ASSEMBLY APPROPRIATIONS COMMITTEE

STATEMENT TO

[First Reprint]

ASSEMBLY, No. 5008

STATE OF NEW JERSEY

DATED: JUNE 16, 2021

The Assembly Appropriations Committee reports favorably Assembly Bill No. 5008 (1R).

This bill revises the "Autumn Joy Stillbirth Research and Dignity Act," P.L.2013, c.217 (C.26:8-40.27 et seq.), 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.

Current law requires that a physician be assigned primary responsibility to provide these services and carry out these duties. This bill provides that a certified nurse midwife may also be assigned this primary responsibility, and that the physician or nurse midwife may transfer these responsibilities to another licensed or certified health care professional, if the transfer is necessary to ensure that labor, delivery, postpartum, and postmortem care services are provided to the gestational parent and family in a timely and compassionate manner.

The bill also amends the "Autumn Joy Stillbirth Research and Dignity Act," to require the Department of Health (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 program would be developed no later than 180 after the effective date of the bill.

Under the bill's provisions, the program would: include a toll-free, peer support telephone helpline to respond to calls from families experiencing a stillbirth and refer such families to, and provide informational resources on, bereavement support and counseling services; study the risk factors and causes associated with stillbirth; identify and promote the effectiveness of evidence-based best practices and standards in providing prenatal care to pregnant persons to improve fetal and gestational parent outcomes; and establish and administer a stillbirth education and training program, including the preparation and dissemination of literature on techniques to prevent and reduce the incidence 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, as outlined in the bill, 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; best practices in providing care to families prior to and during subsequent pregnancies after a stillbirth; 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 commissioner is required to forward to the center the information collected under the fetal death evaluation protocol established pursuant to section 3 of P.L.2013, c.217 (C.26:8-40.29) on a bi-monthly basis so the center can provide bereavement support services and conduct research pursuant to the bill.

The provisions of the bill stipulate that the center would: develop a voluntary stillbirth reporting process that would allow a gestational parent, family member, or the gestational parent's designee, to report on individual cases of stillbirth; take appropriate action to ensure that any certificate of fetal death is prepared in accordance with, and contains information that satisfies the provisions of, P.L.2013, c.217 (C.26:8-40.27 et seq.); ask the DOH to post on its Internet website a hyperlink, a toll-free telephone number, and an email address, each of which would be used for the voluntary submission of public reports of stillbirths; publicize the availability of these resources to professional organizations, community organizations, social service agencies, health care facilities, and members of the public; develop a process, in consultation with the DOH, allowing the center to contact families who have experienced a stillbirth to offer information on the bereavement support services provided by the center; maintain a list of bereavement support groups and counseling services, by location and county, and make the information available to the public; and provide bereavement support services to 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.

The center will be authorized to access information from certificates of fetal death and certificates of birth resulting in stillbirth contained in the DOH's New Jersey Vital Information Platform for the purpose of conducting research on, and identifying current trends in the incidence of, stillbirth.

The center would apply for, receive, and accept, from any federal, State, or other public or private source, grants, loans, or other moneys that are made available for, or in aid of, the center's authorized purposes, or that are made available to assist the center in carrying out its duties and responsibilities.

FISCAL IMPACT:

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.