

[Second Reprint]

SENATE, No. 3378

STATE OF NEW JERSEY
218th LEGISLATURE

INTRODUCED JANUARY 24, 2019

Sponsored by:

Senator M. TERESA RUIZ

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Senator LINDA R. GREENSTEIN

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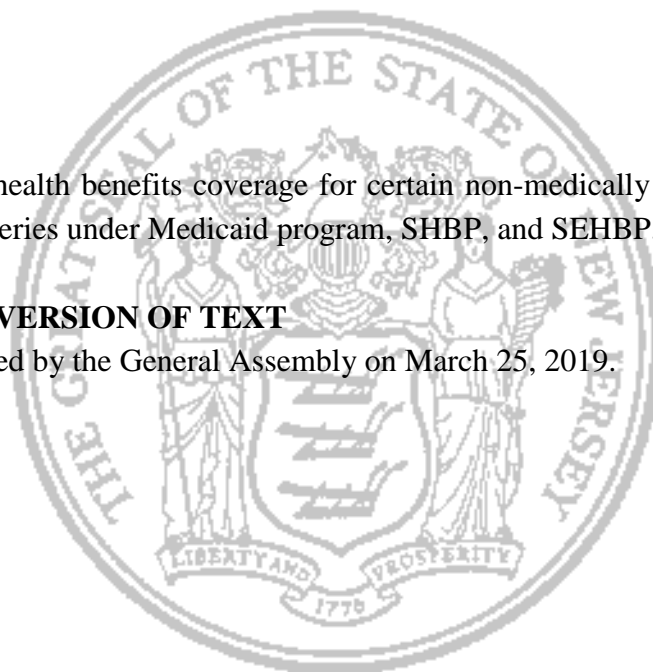
Assemblywomen Chaparro, Reynolds-Jackson, Murphy, Tucker, Mosquera, Downey, Assemblyman Houghtaling, Assemblywomen Lopez and Jasey

SYNOPSIS

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

CURRENT VERSION OF TEXT

As amended by the General Assembly on March 25, 2019.



(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; ²**[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; and²

41 j. It is, therefore, in the public interest for the Legislature ²to
42 support education efforts for health care providers and women and
43 their support networks and² to prohibit coverage of such medical
44 interventions which are not necessary by clinical standards within the

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.

²Assembly floor amendments adopted March 25, 2019.

1 Medicaid Program, ²the² State Health Benefits Program, and ²the²
2 School Employees' Health Benefits Program ^{2,2} as a means to improve
3 medical outcomes for mothers and babies.

4
5 2. a. No provider shall be approved for reimbursement by the
6 Division of Medical Assistance and Health Services in the Department
7 of Human Services under Medicaid for a non-medically indicated
8 early elective delivery performed at a hospital on a pregnant woman
9 earlier than the 39th week of gestation ²on or after the ten month period
10 following the effective date of this section. During the ten month
11 period following the effective date of this section, the Division of
12 Medical Assistance and Health Services in the Department of Human
13 Services shall provide accessible educational materials to inform
14 pregnant women, their support networks, and Medicaid providers
15 about the risks of non-medically indicated early elective delivery² .

16 b. As used in this section:

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

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

25

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

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

41

42 4. a. Notwithstanding any other law or regulation to the
43 contrary, the State Health Benefits Commission shall ensure that
44 every contract purchased by the commission on or after the
45 effective date of this act that provides hospital and medical expense
46 benefits shall not provide coverage for a non-medically indicated
47 early elective delivery performed at a hospital on a pregnant woman
48 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. ²**[This]** Sections 1 through 3 of this² act shall take effect on the
25 first day of the fourth month next following enactment ², 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 enactment².