

[First Reprint]

ASSEMBLY, No. 4935

STATE OF NEW JERSEY
218th LEGISLATURE

INTRODUCED JANUARY 17, 2019

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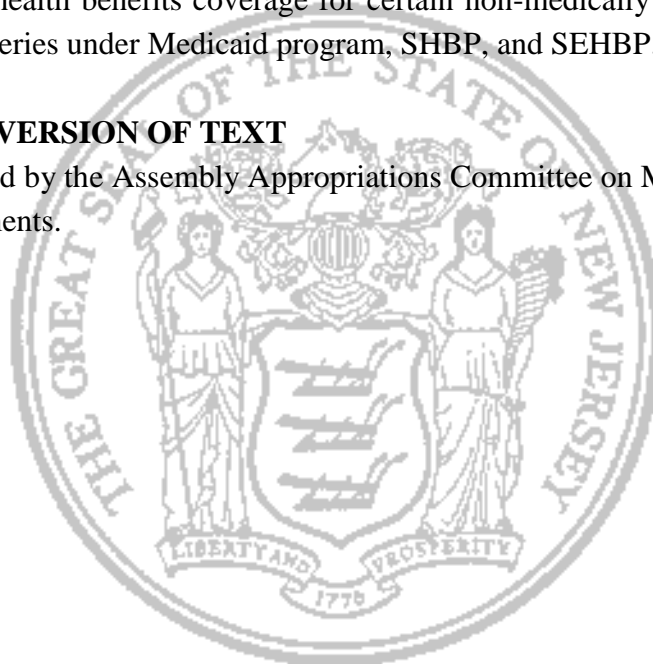
**Assemblywomen Chaparro, Reynolds-Jackson, Murphy, Tucker,
Mosquera, Downey, Assemblyman Houghtaling, Assemblywomen Lopez
and Jasey**

SYNOPSIS

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

CURRENT VERSION OF TEXT

As reported by the Assembly Appropriations Committee on March 18, 2019, with amendments.



(Sponsorship Updated As Of: 3/26/2019)

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 to
 11 39 weeks of gestation without medical necessity—carry risks to both
 12 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 early
 16 elective deliveries provide for higher incidences of neonatal intensive
 17 care unit admissions, pneumonia, and longer hospital stays for infants
 18 than ¹**[if delivery was prolonged]** when the pregnancy is allowed to
 19 progress naturally to full term¹;

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

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

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

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

32 h. While the early elective delivery rate in New Jersey has
 33 generally declined in recent years, approximately three to four percent
 34 of all births in the State are the result of a scheduled cesarean section
 35 or medical induction performed prior to 39 weeks of gestation without
 36 medical necessity; ¹**[and]**

37 i. To support public health and improve birth outcomes, it is
 38 important that health care providers, women, and their support
 39 networks are aware of the association between early elective deliveries
 40 and increased maternal and neonatal complications; and¹

41 j. It is, therefore, in the public interest for the Legislature ¹to
 42 support education efforts for health care providers and women and
 43 their support networks and¹ to prohibit coverage of such medical
 44 interventions which are not necessary by clinical standards within the
 45 Medicaid Program, ¹the¹ State Health Benefits Program, and ¹the¹

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

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹Assembly AAP committee amendments adopted March 18, 2019.

1 School Employees' Health Benefits Program ^{1,1} as a means to improve
2 medical outcomes for mothers and babies.

3
4 2. a. No provider shall be approved for reimbursement by the
5 Division of Medical Assistance and Health Services in the Department
6 of Human Services under Medicaid for a non-medically indicated
7 early elective delivery performed at a hospital on a pregnant woman
8 earlier than the 39th week of gestation on or after the ten month period
9 following the effective date of this section. During the ten month
10 period following the effective date of this section, the Division of
11 Medical Assistance and Health Services in the Department of Human
12 Services shall provide accessible educational materials to inform
13 pregnant women, their support networks, and Medicaid providers
14 about the risks of non-medically indicated early elective delivery¹ .

15 b. As used in this section:

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

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

24
25 3. a. Notwithstanding the provisions of any other law or
26 regulation to the contrary, any contract between a carrier and the
27 Division of Medical Assistance and Health Services in the
28 Department of Human Services that provides benefits to persons
29 who are eligible for Medicaid under P.L.1968, c.413 (C.30:4D-1 et
30 seq.) shall not provide coverage for a non-medically indicated early
31 elective delivery performed at a hospital on a pregnant woman
32 earlier than the 39th week of gestation.

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

40
41 4. a. Notwithstanding any other law or regulation to the
42 contrary, the State Health Benefits Commission shall ensure that
43 every contract purchased by the commission on or after the
44 effective date of this act that provides hospital and medical expense
45 benefits shall not provide coverage for a non-medically indicated
46 early elective delivery performed at a hospital on a pregnant woman
47 earlier than the 39th week of gestation.

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

8

9 5. a. Notwithstanding any other law or regulation to the
10 contrary, the School Employees’ Health Benefits Commission shall
11 ensure that every contract purchased by the commission on or after
12 the effective date of this act that provides hospital and medical
13 expense benefits shall not provide coverage for a non-medically
14 indicated early elective delivery performed at a hospital on a
15 pregnant woman earlier than the 39th week of gestation.

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

23

24 6. ¹**【This】** Sections 1 through 3 of this¹ act shall take effect on the
25 first day of the fourth month next following enactment ¹, and sections 4
26 and 5 of this act shall effect on the date of the next plan design cycle
27 for the State Health Benefits Program and the School Employees’
28 Health Benefits Program after enactment¹.