

[Second Reprint]

ASSEMBLY, No. 2655

STATE OF NEW JERSEY

220th LEGISLATURE

INTRODUCED FEBRUARY 14, 2022

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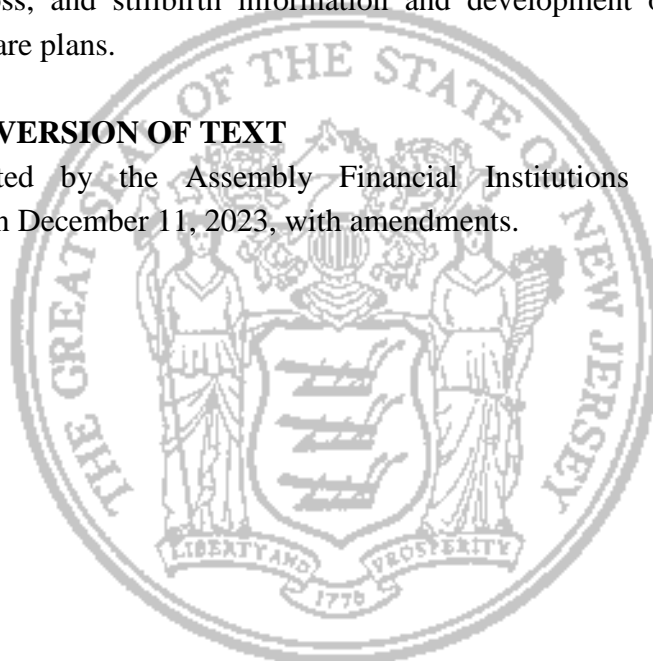
Assemblywomen Jaffer, Dunn, McKnight, Speight, Assemblymen Stanley, Conaway, Assemblywomen Flynn, Jasey and Lampitt

SYNOPSIS

Establishes requirements concerning provision of postpartum care, pregnancy loss, and stillbirth information and development of personalized postpartum care plans.

CURRENT VERSION OF TEXT

As reported by the Assembly Financial Institutions and Insurance Committee on December 11, 2023, with amendments.



(Sponsorship Updated As Of: 1/8/2024)

1 AN ACT concerning postpartum care ¹, pregnancy loss, stillbirth,¹
2 and 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:*

6
7 1. The Legislature finds and declares that:

8 a. Pregnancy is a significant health event in the lives of many
9 women that presents unique physical, mental, and medical issues,
10 many of which a woman will not encounter at any other point in her
11 life.

12 b. Women experiencing pregnancy, particularly a first
13 pregnancy, frequently lack information and guidance concerning
14 many of the physical symptoms encountered during and after
15 pregnancy. Because so many aspects of a woman's body change
16 during pregnancy, it can be difficult to determine when a particular
17 symptom is normal or may be a sign of an adverse complication that
18 requires medical attention, particularly with regard to symptoms
19 occurring during the postpartum period ¹and after a pregnancy loss
20 or stillbirth¹.

21 c. Maternal mortality and morbidity rates have increased over
22 the last 20 years both in New Jersey and nationwide, which
23 increased rates have disproportionately affected minority
24 communities. In many cases, the common causes of maternal
25 mortality, including ¹**[high blood pressure,]**¹ excessive
26 bleeding¹**[,]**¹ and infection, are preventable if diagnosed and
27 treated in a timely manner. Moreover, postpartum ¹, pregnancy
28 loss, and stillbirth¹ issues that are not typically fatal ¹**[,]**, such as
29 postpartum depression,¹**[**¹ can seriously affect a woman's quality of
30 life if left untreated.

31 d. Frequently, postpartum issues cannot be detected before the
32 woman is discharged from the hospital. Many symptoms do not
33 manifest until after the woman has returned home, and issues may
34 occur up to one year after birth. It is estimated that between one-
35 third and one-half of pregnancy-associated deaths occur during the
36 postpartum period. All women are susceptible to postpartum
37 complications, not just those identified as "high risk" for
38 complications during pregnancy.

39 e. As many as 40 percent of women never seek out or receive
40 postpartum care, which represents a missed opportunity to screen
41 for postpartum issues and provide necessary medical care.

42 f. Although New Jersey has taken significant steps to improve
43 the provision of maternity care in this State, more needs to be done

EXPLANATION – Matter enclosed in bold-faced brackets **[thus]** in the above bill is
not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹Assembly AHE committee amendments adopted November 20, 2023.

²Assembly AFI committee amendments adopted December 11, 2023.

1 to ensure that women have the information and resources necessary
2 to enable them to identify and seek treatment for potentially fatal
3 postpartum ¹, pregnancy loss, and stillbirth¹ issues.

4 g. Therefore, it is essential that women have the opportunity to
5 develop an individualized postpartum treatment plan in the course
6 of prenatal care and that they be provided with postpartum care¹,
7 pregnancy loss, and stillbirth¹ information prior to discharge,
8 including information about normal and abnormal postpartum
9 symptoms, to enable them to make informed observations about
10 their postpartum ¹, pregnancy loss, and stillbirth¹ experiences and
11 seek out medical care when needed.

12
13 2. a. Health care professionals, including physicians,
14 advanced practice nurses, certified nurse midwives, ²certified
15 professional midwives,² and ²certified² midwives, who provide
16 prenatal maternity care to a ²[woman] patient² shall ensure that the
17 ²[woman] patient² has the opportunity to develop a comprehensive
18 personalized postpartum care plan that is consistent with ²[her] the
19 patient's² anticipated postpartum needs and plans. ¹[At a
20 minimum, each plan shall include the designation of a medical
21 home where the woman may access care and support during the
22 period between the end of the pregnancy and the comprehensive
23 postpartum visit.]¹ ²To meet the requirements of this section, a
24 personalized postpartum care plan shall include, at a minimum, all
25 of the following:

26 (1) the name, phone number, and office address of the patient's
27 care team;

28 (2) the time, date, and location for the patient's postpartum
29 visits and a phone number to call to schedule or reschedule
30 appointments;

31 (3) guidance regarding breastfeeding to allow the patient to
32 make an informed feeding decision;

33 (4) a reproductive life plan and appropriate contraception;

34 (5) notes about any of the patient's pregnancy complications and
35 recommended follow-ups or test results;

36 (6) guidance regarding signs and symptoms of postpartum
37 depression or anxiety; management, including recommendations on
38 how to manage anxiety, depression, or other psychiatric issues
39 identified during pregnancy or in the postpartum period;

40 (7) recommendations for the management of postpartum issues,
41 such as without limitation pelvic floor exercise for stress, urinary
42 incontinence, or water-based lubricant for dyspareunia; and

43 (8) a treatment plan for ongoing physical and mental health
44 conditions which identifies the care team member responsible for
45 follow-up.

46 The health care professional shall take reasonable steps to ensure
47 that the patient is offered the opportunity to participate in a

1 postpartum planning session during the first trimester of pregnancy
 2 or, if holding the session during the first trimester is not feasible, at
 3 the earliest time thereafter. At a minimum, each plan shall include
 4 the designation of a medical home where the patient may access
 5 care and support during the period between the end of the
 6 pregnancy and the comprehensive postpartum visit.² If the
 7 ²【woman】 patient² does not have a ²【¹postpartum assessment and
 8 individualized care¹】² plan ¹【in place】¹ ²in place or affirmatively
 9 waives their right to develop a plan², the health care professional
 10 shall ²educate the patient about the risks of foregoing adequate
 11 postpartum care and² offer to consult with the ²【woman】 patient² to
 12 develop a plan. ²【¹The Department of Health shall develop a
 13 standard postpartum assessment and individualized care plan and
 14 distribute such plan to healthcare professionals who provide
 15 prenatal maternity care.¹】 The failure of a health care professional
 16 providing prenatal maternity care to a patient to comply with these
 17 requirements may be deemed professional misconduct and may
 18 subject the health care professional to disciplinary action pursuant
 19 to the provisions of P.L.1978, c.73 (C.45:1-14 et seq.).²

20 b. Each general hospital, ambulatory care facility, and birthing
 21 center licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) that
 22 provides maternity care services shall ensure that, prior to discharge
 23 following the end of a pregnancy ¹, pregnancy loss, or stillbirth¹,
 24 each ²【woman】 patient² receiving maternity care services is
 25 provided with postpartum care information²【, including information
 26 concerning the potential health issues that may occur during the
 27 postpartum period ¹, or after a pregnancy loss or stillbirth,¹ and a
 28 description of the risks, warning signs, and symptoms of medically-
 29 significant complications that may occur during the postpartum
 30 period, ¹, or after a pregnancy loss or stillbirth,¹ including ¹, but not
 31 limited to, worsening of mental health or substance use disorders,
 32 postpartum pre-eclampsia, seizures, blood clots,¹ severe bleeding,
 33 ¹【high blood pressure,】 and¹ infection ¹【, and depression】¹. For
 34 the purposes of providing postpartum care information pursuant to
 35 this subsection, hospitals, ambulatory care facilities, and birthing
 36 centers that provide maternity care services ¹, in consultation with
 37 and following the guidance of the Department of Health and the
 38 Maternal Care Quality Collaborative,¹ shall adopt uniform policies,
 39 procedures, and protocols, including standardized educational
 40 modules and training materials, that are consistent with best
 41 practices and national standards for postpartum care and the
 42 recognition and prevention of postpartum complications】 based on
 43 best practices and guidance, as determined by the American College
 44 of Obstetricians and Gynecologists or another nationally recognized
 45 body as may be designated by the Commissioner of Health².

46 ²c. As used in this section:

1 “Care team” means an interdisciplinary team comprised of health
2 care professionals, the patient and the patient’s relatives and
3 friends. Members of the care team may vary depending on a
4 patient’s needs.

5 “Medical home” means as a primary care provider or facility
6 from which a patient can access primary and preventive care that
7 maintains all of the patient’s medical information.²

8

9 3. This act shall take effect 180 days after the date of
10 enactment.