidences of neonatal  
17 intensive care unit admissions, pneumonia, and longer hospital  
18 stays for infants than if delivery was prolonged;

19 d. Additionally, an unsuccessful induction will result in a  
20 cesarean section, which can lead to infections, bleeding, and  
21 anesthesia complications for mothers;

22 e. The American College of Obstetricians and Gynecologists  
23 (ACOG) has advised against these deliveries for over 30 years;

24 f. According to the ACOG, medical indications for early  
25 delivery are not absolute but should take into account maternal and  
26 fetal conditions, gestational age, cervical status, and other factors;

27 g. Factors such as maternal request, availability of effective  
28 pain management, provider convenience, or facility scheduling  
29 should not be considered when determining whether to induce labor  
30 early or to perform a cesarean delivery;

31 h. While the early elective delivery rate in New Jersey has  
32 generally declined in recent years, approximately three to four  
33 percent of all births in the State are the result of a scheduled  
34 cesarean section or medical induction performed prior to 39 weeks  
35 of gestation without medical necessity; and

36 i. It is, therefore, in the public interest for the Legislature to  
37 prohibit coverage of such medical interventions which are not  
38 necessary by clinical standards within the Medicaid Program, State  
39 Health Benefits Program, and School Employees' Health Benefits  
40 Program as a means to improve medical outcomes for mothers and  
41 babies.

42  
43 2. a. No provider shall be approved for reimbursement by the  
44 Division of Medical Assistance and Health Services in the  
45 Department of Human Services under Medicaid for a non-medically  
46 indicated early elective delivery performed at a hospital on a  
47 pregnant woman earlier than the 39<sup>th</sup> week of gestation.

48 b. As used in this section:

1       “Medicaid” means the Medicaid program established pursuant to  
2 P.L.1968, c.413 (C.30:4D-1 et seq.)

3       “Non-medically indicated early elective delivery” means the  
4 artificial start of the birth process through medical interventions or  
5 other methods, also known as labor induction, or the surgical  
6 delivery of a baby via a cesarean section for purposes or reasons  
7 that are not fully consistent with established standards of clinical  
8 care as provided by the American College of Obstetricians and  
9 Gynecologists.

10

11       3. a. Notwithstanding the provisions of any other law or  
12 regulation to the contrary, any contract between a carrier and the  
13 Division of Medical Assistance and Health Services in the  
14 Department of Human Services that provides benefits to persons  
15 who are eligible for Medicaid under P.L.1968, c.413 (C.30:4D-1 et  
16 seq.) shall not provide coverage for a non-medically indicated early  
17 elective delivery performed at a hospital on a pregnant woman  
18 earlier than the 39<sup>th</sup> week of gestation.

19       b. As used in this section, “non-medically indicated early  
20 elective delivery” means the artificial start of the birth process  
21 through medical interventions or other methods, also known as  
22 labor induction, or the surgical delivery of a baby via a cesarean  
23 section for purposes or reasons that are not fully consistent with  
24 established standards of clinical care as provided by the American  
25 College of Obstetricians and Gynecologists.

26

27       4. a. Notwithstanding any other law or regulation to the  
28 contrary, the State Health Benefits Commission shall ensure that  
29 every contract purchased by the commission on or after the  
30 effective date of this act that provides hospital and medical expense  
31 benefits shall not provide coverage for a non-medically indicated  
32 early elective delivery performed at a hospital on a pregnant woman  
33 earlier than the 39<sup>th</sup> week of gestation.

34       b. As used in this section, “non-medically indicated early  
35 elective delivery” means the artificial start of the birth process  
36 through medical interventions or other methods, also known as  
37 labor induction, or the surgical delivery of a baby via a cesarean  
38 section for purposes or reasons that are not fully consistent with  
39 established standards of clinical care as provided by the American  
40 College of Obstetricians and Gynecologists.

41

42       5. a. Notwithstanding any other law or regulation to the  
43 contrary, the School Employees’ Health Benefits Commission shall  
44 ensure that every contract purchased by the commission on or after  
45 the effective date of this act that provides hospital and medical  
46 expense benefits shall not provide coverage for a non-medically  
47 indicated early elective delivery performed at a hospital on a  
48 pregnant woman earlier than the 39<sup>th</sup> week of gestation.



1 not be considered when determining whether to induce labor early  
2 or to perform a cesarean delivery.

3 The sponsor's intent is that this bill will improve medical  
4 outcomes for mothers and babies within the Medicaid Program,  
5 SHBP, and SEHBP by discouraging medical interventions that are  
6 not necessary by clinical standards.