

SENATE, No. 690

STATE OF NEW JERSEY 219th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2020 SESSION

Sponsored by:

Senator M. TERESA RUIZ

District 29 (Essex)

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District 19 (Middlesex)

Co-Sponsored by:

Senators Madden, Codey and Singer

SYNOPSIS

Provides that New Jersey residents have access to one cost-free postpartum home visit.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel.



(Sponsorship Updated As Of: 3/9/2021)

1 **AN ACT** concerning postpartum home visits and supplementing
2 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. The Legislature finds and declares:

8 a. The weeks following birth are a critical period for a woman
9 and her infant, setting the stage for long-term health and well-being;

10 b. During this period, a woman is adapting to multiple
11 physical, social, and psychological changes, while simultaneously
12 recovering from childbirth, adjusting to changing hormones, and
13 learning to feed and care for her newborn;

14 c. Like prenatal care, the postpartum health care visit that
15 typically occurs six weeks after childbirth is considered important
16 to a new mother's health; however, for many women, the six-week
17 postpartum visit punctuates a period devoid of formal or informal
18 maternal support;

19 d. Additionally, according to the American College of
20 Obstetricians and Gynecologists, as many as 40 percent of women
21 do not attend a postpartum visit in the United States;

22 e. During the time immediately following delivery, health care
23 providers are uniquely qualified to enable a woman to access the
24 clinical and social resources she needs to successfully navigate the
25 transition from pregnancy to parenthood;

26 f. Studies regarding the Durham Connects program, which
27 provides postpartum home visits by trained registered nurses to all
28 families in Durham County, North Carolina that have newborns
29 between the ages of two to 12 weeks old, have found that
30 participating families: experience reduced rates of clinical maternal
31 anxiety; have safer and more child-friendly home environments;
32 utilize higher quality child care; have better community
33 connections; exhibit safer and more responsible parenting
34 behaviors; have higher levels of father involvement; and experience
35 a significantly reduced rate of infant emergency medical care;

36 g. Research also indicates that postpartum education and care
37 lead to lower rates of maternal morbidity and mortality, as many of
38 the risk factors for post-delivery complications, such as
39 hemorrhaging or a pulmonary embolism, may not be identifiable
40 before a woman's discharge after birth;

41 h. Such data demonstrate the wide ranging benefits to women,
42 children, and families when a mother and infant receive support
43 from the medical community within days after delivering a child;
44 and

45 i. It is, therefore, in the public interest for the Legislature to
46 remove barriers regarding access to postpartum care and to establish
47 the infrastructure for New Jersey mothers to receive one cost-free

1 postpartum home visit in which a member of the medical community
2 provides the necessary physical, social, and emotional support critical
3 to recovery following childbirth.

4
5 2. a. Each hospital and birthing facility shall:

6 (1) schedule a postpartum home visit for each pregnant patient
7 who gives birth at the hospital or facility, following the birth of the
8 patient's infant and prior to the patient's discharge from the hospital
9 or facility. The postpartum home visit shall be scheduled for a date
10 that is within seven days of the patient's discharge; and

11 (2) provide one postpartum home visit for each pregnant patient
12 discharged from the hospital or facility following the birth of the
13 patient's infant, as scheduled by the hospital or facility pursuant to
14 paragraph (1) of subsection a. of this section.

15 b. A hospital or birthing facility shall waive the receipt of any
16 copayment, coinsurance, or deductible that may be required from a
17 patient, pursuant to the patient's contract with a third party payer,
18 for services provided pursuant to subsection a. of this section.

19 c. Notwithstanding any other law to the contrary, a hospital or
20 birthing facility shall not seek payment from a patient for services
21 provided pursuant to subsection a. of this section, including any
22 remaining balances following payment by an applicable third party
23 payer.

24 d. The provisions of this section shall not apply if the patient
25 objects to receiving a postpartum home visit for any reason.

26 e. As used in this section:

27 "Birthing facility" means an inpatient or ambulatory health care
28 facility licensed by the Department of Health that provides birthing
29 and newborn care services.

30 "Hospital" means an acute care hospital licensed by the
31 Department of Health pursuant to P.L.1971, c.136 (C.26:2H-
32 1 et al.)

33 "Postpartum home visit" means a home visit to a woman and
34 infant, within the first seven days following delivery, by a licensed
35 healthcare provider to ensure proper recovery from childbirth and
36 includes, but is not limited to: a weight and health check of the
37 newborn; an assessment of the physical wellness of the woman;
38 breastfeeding support; assistance identifying and coping with
39 postpartum depression or other behavioral health concerns; and any
40 referrals for medically necessary follow-up healthcare.

41
42 3. The Department of Health, pursuant to the "Administrative
43 Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), shall adopt
44 rules and regulations necessary to implement the
45 provisions of this act.

1 4. This act shall take effect on the first day of the fourth month
2 next following the date of enactment, but the Commissioner of
3 Health may take such anticipatory administrative action in advance
4 thereof as may be necessary for the implementation of this act.

7 STATEMENT

9 This bill provides that New Jersey residents have access to one
10 cost-free postpartum home visit. As defined in the bill, a
11 “postpartum home visit” means a home visit to a woman and infant,
12 within the first seven days following delivery, by a licensed
13 healthcare provider to ensure proper recovery from childbirth and
14 includes, but is not limited to: a weight and health check of the
15 newborn; an assessment of the physical wellness of the woman;
16 breastfeeding support; assistance identifying and coping with
17 postpartum depression or other behavioral health concerns; and any
18 referrals for medically necessary follow-up healthcare.

The weeks following birth are a critical period for a woman and her infant, setting the stage for long-term health and well-being. During this period, a woman is adapting to multiple physical, social, and psychological changes, while simultaneously recovering from childbirth, adjusting to changing hormones, and learning to feed and care for her newborn. Like prenatal care, the postpartum health care visit that typically occurs six weeks after childbirth is considered important to a new mother's health; however, for many women, the six-week postpartum visit punctuates a period devoid of formal or informal maternal support. Additionally, according to the American College of Obstetricians and Gynecologists, as many as 40 percent of women do not attend a postpartum visit in the United States.

During the time immediately following delivery, health care providers are uniquely qualified to enable a woman to access the clinical and social resources she needs to successfully navigate the transition from pregnancy to parenthood. Studies regarding the Durham Connects program, which provides postpartum home visits by trained registered nurses to all families in Durham County, North Carolina that have newborns between the ages of two to 12 weeks old, have found that participating families: experience reduced rates of clinical maternal anxiety; have safer and more child-friendly home environments; utilize higher quality child care; have better community connections; exhibit safer and more responsible parenting behaviors; have higher levels of father involvement; and experience a significantly reduced rate of infant emergency medical care. Research also indicates that postpartum education and care lead to lower rates of maternal morbidity and mortality, as many of the risk factors for post-delivery

1 complications, such as hemorrhaging or a pulmonary embolism,
2 may not be identifiable before a woman's discharge after birth.

3 Such data demonstrate the wide ranging benefits to women,
4 children, and families when a mother and infant receive support
5 from the medical community within days after delivering a child. It
6 is, therefore, the sponsor's belief that is in the public interest for the
7 Legislature to remove barriers regarding access to postpartum care and
8 to establish the infrastructure for New Jersey residents to receive one
9 cost-free postpartum home visit in which a member of the medical
10 community provides the necessary physical, social, and emotional
11 support critical to recovery following childbirth.

12 Specifically, this bill requires each hospital and birthing facility
13 in the State to schedule a postpartum home visit, to take place
14 within seven days of the patient's discharge, for each pregnant
15 patient who gives birth at the hospital or facility, following the birth
16 of the patient's infant and prior to the patient's discharge from the
17 hospital or facility. The hospital or birthing facility must also
18 provide the scheduled postpartum home visit. Under the bill, a
19 hospital or birthing facility will not be required to schedule and
20 conduct a postpartum home visit if the patient objects to receiving
21 the visit for any reason

22 The bill includes two provisions to ensure that the services
23 provided are cost-free to the patient. First, under the bill, a hospital
24 or birthing facility is directed to waive the receipt of any
25 copayment, coinsurance, or deductible that may be required from a
26 patient, pursuant to the patient's contract with a third party payer,
27 for services provided pursuant to the bill. Second, a hospital or
28 birth facility is prohibited from seeking payment from a patient for
29 services provided pursuant to the bill, including any remaining
30 balances following payment by an applicable third party payer.