

ASSEMBLY, No. 1073

STATE OF NEW JERSEY 219th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2020 SESSION

Sponsored by:

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District 29 (Essex)

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District 29 (Essex)

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District 34 (Essex and Passaic)

Co-Sponsored by:

Assemblywoman Reynolds-Jackson

SYNOPSIS

Requires preeclampsia testing for certain pregnant women and women who have given birth.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel.



1 AN ACT concerning preeclampsia testing for pregnant women and
2 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:

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7 1. a. The Commissioner of Health shall require every hospital
8 that provides inpatient maternity services 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.), or every physician or health care practitioner in
11 the State providing care to a pregnant woman or a woman who has
12 given birth to administer to the woman a test for preeclampsia, if
13 the woman shows symptoms of the condition. The test shall
14 include, but not be limited to, blood tests, ultrasonography, and
15 non-stress tests that monitor's a baby's health.

16 b A hospital that provides inpatient maternity services or
17 licensed birthing center providing care to, or a physician or other
18 health care practitioner who is the primary caregiver for, a pregnant
19 woman or a woman who seeks treatment within four weeks of
20 giving birth, shall, in accordance with guidelines developed by the
21 commissioner:

22 (1) provide the woman with information on preeclampsia;

23 (2) inform the woman of the benefits of being tested for
24 preeclampsia if she shows symptoms of the condition, and that she
25 is required to be tested for preeclampsia unless she indicates in
26 writing her refusal to be tested on a form and in a manner
27 prescribed by the commissioner; and

28 (3) test the woman for preeclampsia unless she indicates her
29 written refusal as hereinabove provided. The woman shall, on the
30 same form and in a manner prescribed by the commissioner,
31 acknowledge receipt of the information provided by the hospital,
32 birthing center, physician, or health care practitioner, as applicable,
33 regarding the benefits of being tested for preeclampsia.

34 c. Upon receipt of the results of the test conducted pursuant to
35 subsection a. of this section, the hospital that provides inpatient
36 maternity services, licensed birthing center, or physician or health
37 care practitioner shall discuss the results with a pregnant women or
38 women who has given birth and, if the woman tests positive for
39 preeclampsia, develop a treatment plan to minimize the woman's
40 risk from preeclampsia.

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

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47 3. This act shall take effect immediately.

STATEMENT

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3 This bill mandates the Commissioner of Health to require every
4 hospital that provides inpatient maternity services in the State,
5 every birthing center licensed in the State pursuant to P.L.1971,
6 c.136 (C.26:2H-1 et seq.), or every physician or health care
7 practitioner in the State providing care to a pregnant woman or a
8 woman who has given birth to administer to the woman a test for
9 preeclampsia, if the woman shows symptoms of the condition. The
10 tests would include, but not be limited to, blood tests,
11 ultrasonography, and non-stress tests that monitor's a baby's health.

12 A hospital or licensed birthing center providing care to, or a
13 physician or other health care practitioner who is the primary
14 caregiver for, a pregnant woman or a woman who seeks treatment
15 within four weeks of giving birth, would, in accordance with
16 guidelines developed by the commissioner: provide the woman with
17 information on preeclampsia; inform the woman of the benefits of
18 being tested for preeclampsia if she shows symptoms of the
19 condition, and that she is required to be tested for preeclampsia
20 unless she indicates in writing her refusal to be tested on a form and
21 in a manner prescribed by the commissioner; and test the woman
22 for preeclampsia unless she indicates her written refusal as
23 hereinabove provided. The woman would, on the same form
24 acknowledge receipt of the information provided by the hospital,
25 birthing center, physician, or health care practitioner, as applicable,
26 regarding the benefits of being tested for preeclampsia.

27 Upon receipt of the results of the test conducted pursuant to the
28 bill, a hospital that provides inpatient maternity services, licensed
29 birthing center, or physician or health care practitioner would
30 discuss the results with a pregnant women or women who has given
31 birth and, if the woman tests positive for preeclampsia, develop a
32 treatment plan to minimize the woman's risk from preeclampsia.

33 Preeclampsia and other hypertensive disorders are some of the
34 most common pregnancy-related complications and are a leading
35 cause of maternal morbidity and mortality. The incidence of
36 preeclampsia, alone, has increased by 25 percent in the United
37 States over the past two decades.

38 The failure of hospitals, birthing centers, physicians, and other
39 health care practitioners to timely recognize and communicate about
40 a patient's risk factors for preeclampsia and other hypertensive
41 disorders, and to adequately identify warning signs of patient
42 deterioration in association with these conditions, often leads to
43 delays in diagnosis and treatment, allows for the development of
44 more severe complications, and increases the likelihood of maternal
45 death stemming from these conditions.

46 Requiring hospitals, birthing centers, physicians, and other
47 health care practitioners to administer a preeclampsia test to
48 pregnant women and women who have given birth, if the woman

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- 1 shows symptoms of the condition, would reduce the rate of
- 2 pregnancy-related complication and death and improve maternal
- 3 and infant health in New Jersey.