

SENATE, No. 3375

STATE OF NEW JERSEY 218th LEGISLATURE

INTRODUCED JANUARY 24, 2019

Sponsored by:

Senator M. TERESA RUIZ

District 29 (Essex)

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.



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:*

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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) electronic or printed standardized patient questionnaires
24 designed by hospitals and birthing centers, and made available to a
25 maternal 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 a
27 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 prenatal,
30 postnatal, labor, and delivery care that is deemed necessary.

31

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

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

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47 4. This act shall take effect on the first day of the six month next
48 following the date of enactment, and shall expire three years

1 thereafter. The Commissioner of Health may take such anticipatory
2 administrative action in advance of the effective date as shall be
3 necessary for the implementation of this act.

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

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

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

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

44 The hospitals or birthing centers selected by the commissioner to
45 participate in the pilot program would design a comprehensive
46 evaluation process that assesses the effectiveness of the share
47 decision-making tool in improving maternal care and reducing
48 adverse outcomes related to, or associated with, pregnancy by

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

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