

**ASSEMBLY, No. 4936**

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**STATE OF NEW JERSEY**

**218th LEGISLATURE**

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INTRODUCED JANUARY 17, 2019

**Sponsored by:**

**Assemblywoman LINDA S. CARTER**

**District 22 (Middlesex, Somerset and Union)**

**Assemblywoman ANNETTE CHAPARRO**

**District 33 (Hudson)**

**Assemblywoman VALERIE VAINIERI HUTTLE**

**District 37 (Bergen)**

**Co-Sponsored by:**

**Assemblywomen Speight, Murphy, Lampitt, Reynolds-Jackson, Tucker  
and Mosquera**

**SYNOPSIS**

Establishes maternal health care pilot program to evaluate shared decision-making tool developed by DOH and used by hospitals providing maternity services, and by birthing centers.

**CURRENT VERSION OF TEXT**

As introduced.



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

1 AN ACT establishing a maternal health care pilot program.

2

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

5

6 1. a. The Commissioner of Health shall develop a shared  
7 decision-making tool for use by every hospital that provides  
8 inpatient maternity services, and every birthing center which is  
9 licensed in the State pursuant to P.L.1971, c.136 (C.26:2H-1 et  
10 seq.). The purpose of the shared decision-making tool shall be to:

11 (1) improve knowledge of the benefits and risks of, and best  
12 practice standards for, the provision of maternity care;

13 (2) increase collaboration between a maternal patient and the  
14 patient's health care provider to assist the patient in making  
15 informed decisions about the maternity care they receive;

16 (3) improve patient experiences during, and reduce adverse  
17 outcomes related to, or associated with, pregnancy; and

18 (4) encourage a maternal patient to create a birth plan stating the  
19 patient's preferences during the stages of labor, delivery, and  
20 postpartum.

21 b. The shared decision-making tool shall consist of patient  
22 decision aids including, but not be limited to:

23 (1) printed standardized patient questionnaires designed by  
24 hospitals and birthing centers, and made available to a maternal  
25 patient;

26 (2) educational fact sheets containing information about:

27 (a) choosing a health care provider, hospital, or birthing center;

28 (b) early labor supportive care techniques and other non-  
29 pharmacologic methods that support the onset of active labor,  
30 reduce stress and anxiety for a maternal patient and the patient's  
31 family, and improve coping and pain management;

32 (c) potential maternal and neonatal complications that may be  
33 associated with non-medically indicated pre-term labor inductions;

34 (d) the benefits of carrying pregnancies to full-term and the  
35 benefits of operative vaginal deliveries to reduce the risk of  
36 perinatal morbidity and mortality; and

37 (e) the risks associated with cesarean section procedures; and

38 (3) brochures and other multimedia tools that inform and  
39 educate a maternal patient about critical maternal conditions and the  
40 available treatment options and interventions for such events, and  
41 their associated advantages and disadvantages.

42

43 2. a. The Commissioner of Health shall implement a three-year  
44 pilot program to evaluate the shared decision-making tool  
45 developed pursuant to section 1 of this act. The commissioner shall  
46 solicit proposals from hospitals that provide inpatient maternity  
47 services and from birthing centers which are licensed pursuant to  
48 P.L.1971, c.136 (C.26:2H-1 et seq.) and which are interested in

1 participating in the pilot program. The commissioner shall review  
2 the proposals and select one hospital or birthing facility from the  
3 northern, central, and southern regions of the State.

4 b. The hospitals or birthing centers that are selected by the  
5 commissioner to participate in the pilot program shall design a  
6 comprehensive evaluation process that assesses the effectiveness of  
7 the shared decision-making tool in improving maternal care and  
8 reducing adverse outcomes related to, or associated with, pregnancy  
9 by collecting and analyzing information, during the pilot program  
10 period, about maternal outcomes, including, but not limited to:

11 (1) the number and percentage of maternal patients who  
12 underwent non-medically indicated labor induction procedures, and  
13 the number and percentage of maternal patients who underwent  
14 medically indicated induction procedures;

15 (2) the number and percentage of maternal patients who  
16 underwent non-medically indicated cesarean section procedures,  
17 and the number and percentage of maternal patients who underwent  
18 medically indicated cesarean section procedures;

19 (3) the number and percentage of maternal patients who  
20 underwent vaginal deliveries;

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

23 (5) the number and percentage of maternal patients who  
24 delivered after 34 weeks of gestation, but before 41 or more weeks  
25 of gestation;

26 (6) the number and percentage of maternal patients who created  
27 a birth plan pursuant to paragraph (4) of subsection a of section 1 of  
28 this act; and

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

32

33 3. a. Within one year after the expiration date of this act, the  
34 hospitals that provide inpatient maternity services and the birthing  
35 centers licensed that are selected by the Commissioner of Health to  
36 participate in the pilot program established pursuant to section 2 of  
37 this act shall prepare, and submit to the commissioner, to the  
38 Governor, and to the Legislature pursuant to section 2 of P.L.1991,  
39 c.164 (C.52:14-19.1), a report on the effectiveness of the shared-  
40 decision making tool developed pursuant to section 1 of this act.

41 b. The report shall be based on the information collected as  
42 part of the evaluation process designed by the hospitals and birthing  
43 centers pursuant to subsection b. of section 2 of this act, and shall  
44 make recommendations on how the shared decision-making tool can  
45 be implemented in hospitals and birthing centers throughout the  
46 State.

1       4. This act shall take effect on the first day of the six month  
2 next following the date of enactment, and shall expire three years  
3 thereafter. The Commissioner of Health may take such anticipatory  
4 administrative action in advance of the effective date as shall be  
5 necessary for the implementation of this act.

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8                               STATEMENT

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10       This bill requires the Commissioner of Health to develop a  
11 shared decision-making tool for use by every hospital that provides  
12 inpatient maternity services and every birthing center which is  
13 licensed in the State pursuant to P.L.1971, c.136 (C.26:2H-1 et  
14 seq.).

15       The purpose of the shared decision-making tool would be to:  
16 improve knowledge of the benefits and risks of, and best practice  
17 standards for, the provision of maternity care; increase  
18 collaboration between a maternal patient and the patient's health  
19 care provider to assist the patient in making informed decisions  
20 about the maternity care they receive; improve patient experiences  
21 during, and reduce adverse outcomes related to, or associated with,  
22 pregnancy; and encourage a maternal patient to create a birth plan  
23 stating the patient's preferences during the stages of labor, delivery,  
24 and postpartum.

25       The shared decision-making tool would consist of patient  
26 decision aids including, but not limited to: printed standardized  
27 patient questionnaires designed by hospitals and birthing centers  
28 and made available to a maternal patient; educational fact sheets  
29 providing information on a broad range of maternity care issues,  
30 including choosing a caregiver and hospital or birthing center, early  
31 labor support techniques, potential maternal and neonatal  
32 complications relating to pre-term labor induction, the benefits of  
33 carrying pregnancies full term, the benefits of operative vaginal  
34 deliveries, and the risks associated with cesarean section  
35 procedures; and brochures and other multimedia tools that inform  
36 and educate a maternal patient about critical maternal conditions  
37 and the available treatment options and interventions for such  
38 events, and their associated advantages and disadvantages.

39       The bill directs the commissioner to implement a three-year pilot  
40 program to evaluate the shared decision-making tool developed  
41 pursuant to the bill. The commissioner is directed to solicit and  
42 review proposals from hospitals and birthing centers that are  
43 interested in participating in the pilot program and is to select one  
44 hospital or birthing facility from the northern, central, and southern  
45 regions of the State.

46       The hospitals or birthing centers selected by the commissioner to  
47 participate in the pilot program would design a comprehensive  
48 evaluation process that assesses the effectiveness of the share

1 decision-making tool in improving maternal care and reducing  
2 adverse outcomes related to, or associated with, pregnancy by  
3 collecting and analyzing information, during the pilot program  
4 period, about maternal outcomes including, but not limited to: the  
5 number and percentage of maternal patients who underwent non-  
6 medically indicated labor induction procedures, and the number and  
7 percentage of maternal patients who underwent medically indicated  
8 induction procedures; the number and percentage of maternal  
9 patients who underwent non-medically indicated cesarean section  
10 procedures, the number and percentage of maternal patients who  
11 underwent vaginal deliveries; the number and percentage of  
12 maternal patients who underwent medically indicated cesarean  
13 section procedures; the number and percentage of maternal patients  
14 who delivered between 34 and 41 or more weeks of gestation; the  
15 number and percentage of maternal patients who created a birth  
16 plan pursuant to the bill; and any other information related to a  
17 maternal patient's prenatal, postnatal, labor, and delivery care that  
18 is deemed necessary.

19 The bill requires the hospitals and birthing centers selected by  
20 the commissioner, within one year of the expiration of the bill, to  
21 prepare, and submit a report to the commissioner, to the Governor,  
22 and to the Legislature on the effectiveness of the shared decision-  
23 making tool developed pursuant to the bill. The report would be  
24 based on the information collected as part of the evaluation process  
25 designed as part of the pilot program, and would make  
26 recommendations on how the shared decision-making tool can be  
27 implemented in hospitals and birthing centers throughout the State.