

[Second Reprint]

## **ASSEMBLY, No. 1073**

# **STATE OF NEW JERSEY**

## **219th LEGISLATURE**

PRE-FILED FOR INTRODUCTION IN THE 2020 SESSION

**Sponsored by:**

**Assemblywoman SHANIQUE SPEIGHT**

**District 29 (Essex)**

**Assemblywoman ELIANA PINTOR MARIN**

**District 29 (Essex)**

**Assemblywoman ANGELA V. MCKNIGHT**

**District 31 (Hudson)**

**Assemblywoman BRITNEE N. TIMBERLAKE**

**District 34 (Essex and Passaic)**

**Co-Sponsored by:**

**Assemblywomen Reynolds-Jackson, Jasey, Assemblyman Mukherji,**

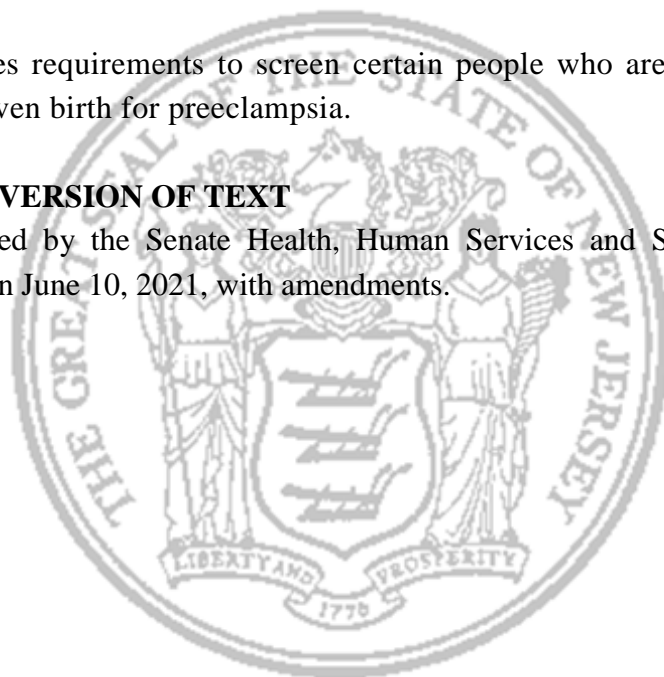
**Assemblywomen Jimenez, Tucker, Vainieri Huttie and Downey**

**SYNOPSIS**

Establishes requirements to screen certain people who are pregnant and who have given birth for preeclampsia.

**CURRENT VERSION OF TEXT**

As reported by the Senate Health, Human Services and Senior Citizens Committee on June 10, 2021, with amendments.



(Sponsorship Updated As Of: 5/20/2021)

1 AN ACT concerning preeclampsia <sup>2</sup>**[testing for pregnant women]**  
 2 screenings<sup>2</sup> and supplementing Title 26 of the Revised Statutes.

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

6  
 7 1. a. The Commissioner of Health shall require every hospital  
 8 <sup>1</sup>**[that provides inpatient maternity services]**<sup>1</sup> in the State, every  
 9 birthing center licensed in the State pursuant to P.L.1971, c.136  
 10 (C.26:2H-1 et seq.), <sup>1</sup>every federally qualified health center, and  
 11 **[or]**<sup>1</sup> every physician or health care practitioner in the State  
 12 providing care to a pregnant <sup>2</sup>**[woman]** person<sup>2</sup> or a <sup>2</sup>**[woman]**  
 13 person<sup>2</sup> who has given birth <sup>2,2</sup> to <sup>1</sup>**[administer to the woman a**  
 14 **test]** screen the <sup>2</sup>**[woman]**<sup>1</sup> person<sup>2</sup> for preeclampsia <sup>2</sup>**[**, if the  
 15 woman<sup>1</sup> if the person<sup>2</sup> shows symptoms of the condition. <sup>1</sup>**[The**  
 16 test shall include, but not be limited to, blood tests,  
 17 ultrasonography, and non-stress tests that monitor a baby's health]  
 18 Screening tools shall be based on industry best practices and  
 19 guidance, as determined by the American College of Obstetricians  
 20 and Gynecologists, the <sup>2</sup>**[American Academy of Family**  
 21 **Physicians]** Preeclampsia Foundation<sup>2</sup> , or <sup>2</sup>**[other nationally**  
 22 **recognized]** another nationally-recognized<sup>2</sup> body <sup>2</sup>**[**, as  
 23 determined] as may be designated<sup>2</sup> by the commissioner<sup>1</sup> .

24 b. A hospital that provides inpatient maternity services <sup>1</sup>**[or]**,  
 25 <sup>1</sup>a<sup>1</sup> licensed birthing center <sup>1</sup>, or a federally qualified health center<sup>1</sup>  
 26 providing care to, or a physician or other health care practitioner  
 27 who is the primary caregiver for, a pregnant <sup>2</sup>**[woman]** person<sup>2</sup> or a  
 28 <sup>2</sup>**[woman]** person<sup>2</sup> who seeks treatment within <sup>2</sup>**[four]** six<sup>2</sup> weeks  
 29 of giving birth, shall, in accordance with guidelines developed by  
 30 the commissioner:

31 (1) provide the <sup>2</sup>**[woman]** person<sup>2</sup> with information on  
 32 preeclampsia <sup>1</sup>and potential warning signs and symptoms<sup>1</sup>;

33 (2) inform the <sup>2</sup>**[woman]** person<sup>2</sup> of the benefits of being  
 34 <sup>1</sup>**[tested]** screened<sup>1</sup> for preeclampsia if <sup>2</sup>**[she]** the person<sup>2</sup> shows  
 35 symptoms of the condition, and that <sup>2</sup>**[she]** the person<sup>2</sup> is required  
 36 to be <sup>1</sup>**[tested]** screened<sup>1</sup> for preeclampsia unless <sup>2</sup>**[she]** the  
 37 person<sup>2</sup> <sup>2</sup>**[indicates in writing her]** issues a written<sup>2</sup> refusal to be  
 38 <sup>1</sup>**[tested]** screened<sup>1</sup> <sup>2</sup>, which refusal shall be provided<sup>2</sup> on a form  
 39 and in a manner prescribed by the commissioner <sup>2</sup>consistent with  
 40 the provisions of subsection c. of this section<sup>2</sup> ; <sup>2</sup>**[and]**<sup>2</sup>

41 (3) <sup>1</sup>**[test]** screen<sup>1</sup> the <sup>2</sup>**[woman]** person<sup>2</sup> for preeclampsia  
 42 unless <sup>2</sup>**[she indicates her]** the person provides<sup>2</sup> written refusal as  
 43 <sup>2</sup>**[hereinabove]**<sup>2</sup> provided <sup>2</sup>in paragraph (2) of this subsection<sup>2</sup> .

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:

<sup>1</sup>Assembly AAP committee amendments adopted May 18, 2021.

<sup>2</sup>Senate SHH committee amendments adopted June 10, 2021.

1 The <sup>2</sup>[woman] person<sup>2</sup> shall, on the <sup>2</sup>[same]<sup>2</sup> form and in a  
2 manner prescribed by the commissioner <sup>2</sup>consistent with subsection  
3 c. of this section<sup>2</sup>, acknowledge receipt of the information provided  
4 by the hospital, birthing center, <sup>2</sup>federally qualified health center,<sup>2</sup>  
5 physician, or health care practitioner, as applicable, regarding the  
6 benefits of being <sup>1</sup>[tested] screened<sup>1</sup> for preeclampsia <sup>2</sup>; and

7 (4) encourage the person to routinely engage in home blood  
8 pressure monitoring<sup>2</sup>.

9 c. <sup>2</sup>The commissioner shall develop a standardized form to be  
10 used for the purposes of providing the acknowledgement required  
11 pursuant to paragraph (3) of subsection b. of this section, which  
12 may also be used to provide written refusal to undergo a screening  
13 for preeclampsia pursuant to paragraph (2) of subsection b. of this  
14 section, if applicable.

15 d.<sup>2</sup> Upon receipt of the results of <sup>1</sup>[the test] any screening<sup>1</sup>  
16 conducted pursuant to subsection a. of this section, the hospital  
17 <sup>2</sup>[that provides inpatient maternity services]<sup>2</sup>, licensed birthing  
18 center, <sup>1</sup>federally qualified health <sup>2</sup>[care centers] center<sup>2</sup>,<sup>1</sup> or  
19 physician or health care practitioner <sup>2</sup>, as applicable,<sup>2</sup> shall discuss  
20 the results with <sup>2</sup>[a pregnant women or women who has given  
21 birth] the person<sup>2</sup> and, if the <sup>2</sup>[woman] person has a positive  
22 screening<sup>2</sup> <sup>1</sup>[tests positive] <sup>2</sup>[screens]<sup>1</sup><sup>2</sup> for preeclampsia, develop  
23 a treatment plan to minimize the <sup>2</sup>[woman's] person's<sup>2</sup> risk from  
24 preeclampsia.

25  
26 2. The Commissioner of Health, pursuant to the  
27 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-  
28 1 et seq.), shall adopt rules and regulations to effectuate the  
29 purposes of this act.

30  
31 3. This act shall take effect immediately.