

ASSEMBLY APPROPRIATIONS COMMITTEE

STATEMENT TO

ASSEMBLY, No. 1073

with committee amendments

STATE OF NEW JERSEY

DATED: MAY 18, 2021

The Assembly Appropriations Committee reports favorably Assembly Bill No. 1073, with committee amendments.

As amended, this bill mandates the Commissioner of Health to require every hospital in the State, every birthing center licensed in the State pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.), every federally qualified health center, and every physician or health care practitioner in the State providing care to a pregnant woman or a woman who has given birth to screen for preeclampsia, if the woman shows symptoms of the condition. Screening tools shall be based on industry best practices and guidance, as determined by the American College of Obstetricians and Gynecologists, the American Academy of Family Physicians, or other nationally recognized body, as determined by the commissioner.

A hospital, licensed birthing center, or federally qualified health center providing care to, or a physician or other health care practitioner who is the primary caregiver for, a pregnant woman or a woman who seeks treatment within four weeks of giving birth, would, in accordance with guidelines developed by the commissioner: provide the woman with information on preeclampsia and potential warning signs and symptoms; inform the woman of the benefits of being screened for preeclampsia if she shows symptoms of the condition, and that she is required to be screened for preeclampsia unless she indicates in writing her refusal to be screened on a form and in a manner prescribed by the commissioner; and screen the woman for preeclampsia unless she indicates her written refusal as hereinabove provided. The woman would, on the same form acknowledge receipt of the information provided by the hospital, birthing center, physician, or health care practitioner, as applicable, regarding the benefits of being screened for preeclampsia.

Upon receipt of the results of the screening conducted pursuant to the bill, a hospital that provides inpatient maternity services, licensed birthing center, federally qualified health center, or physician or health care practitioner would discuss the results with a pregnant women or women who has given birth and, if the woman screens for preeclampsia, develop a treatment plan to minimize the woman's risk from preeclampsia.

COMMITTEE AMENDMENTS:

The committee amendments change references to “test” to “screening.” The committee amendments extend the requirements of the bill to all hospitals and federal qualified health centers in the State. The committee amendments remove a requirement that a test is to include, but not be limited to, blood tests, ultrasonography, and non-stress tests that monitor a baby’s health. The committee replaced this language with a requirement that the screenings tools for preeclampsia are based on industry best practices and guidance, as determined by the American College of Obstetricians and Gynecologists, the American Academy of Family Physicians, or other nationally recognized body, as determined by the commissioner.

FISCAL IMPACT:

The Office of Legislative Services (OLS) concludes that this bill would increase State costs by an indeterminate amount for the New Jersey FamilyCare program to cover preeclampsia screening of pregnant and postpartum women who show symptoms of the condition, by New Jersey hospitals, licensed birthing centers, federally-qualified health centers (FQHCs), and physicians or health care practitioners that provide care to pregnant and postpartum women. By way of context, the State has 49 licensed hospitals that provide maternity services, and 23 FQHCs that would be affected by the requirements established under this bill. According to the Preeclampsia Foundation, preeclampsia and other related hypertensive disorders of pregnancy affect five to eight percent of all births in the United States; moreover, the foundation reports that the rate of preeclampsia in the United States has risen by 25 percent over the past 20 years.

The State additionally would incur marginal costs to develop and disseminate the preeclampsia screening waiver that would be provided to pregnant and postpartum women under the bill. The NJ FamilyCare program costs would increase by a marginal amount in order for health care providers in all practice settings to provide the preeclampsia educational materials to pregnant and postpartum patients, and to secure the signed screening waiver from those women who refuse screening. Moreover, University Hospital, an independent non-profit legal entity that is an instrumentality of the State, would incur an indeterminate increase in costs to comply with the requirements established pursuant to this bill.

Although the preeclampsia screening requirements established pursuant to the bill would increase NJ FamilyCare costs, the State would ultimately realize savings from earlier diagnoses of preeclampsia in pregnant and postpartum women, thereby avoiding significant costs related to treating infants born prematurely due to their mothers’ undiagnosed preeclampsia, and treatment costs for women suffering from serious medical complications associated with undiagnosed preeclampsia.