

LEGISLATIVE FISCAL ESTIMATE

[First Reprint]

ASSEMBLY, No. 5008

**STATE OF NEW JERSEY
219th LEGISLATURE**

DATED: JUNE 21, 2021

SUMMARY

- Synopsis:** Establishes "Stillbirth Resource Center" and programs for the prevention and reduction of incidences of stillbirth, and expands list of professionals authorized to provide stillbirth-related care; appropriates \$2.5 million.
- Type of Impact:** Annual State expenditure increase from the General Fund.
- Agencies Affected:** Department of Health, University Hospital.

Office of Legislative Services Estimate

Fiscal Impact	<u>Annual</u>
State Cost Increase	Indeterminate
University Hospital Cost Increase	Indeterminate

- The Office of Legislative Services (OLS) concludes that the Department of Health (DOH) will incur an indeterminate increase in annual expenditures in order to establish a Stillbirth Resource Center, which is to develop and administer professional and public outreach, education, and training programs concerning stillbirth, as well as provide supportive services and resources to families who have experienced stillbirth. To the extent that the department is able to adopt and utilize existing informational materials and professional education and training curricula concerning stillbirth best practices, standards, and protocols, departmental costs to implement these programs could be reduced.
- Moreover, Department of Health expenditures will increase pursuant to a provision in the bill that directs the department to work with the Stillbirth Resource Center to promote research into risk factors for stillbirth, as well as treatment options to eliminate the preventable causes of stillbirth. The magnitude of this cost increase is dependent upon the number of studies that the department, in collaboration with the Stillbirth Resource Center, supports, as well as the level of support allocated to each research project.

- To the extent that University Hospital, an independent nonprofit legal entity that is an instrumentality of the State, adopts the department's recommended best practices, standards, and protocols concerning interactions with, and care provided to, families experiencing stillbirth, the facility would incur additional costs to implement these best practices and protocols authorized pursuant to the bill.

BILL DESCRIPTION

This bill revises the Autumn Joy Stillbirth Research and Dignity Act to expand the list of health care professionals who may be assigned primary responsibility for communicating with a gestational parent and family concerning the status of a fetus when a stillbirth occurs, as well as primary responsibility for informing and coordinating staff to assist with labor, delivery, and postpartum procedures.

The bill also requires the DOH, in consultation with the Stillbirth Resource Center established under the bill and The 2 Degrees Foundation, to develop a program to educate the public and health care professionals about stillbirths and to promote research on treatment options to eliminate the preventable causes of stillbirth. The training and education program would be targeted to specific groups of persons who interact with families experiencing a stillbirth, including certain health care professionals, midwives, gestational parent health experts, and social workers, and would include: training on the nature and causes of stillbirth; how to respond to families experiencing a stillbirth; the protocols used by hospitals and health care professionals during labor, delivery, postpartum, and postmortem when a stillbirth occurs; the importance of autopsy records and placental and postmortem evaluations; and a risk reduction and prevention education component to inform the public and pregnant persons on the causes, and ways to prevent and reduce the incidence, of stillbirth, and how to improve fetal and gestational parent outcomes after a stillbirth.

The bill also requires the Commissioner of Health to establish the Stillbirth Resource Center in a State medical school selected by the commissioner no later than 180 days after the effective date of the bill. The center would, in coordination with DOH, serve as a technical advisory center, administer the program established under the bill to educate the public and health care professionals about stillbirths, and offer other supportive services that may be necessary to assist families who have experienced a stillbirth.

The center is required to keep a record of all reports of stillbirths that are forwarded by the DOH or submitted through the reporting process established by the center, so that it can: provide bereavement support services; conduct research on stillbirth and its effects on families; and propose and assist in the implementation of policies and procedures to improve the delivery of health care and other support services to persons experiencing stillbirth and their families.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS concludes that the DOH will incur an indeterminate increase in annual expenditures in order to establish a Stillbirth Resource Center, which is to develop and administer professional and public outreach, education, and training programs concerning stillbirth, as well as provide supportive services and resources to families who have experienced stillbirth. To the extent that the department is able to adopt and utilize existing informational materials and professional education and training curricula concerning stillbirth best practices, standards, and protocols, departmental costs to implement these programs could be reduced.

State expenses to develop and distribute various informational materials and resources for families experiencing stillbirth will largely depend on whether the department or a nonprofit organization affiliated with the department, has already developed similar resources, and can make these materials readily available for distribution through the Stillbirth Resource Center.

The State will realize higher costs under a provision in the bill that directs the department to work with the Stillbirth Resource Center to promote research into risk factors for stillbirth, as well as treatment options to eliminate the preventable causes of stillbirth. Additional costs to the department to promote such research is unpredictable, and is largely dependent upon the ability of the Stillbirth Resource Center to secure federal or private grant funding for such research.

Pursuant to the bill, the Stillbirth Resource Center is authorized to develop a process whereby families may voluntarily report a stillbirth and request information concerning support groups, bereavement counseling, and other supportive services. However, the New Jersey State Health Assessment Data page on the Department of Health's website notes that, pursuant to the Autumn Joy Stillbirth Research and dignity Act, the State already requires the reporting of all fetal deaths of 20 or more weeks gestational age. Since the American College of Obstetrics and Gynecology defines stillbirth as fetal death occurring at 20 weeks of gestation or later, the OLS concludes that State costs would not increase as a result of this requirement.

To the extent that University Hospital, an independent nonprofit legal entity that is an instrumentality of the State, adopts the best practices, standards, and protocols concerning interactions with, and care provided to, families experiencing stillbirth, the facility would incur additional costs to implement these best practices and protocols authorized pursuant to the bill.

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This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).