

[First Reprint]

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STATE OF NEW JERSEY
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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 Senate Health, Human Services and Senior Citizens Committee on March 4, 2019, with amendments.

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

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 ¹**[for use by every hospital]** , which the
8 commissioner shall make available to hospitals¹ that provides inpatient
9 maternity services ¹**[.]**¹ and ¹**[every birthing center which is]** and
10 birthing centers¹ licensed in the State pursuant to P.L.1971, c.136
11 (C.26:2H-1 et seq.). ¹Use of the shared decision-making tool shall be
12 voluntary on the part of maternity care hospitals and licensed birthing
13 centers.¹ The purpose of the shared decision-making tool shall be to:

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

16 (2) increase collaboration between a ¹**[maternal]** maternity care¹
17 patient and the patient's health care provider to assist the patient in
18 making informed decisions about the maternity care ¹**[they receive]**
19 the patient receives¹;

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

22 (4) encourage ¹**[a maternal patient]** maternity care patients¹ to
23 create a birth plan stating the patient's preferences during the stages of
24 labor, delivery, and postpartum.

25 b. The shared decision-making tool shall consist of patient
26 decision aids including, but not ¹**[be]**¹ limited to:

27 (1) electronic or printed standardized patient questionnaires
28 designed by hospitals and birthing centers, ¹**[and]** which shall be¹
29 made available to ¹**[a maternal patient]** maternity care patients¹;

30 (2) educational fact sheets containing information about:

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

32 (b) early labor supportive care techniques and other non-
33 pharmacologic methods that support the onset of active labor, reduce
34 stress and anxiety for ¹**[a maternal patient and the patient's family]**
35 maternity care patients and their families¹, and improve coping and
36 pain management;

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

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

42 (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:

¹Senate SHH committee amendments adopted March 4, 2019.

(3) brochures and other multimedia tools that inform and educate ¹ ~~["a maternal patient"]~~ maternity care patients¹ about critical maternal conditions and the available treatment options and interventions for such events, and ¹ ~~["their associated"]~~ the¹ advantages ¹ ~~["and"]~~ ,¹ disadvantages ¹ , and risk factors associated with each available treatment option and intervention¹.

2. a. The Commissioner of Health shall implement a three-year pilot program ¹ ~~["to"]~~ under which a select number of maternity care hospitals and licensed birthing centers, as determined by the commissioner, will utilize and¹ evaluate the shared decision-making tool developed pursuant to section 1 of this act. The commissioner shall ¹ ~~["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 that¹ are interested in participating in the pilot program ¹ to apply or otherwise request to participate¹. The commissioner shall ¹ ~~["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 shall¹ select ¹ at least¹ one hospital or birthing facility from ¹ each of¹ the northern, central, and southern regions of the State ¹ for inclusion¹.

b. The hospitals or birthing centers that are selected by the commissioner to participate in the pilot program shall ¹ ~~["design"]~~ use¹ a ¹ standardized,¹ comprehensive evaluation process ¹ to be designed by the commissioner,¹ that assesses the effectiveness of the shared decision-making tool in improving ¹ ~~["maternal"]~~ maternity¹ 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 ¹ ~~["maternal"]~~ maternity care¹ patients who underwent non-medically indicated labor induction procedures, and the number and percentage of ¹ ~~["maternal"]~~ maternity care¹ patients who underwent medically indicated induction procedures;

(2) the number and percentage of ¹ ~~["maternal"]~~ maternity care¹ patients who underwent non-medically indicated cesarean section procedures, and the number and percentage of ¹ ~~["maternal"]~~ maternity care¹ patients who underwent medically indicated cesarean section procedures;

(3) the number and percentage of ¹ ~~["maternal"]~~ maternity care¹ patients who underwent vaginal deliveries;

(4) the number and percentage of ¹ ~~["maternal"]~~ maternity care¹ patients who delivered at 41 or more weeks of gestation;

1 (5) the number and percentage of ¹**maternal** maternity care¹
2 patients who delivered after 34 weeks of gestation, but before 41 or
3 more weeks of gestation;

4 (6) the number and percentage of ¹**maternal** maternity care¹
5 patients who created a birth plan pursuant to paragraph (4) of
6 subsection a¹; ¹ of section 1 of this act; and

7 (7) any other information related to a ¹**maternal** maternity care¹
8 patient's prenatal, postnatal, labor, and delivery care that ¹**is deemed**
9 the commissioner deems¹ necessary.

10
11 3. a. Within one year after the ¹**expiration date of this act**
12 expiration of the pilot program established pursuant to section 2 of this
13 act¹, ¹**the hospitals that provide inpatient maternity services and the**
14 **birthing centers licensed that are** each maternity care hospital and
15 licensed birthing center¹ selected by the Commissioner of Health to
16 participate in the pilot program ¹**established pursuant to section 2 of**
17 **this act**¹ shall prepare, and submit to the commissioner, to the
18 Governor, and ¹, pursuant to section 2 of P.L.1991, c.164 (C.52:14-
19 19.1).¹ to the Legislature ¹**pursuant to section 2 of P.L.1991, c.164**
20 **(C.52:14-19.1)**¹, a report on the effectiveness of the shared-decision
21 making tool developed pursuant to section 1 of this act.

22 b. The ¹**report** reports submitted pursuant to subsection a. of
23 this section¹ shall be based on the information collected as part of the
24 ¹standardized¹ evaluation process designed by the ¹**hospitals and**
25 **birthing centers** commissioner¹ pursuant to subsection b. of section 2
26 of this act, and shall ¹**make** include¹ recommendations ¹**on how**
27 for improvements to the shared decision-making tool and
28 recommendations regarding Statewide implementation of¹ the shared
29 decision-making tool ¹**can be implemented in hospitals and birthing**
30 **centers throughout the State**¹.

31
32 4. This act shall take effect on the first day of the ¹**six** sixth¹
33 month next following the date of enactment, and shall expire ¹**three**
34 **years thereafter** upon the final submission of all of the reports that are
35 required pursuant to subsection a. of section 3 of this act¹. The
36 Commissioner of Health may take such anticipatory administrative
37 action in advance of the effective date as shall be necessary for the
38 implementation of this act.