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

(Sponsorship Updated As Of: 3/26/2019)
AN ACT establishing a maternal health care pilot program.

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

1. a. The Commissioner of Health shall develop a shared decision-making tool \[\text{[for use by every hospital]}\] which the commissioner shall make available to hospitals\(^1\) that provides inpatient maternity services \[\text{[and]}\] every birthing center which is\(^1\) licensed in the State pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.). \(^1\)Use of the shared decision-making tool shall be voluntary on the part of maternity care hospitals and licensed birthing centers.\(^1\) The purpose of the shared decision-making tool shall be to:

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

   (2) increase collaboration between a \[\text{[maternal]}\] maternity care\(^1\) patient and the patient’s health care provider to assist the patient in making informed decisions about the maternity care \[\text{[they receive]}\] the patient receives\(^1\);

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

   (4) encourage \[\text{[a maternal patient]}\] maternity care patients\(^1\) to create a birth plan stating the patient’s preferences during the stages of labor, delivery, and postpartum.

b. The shared decision-making tool shall consist of patient decision aids including, but not \[\text{[be]}\] limited to:

   (1) electronic or printed standardized patient questionnaires designed by hospitals and birthing centers, \[\text{[and]}\] which shall be\(^1\) made available to \[\text{[a maternal patient]}\] maternity care patients\(^1\);  

   (2) educational fact sheets containing information about:

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

      (b) early labor supportive care techniques and other non-pharmacologic methods that support the onset of active labor, reduce stress and anxiety for \[\text{[a maternal patient and the patient’s family]}\] maternity care patients and their families\(^1\), and improve coping and pain management;

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

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

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

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:
\(^1\)Assembly AAP committee amendments adopted March 18, 2019.
(3) brochures and other multimedia tools that inform and educate
maternity care patients about critical maternal conditions and the available treatment options and interventions for
such events, and their associated advantages and disadvantages, and risk factors associated with each available
treatment option and intervention.

2. a. The Commissioner of Health shall implement a three-year pilot program under which a select number of maternity care
hospitals and licensed birthing centers, as determined by the commissioner, will utilize and evaluate the shared decision-making
tool developed pursuant to section 1 of this act. The commissioner
shall solicit proposals from hospitals that provide inpatient maternity services and from birthing centers which are licensed pursuant to
P.L.1971, c.136 (C.26:2H-1 et seq.) and which develop a process for
maternity care hospitals and licensed birthing facilities that are interested in participating in the pilot program to apply or otherwise request to participate. The commissioner shall review the proposals and determine the total number of maternity care hospitals and licensed birthing centers to be included in the pilot program, except that, at a minimum, the commissioner shall select at least one hospital or birthing facility from each of the northern, central, and southern regions of the State for inclusion.

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

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

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

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

(4) the number and percentage of patients who delivered at 41 or more weeks of gestation;
(5) the number and percentage of maternal maternity care patients who delivered after 34 weeks of gestation, but before 41 or more weeks of gestation;

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

(7) any other information related to a maternal maternity care patient’s prenatal, postnatal, labor, and delivery care that is deemed the commissioner deems necessary.

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

b. The reports submitted pursuant to subsection a. of this section shall be based on the information collected as part of the standardized evaluation process designed by the hospitals and birthing centers commissioner pursuant to subsection b. of section 2 of this act, and shall make recommendations on how for improvements to the shared decision-making tool and recommendations regarding Statewide implementation of the shared decision-making tool can be implemented in hospitals and birthing centers throughout the State.

4. This act shall take effect on the first day of the six month next following 360 days after the date of enactment, and shall expire upon the final submission of all of the reports that are required pursuant to subsection a. of section 3 of this act. The Commissioner of Health may take such anticipatory administrative action in advance of the effective date as shall be necessary for the implementation of this act.