

**ASSEMBLY, No. 1994**

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**STATE OF NEW JERSEY**

**220th LEGISLATURE**

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PRE-FILED FOR INTRODUCTION IN THE 2022 SESSION

**Sponsored by:**

**Assemblyman HERB CONAWAY, JR.**

**District 7 (Burlington)**

**Assemblywoman ANNETTE QUIJANO**

**District 20 (Union)**

**Assemblyman REGINALD W. ATKINS**

**District 20 (Union)**

**Co-Sponsored by:**

**Assemblywomen Chaparro, Jimenez, Lopez, Murphy, Lampitt, Reynolds-Jackson, Assemblyman Greenwald, Assemblywomen Tucker, Mosquera and Speight**

**SYNOPSIS**

Requires DOH to establish maternity care evaluation protocols.

**CURRENT VERSION OF TEXT**

Introduced Pending Technical Review by Legislative Counsel.



**(Sponsorship Updated As Of: 12/5/2022)**

1    **AN ACT** concerning maternity care evaluation 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:*

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7       1. a. The Commissioner of Health shall develop and prescribe  
8       by regulation comprehensive policies and procedures to be followed  
9       by every hospital that provides inpatient maternity services, and  
10      every birthing center which is licensed in the State pursuant to  
11      P.L.1971, c.136 (C.26:2H-1 et seq.), for the collection and  
12      dissemination of data on maternity care.

13      b. The Department of Health shall establish a maternity care  
14      evaluation protocol that every hospital providing inpatient  
15      maternity services, and every birthing center licensed in the State  
16      pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.), shall follow in  
17      order to collect hospital discharge data relevant to maternity care.

18      The de-identified hospital discharge data collected pursuant to  
19      the maternity care evaluation protocol shall include, but not be  
20      limited to:

21      (1) the race and age of the mother, maternal and paternal family  
22      history, comorbidities, prenatal care history, antepartum findings,  
23      history of maternal pregnancy complications, and history of past  
24      obstetric complications;

25      (2) the number and percentage of maternal patients who were  
26      treated for hypertensive disorders, including preeclampsia and  
27      associated conditions, during the reporting period;

28      (3) the number and percentage of maternal patients who  
29      experienced an obstetric hemorrhage accompanied by an adverse  
30      event, as defined by the guidelines established by the American  
31      College of Obstetricians and Gynecologists and the Centers for  
32      Disease Control and Prevention, during the reporting period;

33      (4) the number and percentage of maternal patients who  
34      underwent non-medically indicated labor induction procedures, and  
35      the number and percentage of maternal patients who delivered after  
36      37 weeks gestation but before 39 weeks gestation, and who  
37      underwent medically indicated induction procedures;

38      (5) the number and percentage of maternal patients who  
39      underwent non-medically indicated cesarean section procedures,  
40      and the number and percentage of maternal patients who underwent  
41      medically indicated cesarean section procedures;

42      (6) the number and percentage of maternal patients who  
43      underwent vaginal deliveries;

44      (7) the number and percentage of maternal patients who  
45      delivered at 41 or more weeks of gestation;

46      (8) the number and percentage of maternal patients who  
47      delivered at 39 or more weeks of gestation;

- 1 (9) the number and percentage of maternal patients who  
2 delivered after 37 weeks of gestation, but before 39 weeks of  
3 gestation;  
4 (10) the number and percentage of maternal patients who  
5 delivered after 34 weeks of gestation, but before 37 weeks of  
6 gestation;  
7 (11) the number and percentage of infants born with birth  
8 defects, broken down by the specific birth defect;  
9 (12) the number and percentage of infants born weighing five  
10 pounds, eight ounces or more;  
11 (13) the number and percentage of infants born weighing less  
12 than five pounds, eight ounces; and  
13 (14) any other information related to a maternal patient's  
14 prenatal, postnatal, labor, and delivery care that is deemed  
15 necessary.

16

17 2. The Department of Health shall evaluate the data collected  
18 under the maternity care evaluation protocol for the purposes of:

19 (1) facilitating a data-based review of the provision of maternity  
20 care services in the State, in order to identify potential  
21 improvements in the provision of such services;

22 (2) generating Statewide perinatal and provider-level quality  
23 metrics;

24 (3) establishing Statewide and regional objective benchmarks  
25 that promote improvements in maternal health outcomes and the  
26 quality of maternity care, and comparing the performance of every  
27 hospital that provides inpatient maternity services and every  
28 birthing center which is licensed in the State pursuant to P.L.1971,  
29 c.136 (C.26:2H-1 et seq) to such benchmarks;

30 (4) identifying data quality issues that may directly impact the  
31 performance of hospitals and birthing centers in providing  
32 maternity care services;

33 (5) encouraging hospitals and birthing centers that provide  
34 inpatient maternity services to participate in quality improvement  
35 collaboratives; and

36 (6) researching the association between clinical practices, the  
37 quality of maternal care, and maternal health care outcomes.

38

39 3. No later than one year after the effective date of this act, and  
40 annually thereafter, the Commissioner of Health shall report to the  
41 Governor, and to the Legislature pursuant to section 2 of P.L.1991,  
42 c.164 (C.52:14-19.1), on the findings of the evaluation required  
43 pursuant to section 2 of this act, and shall include in the report any  
44 recommendations for legislative action that the commissioner  
45 deems appropriate.

46

47 4. The Commissioner of Health, pursuant to the Administrative  
48 Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), shall adopt

1 such rules and regulations as the commissioner determines  
2 necessary to effectuate the purposes of this act.

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4 5. This act shall take effect immediately.

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#### STATEMENT

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9 This bill requires the Commissioner of Health to develop  
10 comprehensive policies and procedures to be followed by every  
11 hospital providing inpatient maternity services, and every birthing  
12 center licensed in the State pursuant to P.L.1971, c.136 (C.26:2H-1  
13 et seq.), in the State, for the collection and dissemination of data on  
14 maternity care.

15 The bill would require the Department of Health (DOH) to  
16 establish a maternity care evaluation protocol that every hospital  
17 and every birthing center would be required to follow in order to  
18 collect hospital discharge data relevant to maternity care, including,  
19 but not limited to de-identified information outlined under the bill.

20 The Department of Health must evaluate the data collected under  
21 the maternity care evaluation protocol for the purposes of:  
22 facilitating a data-based review of the provision of maternity care  
23 services in the State in order to identify potential improvements in  
24 the provisions of such services; generating Statewide perinatal and  
25 provider-level quality metrics; establishing Statewide and regional  
26 objective benchmarks that promote improvements in maternal  
27 health outcomes and the quality of maternity care, and comparing  
28 the performance every hospital and birthing center in the State to  
29 such benchmarks; identifying data quality issues that may directly  
30 impact the performance of hospitals and birthing centers in  
31 providing maternity care services; encouraging hospitals and  
32 birthing centers that provide inpatient maternity services to  
33 participate in quality improvement collaboratives; and researching  
34 the association between clinical practices, the quality of maternal  
35 care, and maternal health care outcomes.

36 No later than one year after the enactment of the bill, and every  
37 year after, the commissioner would report to the Governor and the  
38 Legislature pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1),  
39 on the findings of the evaluation required pursuant to the bill. The  
40 report would include any recommendations for legislative action  
41 that the commissioner deems appropriate.

42 The quality of a hospital's or birthing center's data system can  
43 have a substantial impact on a state's ability to improve the quality  
44 of maternity care and reduce the causes and incidences of maternal  
45 mortality. Although the federal Centers for Disease Control and  
46 Prevention has developed a national pregnancy surveillance system,

- 1 states face challenges in accessing state-level data on maternal
- 2 outcomes due to a lack of consistent, standardized data tracking and
- 3 state-level surveillance.