

[Second Reprint]

## **ASSEMBLY, No. 5472**

# **STATE OF NEW JERSEY**

## **220th LEGISLATURE**

INTRODUCED MAY 18, 2023

**Sponsored by:**

**Assemblywoman VERLINA REYNOLDS-JACKSON**

**District 15 (Hunterdon and Mercer)**

**Assemblywoman SHANIQUE SPEIGHT**

**District 29 (Essex)**

**Assemblyman ANTHONY S. VERRELLI**

**District 15 (Hunterdon and Mercer)**

**Assemblyman HERB CONAWAY, JR.**

**District 7 (Burlington)**

**Co-Sponsored by:**

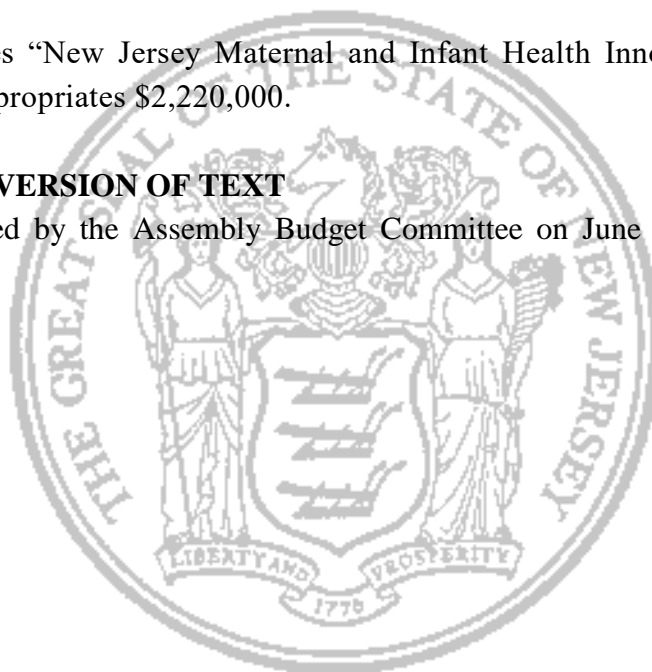
**Assemblyman Atkins, Assemblywomen Jaffer, McKnight, Lopez and  
Pintor Marin**

### **SYNOPSIS**

Establishes “New Jersey Maternal and Infant Health Innovation Center Act,” and appropriates \$2,220,000.

### **CURRENT VERSION OF TEXT**

As reported by the Assembly Budget Committee on June 27, 2023, with amendments.



**(Sponsorship Updated As Of: 6/30/2023)**

1 AN ACT concerning maternal health care, supplementing Title 26 of  
2 the Revised Statutes <sup>2</sup>**[and]** <sup>2</sup>,<sup>2</sup> amending P.L.2019, c.75 <sup>2</sup>, and  
3 making an appropriation<sup>2</sup> .  
4

5 **BE IT ENACTED** by the Senate and General Assembly of the State  
6 of New Jersey:  
7

8 1. (New section) This act shall be known and may be cited as  
9 the “New Jersey Maternal and Infant Health Innovation Center  
10 Act.”  
11

12 2. (New section) The Legislature finds and declares that:

13 a. In 2019, New Jersey Governor Philip D. Murphy and First  
14 Lady Tammy Snyder Murphy launched Nurture NJ, a Statewide  
15 campaign committed to both reducing maternal and infant mortality  
16 and morbidity and ensuring equitable <sup>1</sup>access to and provision of<sup>1</sup>  
17 care among women and children of all races and ethnicities.

18 b. At the time, New Jersey was ranked as low as 47th in the  
19 United States for maternal deaths and had one of the widest racial  
20 disparities for both maternal and infant mortality.

21 c. Such inequities are particularly evident in our capital city of  
22 Trenton, which experiences the highest maternal and infant health  
23 disparities among our Black and Hispanic communities. The City  
24 of Trenton is among the cities with the highest rates of Black and  
25 Hispanic infant mortality; <sup>1</sup>and<sup>1</sup> only 47 percent of mothers in  
26 Trenton receive prenatal care in their first trimester.

27 d. In January 2021, the Nurture NJ Strategic Plan included a  
28 recommendation to establish a <sup>1</sup>**[Center]** center<sup>1</sup> in the State  
29 capital, Trenton, that focuses on innovation and research in  
30 maternal and infant health through <sup>1</sup>**[partnerships]** collaboration<sup>1</sup>  
31 with the State’s academic, <sup>1</sup>**[funder]** philanthropic<sup>1</sup> , business, and  
32 faith communities in partnership with the New Jersey Economic  
33 Development Authority, the Departments of Health, Human  
34 Services, and Children and Families, and the Office of the Secretary  
35 of Higher Education.

36 e. In order to create, fund, and sustain such a facility, <sup>1</sup>**[and]**<sup>1</sup>  
37 to ensure that substantial commitments are made to its related  
38 activities, <sup>1</sup>and to position New Jersey to acknowledge and act upon  
39 the health disparities and harm wrought by racism and other forms  
40 of systemic oppression that have created a public health crisis for  
41 Black and Hispanic mothers and their babies,<sup>1</sup> it is necessary to  
42 create an authority independent of any supervision or control by the

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:

<sup>1</sup>Assembly AAP committee amendments adopted June 22, 2023.

<sup>2</sup>Assembly ABU committee amendments adopted June 27, 2023.

1 principal departments of the Executive Branch of the State  
2 Government.

3 f. The authority will operate a Trenton-based New Jersey  
4 Maternal and Infant Health Innovation Center, and will collaborate  
5 with other State departments and agencies to advance maternal and  
6 infant health care and clinical services throughout the State, and  
7 lead the State's coordination, promotion, and implementation of <sup>1</sup>,  
8 among other things,<sup>1</sup> education, policymaking, research, innovation,  
9 <sup>1</sup>and<sup>1</sup> perinatal workforce development <sup>1</sup>**[and more]**<sup>1</sup>, with a  
10 particular focus on eliminating racial disparities in maternal and  
11 infant health outcomes.

12 g. The New Jersey Maternal and Infant Health Innovation  
13 Center will serve as the first-of-its kind central hub to coordinate  
14 among national, State <sup>1</sup>,<sup>1</sup> and local agencies, <sup>1</sup>**[and]** as well as<sup>1</sup>  
15 private organizations <sup>1</sup>,<sup>1</sup> to <sup>1</sup>,<sup>1</sup> promote equitable maternal and  
16 infant health care services; <sup>1</sup>**[to]**<sup>1</sup> implement strategies related to  
17 health care and social service delivery, perinatal workforce  
18 development, community engagement, data collection, research,  
19 and analysis; and <sup>1</sup>**[to]**<sup>1</sup> serve as an incubator of new enterprises,  
20 therapeutics, and technological innovations leading to better health  
21 outcomes and reduced mortality and morbidity rates for women and  
22 children.

23 h. The New Jersey Maternal and Infant Health Innovation  
24 Center will be at the forefront of serving <sup>1</sup>**[the]**<sup>1</sup> maternal and  
25 infant health care needs, not only <sup>1</sup>**[of the]** for<sup>1</sup> families <sup>1</sup>**[and]**  
26 residing in<sup>1</sup> the City of Trenton, but also <sup>1</sup>**[of]** for families  
27 throughout<sup>1</sup> the State of New Jersey and the nation, and will enable  
28 collaborative partnerships for research and knowledge transfer  
29 within the global maternal and infant health <sup>1</sup>**[community]**  
30 communities<sup>1</sup>.

31

32 3. (New section) As used in this act:

33 “Authority” means the New Jersey Maternal and Infant Health  
34 Innovation Authority established pursuant to <sup>1</sup>section 4 of<sup>1</sup> P.L. ,  
35 c. (C. ) (pending before the Legislature as this bill).

36 “Board” means the board of the New Jersey Maternal and Infant  
37 Health Innovation Authority established pursuant to <sup>1</sup>section 5 of<sup>1</sup>  
38 P.L. , c. (C. ) (pending before the Legislature as this bill).

39 “Center” means the <sup>1</sup>**[New Jersey Maternal and Infant Health**  
40 **Innovation Center for]** premises located in the City of Trenton used  
41 by<sup>1</sup> the authority <sup>1</sup>**[of this act]** pursuant to the provisions of P.L. ,  
42 c. (C. ) (pending before the Legislature as this bill)<sup>1</sup>.

43 <sup>1</sup>“Community advisory committee” means the community  
44 advisory committee established pursuant to section 8 of P.L. , c.  
45 (C. ) (pending before the Legislature as this bill).

1     “New Jersey Maternal Care Quality Collaborative” or<sup>1</sup>  
 2     “NJMCQC” means the New Jersey Maternal Care Quality  
 3     Collaborative, established pursuant to section 3 of P.L.2019, c.75  
 4     (C.26:6C-3).

6     4. (New section) <sup>1</sup>a.<sup>1</sup> The New Jersey Maternal and Infant  
 7     Health Innovation Authority is created and established in, but not  
 8     of, the Department of the Treasury <sup>1</sup>**], to:**

9     a. assume the role as **]** .

10    b. The authority shall:

11    (1) establish and oversee the New Jersey Maternal and Infant  
 12    Health Innovation Center, which shall serve as a central hub to  
 13    coordinate among national, State, and local agencies, as well as  
 14    private organizations, to:

15    (a) provide perinatal, infant care, related health services, and  
 16    other services as outlined in P.L. , c. (C. ) (pending before  
 17    the Legislature as this bill) to the residents of the City of Trenton  
 18    and others who are in need of such services;

19    (b) promote equitable maternal and infant health care services;

20    (c) implement strategies related to health care and social service  
 21    delivery, perinatal workforce development, community  
 22    engagement, data collection, research, and analysis; and

23    (d) serve as an incubator of new enterprises, therapeutics, and  
 24    technological innovations leading to better health outcomes and  
 25    reduced mortality and morbidity rates for women and children; and

26    (2) be responsible for overseeing the design and implementation  
 27    of programs and services to improve the State’s maternal and infant  
 28    health outcomes, address racial disparities in maternal and infant  
 29    mortality rates, ensure infant and perinatal care is provided on an  
 30    equitable basis, and eliminate disparities in access to care,  
 31    including, but not limited to, health care and social service delivery,  
 32    research and innovation, perinatal workforce development,  
 33    education and public awareness, and other initiatives as may be  
 34    undertaken by the authority.

35    c. The authority shall become<sup>1</sup> the <sup>1</sup>**][primary authority]**  
 36    agency primarily<sup>1</sup> responsible for coordinating <sup>1</sup>**][all]**<sup>1</sup> efforts and  
 37    strategies to reduce maternal mortality, morbidity, and racial and  
 38    ethnic disparities in the State <sup>1</sup>**][pursuant to P.L. 2019, c.75**  
 39    (C.26:6C-1 et seq.) from the NJMCQC for the further development  
 40    of equitable maternal and infant health care services, data  
 41    collection, research, analysis, and innovation. Except **]** at such time  
 42    as the members of the board are appointed pursuant to section 5 of  
 43    P.L. , c. (C. ) (pending before the Legislature as this bill)  
 44    and the board first organizes. At that time, and except<sup>1</sup> as otherwise  
 45    provided by this act, all powers, duties, and responsibilities  
 46    authorized pursuant to P.L.2019, c.75 (C.26:6C-1 et <sup>1</sup>**][seq.] al.**<sup>1</sup> )  
 47    shall be transferred from the NJMCQC to the authority <sup>1</sup>**][at such**

1 time as the members of the board and its initial president and chief  
 2 executive officer are appointed as provided in P.L. , c. (C. )  
 3 (pending before the Legislature as this bill) and the board first  
 4 organizes<sup>1</sup> . Thereafter, the NJMCQC shall be reorganized within  
 5 the authority and shall operate under the supervision and oversight  
 6 of the board as <sup>1</sup>【set forth】 provided<sup>1</sup> in <sup>1</sup>section 5 of<sup>1</sup> P.L. , c.  
 7 (C. ) (pending before the Legislature as this bill). The  
 8 provisions of this subsection shall be carried out in accordance with  
 9 the “State Agency Transfer Act,” P.L.1971, c.375 (C.52:14D-1 et  
 10 seq.) <sup>1</sup>; <sup>1</sup> and <sup>1</sup>the transfer of oversight over the NJMCQC<sup>1</sup> shall  
 11 include <sup>1</sup>transfer of<sup>1</sup> all files, books, papers, records, equipment,  
 12 and other property or resources held by the NJMCQC, including,  
 13 <sup>1</sup>【without limitation】 but not limited to<sup>1</sup> , any State funds that have  
 14 been appropriated to the Department of Health for the exclusive use  
 15 of the NJMCQC, which shall be deposited in accounts as may be  
 16 permitted or required by law <sup>1</sup>【; and

17 b. oversee the design and implementation of programs and  
 18 services that advance the State’s maternal and infant health  
 19 outcomes, address racial disparities for maternal and infant  
 20 mortality rates, ensure equitable care, and fill gaps in access to care,  
 21 including, but not limited to, health care and social service delivery,  
 22 research and innovation, perinatal workforce development,  
 23 education and public awareness, and other initiatives undertaken by  
 24 the authority<sup>1</sup> .  
 25

26 5. (New section) a. The authority shall be governed by a board  
 27 consisting of <sup>1</sup>【the following】<sup>1</sup> 15 members <sup>1</sup>【, including seven ex-  
 28 officio members and eight public members, who shall be appointed  
 29 by the Governor no later than the 120th day after the effective day  
 30 of P.L. , c. (C. ) (pending before the Legislature as this  
 31 bill)】<sup>1</sup> as follows:

32 (1) <sup>1</sup>【five】 the Commissioner of Health, the Chief Executive  
 33 Officer of the New Jersey Economic Development Authority, the  
 34 Commissioner of Human Services, the Commissioner of Banking  
 35 and Insurance, the Commissioner of Children and Families, the  
 36 Secretary of Higher Education, and the Commissioner of Labor, or  
 37 their designees, who shall serve ex officio; and

38 (2) eight<sup>1</sup> public members to be appointed by the Governor <sup>1</sup>【,  
 39 two of which shall be selected by the Governor to serve as the chair  
 40 and vice-chair of the community advisory committee set forth in  
 41 P.L. , c. (C. ) (pending before the Legislature as this bill);

42 (2) one public member to be appointed by the Governor upon the  
 43 recommendation of the Mayor of Trenton;

44 (3) one public member appointed by the Governor upon the  
 45 recommendation of the Senate President;

46 (4) one public member appointed by the Governor upon the  
 47 recommendation of the Speaker of the General Assembly;

- 1 (5) the Commissioner of Health, ex officio;
- 2 (6) the Chief Executive Officer of the New Jersey Economic
- 3 Development Authority, ex officio;
- 4 (7) the Commissioner of Human Services, ex officio;
- 5 (8) the Commissioner of Banking and Insurance, ex officio;
- 6 (9) the Commissioner of Children and Families, ex officio;
- 7 (10) the Secretary of Higher Education, ex officio; and
- 8 (11) the Commissioner of Labor, ex officio **】** as follows:

9 (a) one public member appointed upon the recommendation of  
 10 the Mayor of Trenton;

11 (b) one public member appointed upon the recommendation of  
 12 the Senate President in consultation with the New Jersey Black,  
 13 Latino, and Asian-American Legislative Caucuses;

14 (c) one public member appointed upon the recommendation of  
 15 the Speaker of the General Assembly in consultation with the New  
 16 Jersey Black, Latino, and Asian-American Legislative Caucuses;

17 (d) five additional public members. Subject to the requirements  
 18 of subsection d. of section 8 of P.L. , c. (C. ) (pending  
 19 before the Legislature as this bill), the Governor shall select one of  
 20 the public members appointed pursuant to this subparagraph to  
 21 serve as the chairperson of the community advisory committee  
 22 established pursuant to section 8 of P.L. , c. (C. ) (pending  
 23 before the Legislature as this bill) and one of the public members  
 24 appointed pursuant to this subparagraph to serve as the vice-  
 25 chairperson of the community advisory committee<sup>1</sup>.

26 b. <sup>1</sup>**【**Each ex officio member of the authority may designate an  
 27 officer or employee of the member's department to represent the  
 28 member at meetings of the authority, and each such designee may  
 29 lawfully vote and otherwise act on behalf of the member for whom  
 30 the person constitutes the designee. Any such designation shall be  
 31 in writing delivered to the authority and shall continue in effect  
 32 until revoked or amended by writing delivered to the authority.

33 c. A **【** In appointing public members to the board, the Governor  
 34 shall seek to ensure that, to the extent possible, a<sup>1</sup> majority of the  
 35 **【board's】<sup>1</sup> public members **【shall】<sup>1</sup> have relevant experience in****  
 36 one or more of the following areas related to maternal, infant <sup>1,1</sup>  
 37 and childhood health care <sup>1</sup>, with the goal of ensuring the board  
 38 includes representative experience in as many of these areas as is  
 39 possible<sup>1</sup> : obstetrics <sup>1【,】 ;<sup>1</sup> neonatal care <sup>1【,】 ;<sup>1</sup> perinatal clinical</sup></sup>  
 40 services <sup>1【,】 ;<sup>1</sup> family planning <sup>1【,】 ;<sup>1</sup> perinatal workforce</sup></sup>  
 41 development <sup>1【,】 ;<sup>1</sup> education <sup>1【,】 ;<sup>1</sup> research and innovation <sup>1【,】</sup></sup></sup>  
 42 <sup>;<sup>1</sup> community health work <sup>1【,】 ;<sup>1</sup> social services <sup>1【,】 ;<sup>1</sup> public</sup></sup></sup>  
 43 health awareness <sup>1【,】 ;<sup>1</sup> leadership <sup>1【,】 ;<sup>1</sup> doula care; midwifery</sup></sup>  
 44 care;<sup>1</sup> and other relevant experience <sup>1</sup>, including lived experience,<sup>1</sup>  
 45 related to racial disparities affecting delivery of health care services

1   <sup>1</sup>['.']<sup>1</sup> and mortality and morbidity rates.   <sup>1</sup>['The public members  
2 shall have relevant experience in different areas.

3   d. In the selection of<sup>1</sup> In addition, when appointing<sup>1</sup> public  
4 members <sup>1</sup>to the board<sup>1</sup>, <sup>1</sup>['a strong effort shall be made to solicit<sup>1</sup>  
5 the Governor shall seek to appoint<sup>1</sup> women and minorities <sup>1</sup>['as  
6 candidates for appointment to the board<sup>1</sup> who have been most  
7 acutely impacted by maternal and infant health disparities, with a  
8 particular focus on Black and Latina women and on women residing  
9 in Trenton<sup>1</sup>, <sup>1</sup>['including<sup>1</sup> and with additional focus on Black and  
10 Latina<sup>1</sup> women who have given birth within the last three years.

11   <sup>1</sup>['e. The terms of the public members of the board shall be for<sup>1</sup>  
12 c. The public members initially appointed to the board shall be  
13 appointed no later than 120 days after the effective date of P.L. ,  
14 c. (C. ) (pending before the Legislature as this bill). The  
15 public members shall serve for a term of<sup>1</sup> five years or until their  
16 successors are appointed, except that <sup>1</sup>,<sup>1</sup> of the <sup>1</sup>['appointments  
17 first made to the board<sup>1</sup> of the public members first appointed to the  
18 board<sup>1</sup>, two shall serve for one year, three shall serve for two years,  
19 and three shall serve for five years.   <sup>1</sup>['The successors to the initially  
20 appointed members shall each be appointed for a term of five years,  
21 except that any person appointed to fill a vacancy shall serve only  
22 for the unexpired term. Except for the two board members  
23 appointed to serve as chair and vice-chair of the community  
24 advisory committee, the board members<sup>1</sup> Vacancies in the public  
25 membership shall be filled for the duration of the unexpired term.  
26 Public members shall be eligible for reappointment to the board.  
27 The public members of the board shall receive an annual salary of  
28 \$20,000. The ex officio members of the board and their designees,  
29 if any,<sup>1</sup> shall serve without compensation but shall be reimbursed  
30 for <sup>1</sup>['necessary<sup>1</sup> reasonable<sup>1</sup> expenses incurred in the performance  
31 of their <sup>1</sup>official<sup>1</sup> duties, within the limits of funds appropriated or  
32 otherwise made available to the <sup>1</sup>['Authority for its purposes<sup>1</sup>  
33 authority for this purpose. The public members appointed to serve  
34 as chairperson and vice-chairperson of the community advisory  
35 committee pursuant to subparagraph (d) of paragraph (2) of  
36 subsection a. of this section shall be entitled to receive the stipend  
37 authorized pursuant to subsection e. of section 8 of  
38 P.L. , c. (C. ) (pending before the Legislature as this bill)<sup>1</sup>.  
39   <sup>1</sup>['A member may be reappointed to a second or subsequent term.

40   f. Each member<sup>1</sup> d. Public members<sup>1</sup> appointed by the  
41 Governor may be removed from the <sup>1</sup>['position<sup>1</sup> board<sup>1</sup> by the  
42 Governor. Each member, before entering upon the member's  
43 duties, shall take and subscribe an oath to perform the duties of the  
44 office faithfully, impartially, and justly to the best of the member's  
45 ability. A record of these oaths shall be filed in the office of the  
46 Secretary of State.

1       **<sup>1</sup>[g.] e.**<sup>1</sup> The Governor shall annually select a **<sup>1</sup>[chair]**  
 2 chairperson<sup>1</sup> and **<sup>1</sup>[vice-chair]** vice-chairperson<sup>1</sup> from among the  
 3 members of the board, at least one of **<sup>1</sup>[which]** whom<sup>1</sup> shall be the  
 4 Commissioner of Health **<sup>1</sup>[or]** the<sup>1</sup> Commissioner of Human  
 5 Services <sup>1</sup>,<sup>1</sup> or **<sup>1</sup>[their]** a<sup>1</sup> designee. The **<sup>1</sup>[chair]** chairperson<sup>1</sup>  
 6 shall coordinate the activities of the board. In the event that the  
 7 chairperson position<sup>1</sup> is vacant or the chairperson is absent from a  
 8 meeting of the board<sup>1</sup>, the **<sup>1</sup>[vice-chair]** vice-chairperson<sup>1</sup> shall act  
 9 as **<sup>1</sup>[chair]** chairperson<sup>1</sup> of the board **<sup>1</sup>[until the chair position is no**  
 10 **longer vacant]**<sup>1</sup>.

11       **<sup>1</sup>[h.] f.**<sup>1</sup> No member of the board, or officer, employee, or agent  
 12 of the **<sup>1</sup>[Authority]** authority<sup>1</sup>, shall take any official action on any  
 13 matter in which such person has a direct or indirect personal  
 14 financial interest.

15       **<sup>1</sup>[i.] g.**<sup>1</sup> A majority of the board members shall constitute a  
 16 quorum **<sup>1</sup>[at any meeting thereof]** for the purposes of conducting  
 17 official business<sup>1</sup>. The board may take action upon the affirmative  
 18 vote of a majority of the<sup>1</sup> members present. No vacancy in the  
 19 membership of the board shall impair the right of a quorum to  
 20 exercise all the rights and perform all the duties of the board. A  
 21 true copy of the minutes of every meeting of the board shall be  
 22 delivered to the Governor. No action taken at such meeting by the  
 23 board shall have force or effect until approved by the Governor or  
 24 until 10 days after such copy of the minutes shall have been  
 25 delivered. If, in this 10-day period, the Governor returns the copy  
 26 of the minutes with a veto of any action taken by the board or any  
 27 member thereof at the meeting, such action shall be null and of no  
 28 effect. The Governor may approve all or part of the action taken at  
 29 such meeting prior to the expiration of the 10 day period.

30       **<sup>1</sup>[j.] h.**<sup>1</sup> The board shall **<sup>1</sup>[convene meetings including, but not**  
 31 **limited to,]** meet on a monthly basis and at the call of the chair, and  
 32 shall additionally meet on a<sup>1</sup> quarterly basis<sup>1</sup> with the community  
 33 advisory committee established pursuant to section 8 of<sup>1</sup> P.L. , c.  
 34 (C. ) (pending before the Legislature as this bill) for  
 35 **<sup>1</sup>[purposes]** the purpose<sup>1</sup> of receiving guidance and feedback  
 36 related to the purposes of the authority and this act.

37       **<sup>1</sup>[k.] i.**<sup>1</sup> The board shall have the **<sup>1</sup>[following powers]** power  
 38 to<sup>1</sup>:

39       (1) **<sup>1</sup>[To]**<sup>1</sup> engage with, collaborate, and coordinate efforts  
 40 among maternal and infant health care stakeholders <sup>1</sup>,<sup>1</sup> including,  
 41 but not limited to, State and federal agencies **<sup>1</sup>[,]**<sup>1</sup> and public and  
 42 private organizations <sup>1</sup>,<sup>1</sup> to advance the purposes of the authority  
 43 and any of its programs and services **<sup>1</sup>[;]**<sup>1</sup> foster collective action  
 44 **<sup>1</sup>[;]**<sup>1</sup> and review progress on improving health outcomes;



1       (2) **‘[To]’** promote, support, and fund perinatal workforce  
2 development, trainings, certifications, education, research, and  
3 innovation efforts, including **‘,’** but not limited to **‘,’** issuing  
4 requests for proposals or requests for qualifications for projects that  
5 advance the purposes of P.L. , c. (C. ) (pending before the  
6 Legislature as this bill); providing grants or extending credit,  
7 including, but not limited to, loans, to private companies, private  
8 and public organizations, or individuals for projects that advance  
9 the purposes of P.L. , c. (C. ) (pending before the  
10 Legislature as this bill); entering into agreements and contracts; and  
11 establishing a workforce hub to host research, trainings, and  
12 guidance;

13       (3) **‘[To]’** commission, publish, and collaborate on research  
14 studies within the State, **‘[country] national’** , and **‘[in the global]**  
15 **international** maternal and infant health **‘[community]**  
16 **communities**’ ;

17       (4) **‘[To]’** collect, analyze, and disseminate data related to  
18 maternal and infant health, in collaboration with the New Jersey  
19 Maternal Data Center **‘[at] in’** the Department of Health, with a  
20 particular focus **‘[upon] on’** racial disparities in outcomes,  
21 perinatal workforce needs, and development of resources;

22       (5) **‘[To]’** provide grants or competition prizes and host an  
23 innovation incubation space to encourage the development of  
24 solutions to problems facing the maternal and infant health care  
25 services industry;

26       (6) **‘[To]’** enter into **‘the’** membership **‘[in] of’** other  
27 organizations or coalitions;

28       (7) **‘[To]’** oversee the community advisory committee  
29 established pursuant to **‘section 8 of’** P.L. , c. (C. ) (pending  
30 before the Legislature as this bill) and to establish and oversee any  
31 other committees **‘, which may include, but shall not be limited to,**  
32 **an executive committee or a nominating committee,**’ as **‘[may be**  
33 **deemed] the board deems**’ necessary;

34       (8) **‘[To]’** adopt, amend, and repeal bylaws for the regulation of  
35 its affairs and the conduct of its business, including, but not limited  
36 to, protections against undue influence or quid pro quo transactions  
37 relating to the receipt of contributions from private sources;

38       (9) **‘[To]’** adopt rules and regulations pursuant to the  
39 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et  
40 seq.) **‘,’** to effectuate the provisions of P.L. , c. (C. )  
41 (pending before the Legislature as this bill);

42       (10) **‘[To]’** adopt and have a seal and alter the same at its  
43 pleasure;

44       (11) **‘[To]’** sue and be sued;

1 (12) **‘[To]’** conduct meetings and public hearings in connection  
2 with the purposes of P.L. , c. (C. ) (pending before the  
3 Legislature as this bill);

4 (13) **‘[To]’** enter into contracts upon those terms and conditions  
5 as the authority determines to be reasonable to effectuate the  
6 purposes of P.L. , c. (C. ) (pending before the Legislature as  
7 this bill);

8 (14) **‘[To]’** hire staff as necessary to support the authority’s  
9 operations;

10 (15)<sup>1</sup> employ consultants, contractors and specialists in the  
11 perinatal workforce development, education, research, and  
12 innovation, and other fields as may be required in the judgment of  
13 the board to effectuate the purposes of **‘[this act]**  
14 P.L. , c. (C. ) (pending before the Legislature as this bill)’<sup>1</sup> ,  
15 and to fix and pay their compensation from funds available therefor,  
16 all without regard to the provisions of Title 11A of the New Jersey  
17 Statutes;

18 **‘[(15) To] (16)’** contract for and to accept any gifts or grants or  
19 loans of funds or property or financial or other aid in any form from  
20 the United States of America or any agency or instrumentality  
21 thereof, or from the State or any agency, instrumentality <sup>1,1</sup> or  
22 political subdivision thereof, or from any beneficiary of a State or  
23 federal grant, or from any other public or private source, including  
24 private companies and individuals, and to comply with the terms  
25 and conditions thereof;

26 **‘[(16) To] (17)’** solicit contributions from public and private  
27 entities for any of its corporate purposes;

28 **‘[(17) To] (18)’** maintain an office located in the City of  
29 Trenton for the **‘[Center of the authority] operations of the center’**<sup>1</sup> ,  
30 and any other satellite offices at such **‘[place or]’**<sup>1</sup> places within the  
31 State as the board may designate;

32 **‘[(18) To] (19)’** acquire, purchase, develop, manage and  
33 operate, **‘[hand old] handle.’**<sup>1</sup> and dispose of real and personal  
34 property or interests therein, **‘[to]’**<sup>1</sup> acquire an equity interest in any  
35 corporation, and take assignments of rentals and leases and make  
36 and enter into all contracts, leases, agreements and arrangements  
37 necessary or incidental to the performance of its duties, including,  
38 but not limited to, the leasing of premises to tenants within the  
39 **‘[center including, but not limited to, ] center’s offices to’**<sup>1</sup> licensed  
40 health care facilities and providers that offer maternal, infant and  
41 pediatric health care services, childbirth education, **‘lactation**  
42 **education and support services.’**<sup>1</sup> parenting and early childhood  
43 education institutions, county colleges, independent New Jersey-  
44 based public-mission institutions that receive State operating aid,  
45 food and nutrition consultants and support programs, family  
46 planning services, **‘[and]’**<sup>1</sup> behavioral health and other social

1 service providers <sup>1</sup>, and such other entities as the board deems  
 2 appropriate<sup>1</sup> ;

3 <sup>1</sup>[(19) To] (20)<sup>1</sup> procure insurance against any losses in  
 4 connection with its property, operations <sup>1</sup>,<sup>1</sup> or assets in such  
 5 amounts and from such insurers as it deems desirable;

6 <sup>1</sup>[(20) To] (21)<sup>1</sup> enter into any agreements necessary to provide  
 7 for its establishment, operation, and financial support, including  
 8 memoranda of understanding with other State entities;

9 <sup>1</sup>[(21) To create] (22) establish or assume control over<sup>1</sup> a  
 10 nonprofit entity as <sup>1</sup>[set forth in] authorized under section 9 of<sup>1</sup>  
 11 P.L. , c. (C. ) (pending before the Legislature as this  
 12 bill); and

13 <sup>1</sup>[(22) To] (23)<sup>1</sup> do any and all things necessary or convenient  
 14 to carry out its purposes and exercise the powers granted in <sup>1</sup>[this  
 15 act] P.L. , c. (C. ) (pending before the Legislature as this  
 16 bill)<sup>1</sup> .

17  
 18 6. (New section) <sup>1</sup>[The] a. The authority shall employ a<sup>1</sup>  
 19 president and chief executive officer <sup>1</sup>, who<sup>1</sup> shall be responsible  
 20 for the selection of properly qualified staff of the authority, without  
 21 regard to the provisions of Title 11A of the New Jersey Statutes.  
 22 <sup>1</sup>[A strong effort shall be made] In selecting staff for the authority,  
 23 the president and chief executive officer shall seek<sup>1</sup> to recruit  
 24 women and minorities to serve as the authority's staff. Staff  
 25 members shall receive compensation and be appointed and  
 26 employed as provided by the president and chief executive officer,  
 27 without regard to the provisions of Title 11A of the New Jersey  
 28 Statutes. The president and chief executive officer and all staff  
 29 members of the center <sup>1</sup>and of the authority<sup>1</sup> shall be deemed  
 30 confidential employees for the purposes of the "New Jersey  
 31 Employer-Employee Relations Act," P.L.1941, c.100 (C.34:13A-1  
 32 et seq.).

33 <sup>1</sup>b. The president and chief executive officer of the authority  
 34 shall be an individual selected by a majority vote of the members of  
 35 the board; except that the Governor shall select the initial president  
 36 and chief executive officer of the authority. The president and chief  
 37 executive officer shall receive an annual salary as provided by the  
 38 board. The board shall have the authority to consider, investigate,  
 39 and evaluate any and all matters or issues relevant to the  
 40 performance of the president and chief executive officer.<sup>1</sup>

41  
 42 7. (New section) a. <sup>1</sup>[All] Except as provided in subsection b.  
 43 of this section, all<sup>1</sup> purchases, contracts, or agreements made  
 44 pursuant to P.L. , c. (C. ) (pending before the Legislature as  
 45 this bill) shall be made or awarded directly by the authority <sup>1</sup>[,  
 46 only]<sup>1</sup> after public advertisement for bids <sup>1</sup>[therefor] , which shall

1 be submitted<sup>1</sup> in the manner provided by the authority <sup>1</sup>~~['and]~~ ,<sup>1</sup>  
2 notwithstanding the provisions of any other <sup>1</sup>~~['laws]~~ law<sup>1</sup> to the  
3 contrary.

4 b. <sup>1</sup>~~['Any]~~ A<sup>1</sup> purchase, contract, or agreement may be made,  
5 negotiated, or awarded by the authority without public bid or  
6 advertising under the following circumstances:

7 (1) When the aggregate amount involved does not exceed the  
8 amount set forth in, or the amount calculated by the Governor  
9 pursuant to, section 2 of P.L.1954, c.48 (C.52:34-7), unless other  
10 State law sets forth a lower bid threshold in a particular case, in  
11 which case the lower threshold shall apply. The authority may not  
12 divide a contract into multiple proposed contracts in order to take  
13 advantage of this exception and shall, if invoking this exception,  
14 certify that it has not done so and <sup>1</sup>~~['must']~~ maintain a record of  
15 that certification;

16 (2) In cases of unforeseen life, safety, or health emergencies  
17 where the public exigency requires that services or products be  
18 purchased immediately;

19 (3) To acquire subject matter which is described in section 4 of  
20 P.L.1954, c.48 (C.52:34-9);

21 (4) To make a purchase or award or make a contract or  
22 agreement under the circumstances described in section 5 of  
23 P.L.1954, c.48 (C.52:34-10);

24 (5) When the contract to be entered into is for the furnishing or  
25 <sup>1</sup>~~['performing]~~ performance<sup>1</sup> of services of a professional or  
26 technical nature, including legal services, provided that the contract  
27 shall be made or awarded directly by the authority;

28 (6) Where a firm has brought an innovative idea to the authority,  
29 a request for proposals cannot be constructed without  
30 communicating the new idea, and the procurement would not  
31 benefit from a competitive selection process;

32 (7) When the authority has advertised for bids and has received  
33 no bids in response to its advertisement, or received no responsive  
34 bids. Any purchase, contract, or agreement may then be negotiated  
35 and may be awarded to any contractor or supplier determined to be  
36 responsible, as "responsible" is defined in section 2 of P.L.1971,  
37 c.198 (C.40A:11-2), provided that the terms, conditions,  
38 restrictions, and specifications set forth in the negotiated contract or  
39 agreement are not substantially different from those which were the  
40 subject of competitive bidding; and

41 (8) When a purchase is to be made through or by the Director of  
42 the Division of Purchase and Property <sup>1</sup>in the Department of the  
43 Treasury<sup>1</sup> pursuant to section 1 of P.L.1959, c.40 (C.52:27B-56.1).

44  
45 8. (New section) a. The board shall coordinate with a  
46 community advisory committee to support and inform the work of  
47 the authority. The community advisory committee shall consist of

1 11 members <sup>1</sup>and shall be comprised of representatives of  
 2 representing<sup>1</sup> diverse community groups with relevant experience  
 3 as <sup>1</sup>either<sup>1</sup> providers <sup>1</sup>or recipients<sup>1</sup> of maternal, infant <sup>1</sup>,<sup>1</sup> and  
 4 childhood health care services <sup>1</sup>or as recipients of maternal health  
 5 care services, with a preference for individuals who received  
 6 maternal health care services within the past three years<sup>1</sup> .

7 b. The members of the community advisory committee shall be  
 8 appointed by the Governor <sup>1</sup>, who shall consider any recommended  
 9 candidates presented by the board. The board may solicit  
 10 applications for candidates to the advisory committee in order to  
 11 inform its recommendations to the Governor<sup>1</sup>. <sup>1</sup>The term of the  
 12 committee<sup>1</sup> Committee<sup>1</sup> members shall <sup>1</sup>be<sup>1</sup> serve<sup>1</sup> for <sup>1</sup>a term of<sup>1</sup>  
 13 three years, except that <sup>1</sup>,<sup>1</sup> of the <sup>1</sup>appointments first made<sup>1</sup>  
 14 committee members first appointed<sup>1</sup> to the committee, five shall  
 15 serve for <sup>1</sup>a term of<sup>1</sup> one year and six shall serve for <sup>1</sup>a term of<sup>1</sup> two  
 16 years. The successors to the initially appointed members shall each  
 17 be appointed for a term of three years, except that any person  
 18 appointed to fill a vacancy shall serve only for the unexpired term.  
 19 <sup>1</sup>The members of the community advisory committee shall be  
 20 eligible for reappointment to the committee.<sup>1</sup>

21 c. The <sup>1</sup>chair and vice-chair<sup>1</sup> chairperson and vice-  
 22 chairperson<sup>1</sup> of the community advisory committee shall be  
 23 <sup>1</sup>annually<sup>1</sup> selected <sup>1</sup>by the Governor<sup>1</sup> from among the <sup>1</sup>public  
 24 members of the<sup>1</sup> board <sup>1</sup>of the Authority by the Governor<sup>1</sup>  
 25 pursuant to <sup>1</sup>subparagraph (d) of paragraph (2) of subsection a. of  
 26 section 5 of<sup>1</sup> P.L. , c. (C. ) (pending before the Legislature  
 27 as this bill). The <sup>1</sup>chair<sup>1</sup> chairperson<sup>1</sup> shall coordinate the  
 28 activities of the community advisory committee. In the event that  
 29 the <sup>1</sup>chair<sup>1</sup> chairperson<sup>1</sup> position is vacant <sup>1</sup>or the chairperson is  
 30 absent from a meeting of the community advisory committee<sup>1</sup> , the  
 31 <sup>1</sup>vice-chair<sup>1</sup> vice-chairperson<sup>1</sup> shall act as <sup>1</sup>chair<sup>1</sup> chairperson<sup>1</sup> of  
 32 the committee <sup>1</sup>until the chair position is no longer vacant<sup>1</sup> .

33 d. Four members of the community advisory committee,  
 34 including either the <sup>1</sup>chair or vice-chair<sup>1</sup> chairperson or vice-  
 35 chairperson<sup>1</sup> of the community advisory committee, shall be  
 36 residents of the City of Trenton with <sup>1</sup>backgrounds<sup>1</sup> background<sup>1</sup>  
 37 as either a mother with personal experience in receiving perinatal  
 38 services in Trenton or <sup>1</sup>as<sup>1</sup> a community stakeholder. The remaining  
 39 members of the community advisory committee shall be residents of  
 40 municipalities in different geographic regions of the State with the  
 41 highest rates of Black and Hispanic infant mortality, and shall have  
 42 backgrounds as <sup>1</sup>a mother<sup>1</sup> mothers<sup>1</sup> with personal experience in  
 43 receiving perinatal services or <sup>1</sup>a<sup>1</sup> as<sup>1</sup> community <sup>1</sup>stakeholder<sup>1</sup>  
 44 stakeholders.<sup>1</sup>

1 e. The committee members shall receive an annual stipend of  
2 \$20,000, to be paid in increments as determined by the board.

3  
4 9. (New section) a. To effectuate any of its authorized purposes  
5 <sup>1</sup><sub>2</sub> either directly or indirectly, <sup>1</sup>and<sup>1</sup> in addition to any powers  
6 granted to it elsewhere in this act, the <sup>1</sup>**[board]** authority<sup>1</sup> shall  
7 <sup>1</sup>**[have the authority]** be authorized<sup>1</sup> to form or assume control of  
8 one or more nonprofit entities, in the manner and for the purposes  
9 set forth in this section.

10 <sup>1</sup>**[b.]** A nonprofit entity <sup>1</sup>established pursuant to this section<sup>1</sup>  
11 may be <sup>1</sup>**[formed]** established<sup>1</sup> pursuant to the <sup>1</sup>provisions of the<sup>1</sup>  
12 "New Jersey Nonprofit Corporation Act," N.J.S.15A:1-1 et seq.

13 <sup>1</sup>**[c. The]** b. A<sup>1</sup> nonprofit entity <sup>1</sup>established or over which  
14 control is assumed pursuant to this section<sup>1</sup> shall have the power to:

15 (1) conduct fundraising activities to solicit funding from public  
16 and private organizations to be used in support of maternal and  
17 infant health services, social services, perinatal workforce  
18 development, education, research, and innovation in the State; and

19 (2) establish, sponsor, and operate membership, including the  
20 ability to generate revenue from members <sup>1</sup>**[;]** of the nonprofit  
21 entity.<sup>1</sup>

22 <sup>1</sup>**[d.]** c.<sup>1</sup> The <sup>1</sup>**[authority]** board<sup>1</sup> and any nonprofit entities  
23 created or <sup>1</sup>over which control is<sup>1</sup> assumed by the <sup>1</sup>**[authority]**  
24 board pursuant to this section<sup>1</sup> may enter into any agreements  
25 necessary to provide for the establishment, operation, and financial  
26 support of the authority and each nonprofit entity.

27 <sup>1</sup>**[e. The]** d. A<sup>1</sup> nonprofit <sup>1</sup>**[entities]** entity established or over  
28 which control is assumed pursuant to this section<sup>1</sup> may be organized  
29 and operated in such a manner as to be eligible under applicable  
30 federal law for tax-exempt status and for the receipt of tax-  
31 deductible contributions <sup>1</sup>**[, and]** <sup>1</sup>.

32 e. A nonprofit entity established or over which control is  
33 assumed pursuant to this section<sup>1</sup> shall be authorized to sue and to  
34 be sued as a legal entity separate from the State of New Jersey.

35 f. No member or employee of <sup>1</sup>**[the]** a<sup>1</sup> nonprofit <sup>1</sup>established  
36 or over which control is assumed pursuant to this section<sup>1</sup> shall  
37 engage in any <sup>1</sup>for profit<sup>1</sup> business transaction or professional  
38 activity <sup>1</sup>**[for profit]**<sup>1</sup> with the authority.

39 g. All funds received by a nonprofit entity formed <sup>1</sup>or over  
40 which control is assumed<sup>1</sup> pursuant to this section, other than those  
41 necessary to pay for the expenses of the nonprofit <sup>1</sup>entity<sup>1</sup>, shall be  
42 used exclusively for the support of the authority.

43  
44 10. (New section) a. The authority <sup>1</sup>**[is]** established pursuant to  
45 section 3 of P.L. , c. (C. ) (pending before the Legislature

1 as this bill) shall be<sup>1</sup> entitled to call to its assistance, and avail itself  
2 of, the services of employees of any State, county <sup>1,1</sup> or municipal  
3 department, board, bureau, commission, or agency as it may require  
4 and as may be available to it for its purposes. All departments,  
5 <sup>1</sup>boards, bureaus, commissions, and<sup>1</sup> agencies <sup>1</sup>**【**, and divisions<sup>1</sup>**】**<sup>1</sup>  
6 are authorized and directed, to the extent not inconsistent with law,  
7 to cooperate with the authority.

8 b. Notwithstanding the provisions of any State law, rule, or  
9 regulation to the contrary, the authority may direct State  
10 <sup>1</sup>departments, boards, bureaus, commissions, and<sup>1</sup> agencies <sup>1</sup>**【**or  
11 authorities<sup>1</sup>**】**<sup>1</sup> to report any data collected or maintained by such  
12 <sup>1</sup>**【**agency<sup>1</sup>**】** entity<sup>1</sup> related to maternal and infant health care, social  
13 determinants of health, clinical services, and any other information  
14 that may advance the purposes of the authority, as deemed  
15 necessary by the authority, and such data shall be provided by the  
16 reporting <sup>1</sup>**【**agency or authority<sup>1</sup>**】** entity<sup>1</sup> on an annual basis, or at  
17 such times as otherwise requested by the authority. Nothing in this  
18 section shall require the disclosure of information when such  
19 disclosure would violate any provision of federal law, rule, or  
20 regulation.

21 c. Except as provided in subsection d. of this section, the  
22 information required pursuant to subsection b. of this section shall  
23 be provided by the reporting <sup>1</sup>**【**agency or authority<sup>1</sup>**】** entity<sup>1</sup> in such  
24 manner as may be necessary to protect against the disclosure of any  
25 confidential or personal identifying information of any individual.

26 d. In the event the authority requests that a reporting <sup>1</sup>**【**agency<sup>1</sup>**】**  
27 entity<sup>1</sup> provide data that includes any confidential or personal  
28 identifying information of any individual, such data shall be kept  
29 confidential by the authority consistent with any applicable State  
30 and federal law, rule, or regulation.

31  
32 11. Section 1 of P.L.2019, c.75 (C.26:6C-1) is amended to read  
33 as follows:

34 1. The Legislature finds and declares that:

35 a. Most nations across the globe have successfully reduced  
36 their maternal mortality rates over the past two and a half decades,  
37 in response to a United Nations' call to action; however, the U.S. is  
38 one of only a handful of countries where maternal mortality rates  
39 have continued to rise (increasing by 27 <sup>1</sup>**【**%<sup>1</sup>**】** percent<sup>1</sup> between  
40 2000 and 2014);

41 b. The U.S. is currently ranked 50th in the world in maternal  
42 mortality, with a rate of maternal death that is nearly three times the  
43 rate that exists in the United Kingdom, and about six times the rate  
44 that exists in the Netherlands, Norway, and Sweden;

45 c. In New Jersey, there is currently a Maternal Mortality Case  
46 Review Team that operates out of the Department of Health (DOH),

- 1 and <sup>1</sup>【which】<sup>1</sup> periodically reviews and provides statistics on  
2 maternal deaths occurring in the State;
- 3 d. A document produced by Every Mother Counts shows that  
4 New Jersey is ranked 46th of the 50 states in total maternal  
5 mortality, with a rate of 37.3 maternal deaths per every 100,000 live  
6 births <sup>1</sup>,<sup>1</sup> and <sup>1</sup>that<sup>1</sup> African-American women in New Jersey are  
7 five times more likely than <sup>1</sup>【their white counterparts】 Caucasian  
8 women<sup>1</sup> to die from pregnancy-related complications;
- 9 e. <sup>1</sup>【While】 Although<sup>1</sup> the DOH Maternal Mortality Case  
10 Review Team produces important statistical data, the team is not  
11 permanently established by statute, does not meet regularly,  
12 produces only periodic reports on maternal mortality, and uses  
13 varying datasets in those periodic reports, making the aggregation  
14 and comparison of data by interested parties more difficult;
- 15 f. There is a need to coordinate and expand the multiple,  
16 fractionalized maternal mortality and morbidity reduction efforts  
17 being conducted by caring and committed individuals and  
18 organizations across the State. Further, it is essential to house these  
19 myriad efforts in the <sup>1</sup>【Department of Health】 DOH<sup>1</sup> , the State-  
20 designated agency responsible for public health protection and  
21 services. The DOH can uniquely leverage the weight and power of  
22 the State to effectuate critical changes in the delivery of care and  
23 the implementation of Statewide strategies to reduce maternal  
24 mortality and morbidity and to eliminate the racial and ethnic  
25 disparities in maternal outcomes;
- 26 g. To coordinate and support a Statewide strategy to reduce  
27 maternal morbidity and mortality, the State <sup>1</sup>【should establish】  
28 hereby establishes<sup>1</sup> a New Jersey Maternal Care Quality  
29 Collaborative (NJMCQC);
- 30 h. To improve data collection and to improve and assist quality  
31 improvement efforts by health care facilities and the State, a  
32 Maternal Data Center <sup>1</sup>【should be】 is hereby<sup>1</sup> established within  
33 the Healthcare Quality and Informatics Unit in the DOH;
- 34 i. <sup>1</sup>【United States Senate Bill No. 1112, introduced in the  
35 115th Congress, would establish a federal grant program to assist  
36 states in establishing and sustaining state-level maternal mortality  
37 review committees; however, a state will only be eligible to obtain a  
38 grant under this bill if the state's maternal mortality review  
39 committee satisfies certain specific requirements, as articulated in  
40 S.1112】 (deleted by amendment, P.L. , c. ) (pending before the  
41 Legislature as this bill)<sup>1</sup> ; and
- 42 j. In order to ensure that the entity reviewing maternal deaths  
43 in the State may operate permanently and sustainably, with full  
44 statutory authority, in adherence to certain specified powers and  
45 responsibilities <sup>1</sup>【, and in a manner that would enable the State to  
46 obtain federal grant funds under S.1112 or other similar federal  
47 legislation】<sup>1</sup> , it is both reasonable and necessary for the Legislature



1 to replace the existing informal DOH Maternal Mortality Case  
2 Review Team with a statutorily-established Maternal Mortality  
3 Review Committee <sup>2</sup>situated in the Department of Health<sup>2</sup> ,  
4 <sup>1</sup>[situated in the Department of Health and overseen by the  
5 【NJMCQC】 Department of Health,】<sup>1</sup> which committee will  
6 incorporate the membership of the current Maternal Mortality Case  
7 Review Team, but will have formal statutory authority, broader  
8 powers, and specific goals and directives, as necessary to ensure  
9 that it is able to continuously engage in the comprehensive, regular,  
10 and uniform review and reporting of maternal deaths throughout the  
11 State.

12 (cf: P.L.2019, c.75, s.1)

13

14 <sup>1</sup>12. Section 2 of P.L.2019, c.75 (C.26:6C-2) is amended to read  
15 as follows:

16 2. As used in **【this act】** P.L.2019, c.75 (C.26:6C-1 et al.):

17 “Authority” means the New Jersey Maternal and Infant Health  
18 Innovation Authority established pursuant to section 4 of P.L. , c.  
19 (C. ) (pending before the Legislature as this bill).

20 “Board” means the board of the New Jersey Maternal and Infant  
21 Health Innovation Authority established pursuant to section 5 of  
22 P.L. , c. (C. ) (pending before the Legislature as this bill).

23 "Committee" means the Maternal Mortality Review Committee,  
24 established pursuant to section 4 of **【this act】** P.L.2019, c.75  
25 (C.26:6C-4), which is responsible for annually reviewing and  
26 reporting on maternal death rates and the causes of maternal death  
27 in the State, and which is further responsible for providing  
28 recommendations to improve maternal care and reduce adverse  
29 maternal outcomes.

30 "Department" means the Department of Health.

31 "Maternal death" means a pregnancy-associated death.

32 "Maternal Mortality Case Review Team" means the  
33 interdisciplinary team of experts that is operating in the Department  
34 of Health as of the effective date of this act, and which is being  
35 replaced by the committee established pursuant to this act.

36 "NJMCQC" means the New Jersey Maternal Care Quality  
37 Collaborative, established pursuant to section 3 of P.L.2019, c.75  
38 (C.26:6C-3).

39 "Pregnancy-associated death" means the death of a woman,  
40 which occurs while the woman is pregnant, or during the one-year  
41 period following the date of the end of the pregnancy, irrespective  
42 of the cause of death.

43 "Pregnancy-related death" means the death of a woman, which  
44 occurs while the woman is pregnant, or during the one-year period  
45 following the date of the end of the pregnancy, regardless of the  
46 duration of the pregnancy, and which results from any cause related

1 to, or aggravated by, the pregnancy or its management, but  
2 excluding any accidental or incidental cause.

3 “Regional Health Hub” means an entity designated as a Regional  
4 Health Hub as provided in P.L.2019, c.517 (C.30:4D-8.16 et seq.).

5 “Report of maternal death” means a report of a suspected  
6 maternal death, which is filed with the department, pursuant to the  
7 processes established under subsection a. of section 7 of **[this act]**  
8 P.L.2019, c.75 (C.26:6C-7), and which is to be forwarded to the  
9 committee for the purposes of investigation, as provided by  
10 subsection b. of that section.

11 “Severe maternal morbidity” means the physical and  
12 psychological conditions that result from, or are aggravated by,  
13 pregnancy, and which have an adverse effect on the health of a  
14 woman.

15 “State registrar” means the State registrar of vital statistics, who  
16 is responsible for supervising the registration of, and maintaining,  
17 death records in the State, in accordance with the provisions of  
18 R.S.26:8-1 et seq.<sup>1</sup>

19 (cf: P.L.2019, c.75, s.2)

20  
21 <sup>1</sup>**[12.] 13.**<sup>1</sup> Section 3 of P.L.2019, c.75 (C.26:6C-3) is amended  
22 to read as follows:

23 3. a. There is hereby established in <sup>2</sup>**[1, but not of, 1]**<sup>2</sup> the  
24 Department of Health <sup>1</sup>, <sup>1</sup> the New Jersey Maternal Care Quality  
25 Collaborative (NJMCQC) <sup>1</sup>**[in]** . Until the conditions set forth in  
26 subsection c. of section 4 of P.L. , c. (C. ) (pending before  
27 the Legislature as this bill) are met, the NJMCQC shall work with  
28 the Governor’s office to coordinate all efforts and strategies to  
29 reduce maternal mortality, mobility, and racial and ethnic  
30 disparities in the State. At such time as the conditions set forth in  
31 subsection c. of section 4 of P.L. , c. (C. ) (pending before  
32 the Legislature as this bill) are met, the NJMCQC shall reorganize  
33 under<sup>1</sup> the authority <sup>1</sup>**[that]** , and<sup>1</sup> shall work **[with the Governor’s**  
34 **office]** under the supervision and oversight of the board <sup>1</sup>**[, as]**<sup>1</sup>  
35 established pursuant to section 5 of P.L. , c. (C. ) (pending  
36 before the Legislature as this bill) <sup>1</sup>**[,]**<sup>1</sup> to coordinate **[all]** efforts  
37 and strategies to reduce maternal mortality, morbidity, and racial  
38 and ethnic disparities in the State **[, including supervision and**  
39 oversight of the Maternal Mortality Review Committee] <sup>1</sup>**[at the**  
40 direction of the board]<sup>1</sup> <sup>2</sup>; however, notwithstanding this  
41 reorganization, at such time as the conditions set forth in subsection  
42 c. of section 4 of P.L. , c. (C. ) (pending before the  
43 Legislature as this bill) are met, oversight and supervision of the  
44 Maternal Mortality Review Committee shall be assumed by the  
45 Department of Health<sup>2</sup> .

46 b. The NJMCQC shall work collaboratively with current  
47 organizations that are developing and implementing maternal

1 mortality and morbidity reduction strategies, including the New  
 2 Jersey Hospital Association's Perinatal Quality Care Collaborative.

3 c. The NJMCQC shall be composed of [34] <sup>1</sup>[38] 39<sup>1</sup>  
 4 members, including [nine] eight ex-officio members and [25]  
 5 <sup>1</sup>[30] 31<sup>1</sup> public members appointed by the Governor.

6 (1) The ex officio members shall include the following persons  
 7 or their designees:

8 [the Commissioner of Health;  
 9 the Commissioner of Human Services;  
 10 the Commissioner of Banking and Insurance;  
 11 the Commissioner of Children and Families;]  
 12 the Deputy Commissioner of Health Systems in the Department  
 13 of Health;  
 14 the Deputy Commissioner of Public Health Services in the  
 15 Department of Health;  
 16 the Director of the Office of Minority and Multicultural Health  
 17 in the Department of Health;  
 18 the Director of the Division of Medical Assistance and Health  
 19 Services in the Department of Human Services; [and]  
 20 the Assistant Commissioner of Health and Life Insurance Plans  
 21 in the Department of Banking and Insurance;  
 22 the Director of the Division of Consumer Affairs in the  
 23 Department of Law and Public Safety;  
 24 the Director of the New Jersey Maternal Data Center in the  
 25 Department of Health; and  
 26 the president and chief executive officer of the authority, who  
 27 shall serve as <sup>1</sup>[chair] chairperson<sup>1</sup> of the NJMCQC.

28 (2) The public members appointed by the Governor shall  
 29 include members representing each of the following groups:

30 the New Jersey Hospital Association;  
 31 the New Jersey Health Care Quality Institute;  
 32 the Catholic HealthCare Partnership of New Jersey;  
 33 the Hospital Alliance of New Jersey;  
 34 the Fair Share Hospitals Collaborative;  
 35 the New Jersey section of the American College of Obstetricians  
 36 and Gynecologists;  
 37 the New Jersey Affiliate of the American College of Nurse  
 38 Midwives;  
 39 the New Jersey Medical Society;  
 40 <sup>1</sup>[three] two<sup>1</sup> medical directors of health plans in the State, as  
 41 recommended to the commissioner by the President of the New  
 42 Jersey Association of Health Plans;  
 43 the New Jersey Section of the Association of Women's Health  
 44 Obstetric and Neonatal Nurses;  
 45 the New Jersey Chapter of the American College of Emergency  
 46 Physicians;  
 47 a New Jersey affiliate of Planned Parenthood [of New Jersey];

1 the New Jersey Association of Osteopathic Physicians and  
 2 Surgeons;  
 3 the New Jersey Primary Care Association;  
 4 the Partnership for Maternal and Child Health of Northern New  
 5 Jersey;  
 6 the Central Jersey Family Health Consortium;  
 7 the Southern New Jersey Perinatal Cooperative;  
 8 each of the **three** Accountable Care Organizations established  
 9 pursuant to P.L.2011, c.114 four existing Regional Health Hubs or  
 10 any successor organization to that **Accountable Care**  
 11 **Organization** Regional Health Hub;  
 12 the Perinatal Health Equity Initiative; and  
 13 **three** seven eight additional public members appointed on  
 14 the recommendation of the **Commissioner of Health** Governor,  
 15 including one member who is engaged in maternal health  
 16 advocacy; one member who is engaged in health equity advocacy;  
 17 one member who has personal experience in receiving perinatal  
 18 services in one of the ten 10 New Jersey municipalities with the  
 19 highest infant mortality rates in the State ; one member who has  
 20 expertise in maternal or infant health workforce development or  
 21 graduate health education ; one member who has expertise in  
 22 graduate health education behavioral health ; one with  
 23 member who has expertise in providing doula or services; one  
 24 member who expertise in providing lactation services as an  
 25 international board certified lactation consultant ; and one  
 26 member who is engaged in healthcare consumer advocacy.  
 27 d. The public members of the NJMCQC shall serve without  
 28 compensation and shall each serve for a term of three years. Each  
 29 public member shall serve for the term of appointment and shall  
 30 serve until a successor is appointed and qualified, except that a  
 31 public member may be reappointed to the NJMCQC upon the  
 32 expiration of their the member's term. Any vacancy in the  
 33 membership shall be filled, for the unexpired term, in the same  
 34 manner as the original appointment.  
 35 e. The board, in consultation with the NJMCQC shall adopt  
 36 and implement the strategic plan for the State of New Jersey to  
 37 reduce maternal mortality, morbidity and racial and ethnic  
 38 disparities. The NJMCQC shall meet quarterly to **coordinate**  
 39 develop recommendations to submit to the board for review and  
 40 approval, which recommendations shall include, but shall not be  
 41 limited to, proposed activities that forward the strategic plan,  
 42 **strategize** strategies on future activities, **solicit** funding  
 43 opportunities, **focus on translating** action items based on the data  
 44 generated and collected by, the Maternal Data Center, the  
 45 Healthcare Quality and Informatics Unit, the Maternal Mortality

1 Review Committee, the Department of Health, and its partners **into**  
 2 action items**],** and strategies to communicate goals and achievement  
 3 of these goals with stakeholders.

4 f. The board, in consultation with the NJMCQC <sup>1,1</sup> shall:

5 (1) **Employ an Executive Director, a Program Manager, and**  
 6 any other personnel as authorized by the Commissioner of Health.  
 7 The Department of Health shall provide such administrative staff  
 8 support to the NJMCQC as shall be necessary for the NJMCQC to  
 9 carry out its duties. The director shall be appointed by the  
 10 commissioner and shall serve at the pleasure of the commissioner  
 11 during the commissioner's term of office and until the appointment  
 12 and qualification of the director's successor;**]** (deleted by  
 13 amendment, P.L. , c. ) (pending before the Legislature as this  
 14 bill)

15 (2)**]** <sup>1</sup>(2)<sup>1</sup> Apply for and accept any grant of money from the  
 16 federal government, private foundations or other sources, which  
 17 may be available for programs related to maternal mortality,  
 18 morbidity <sup>1,1</sup> and racial and ethnic disparities;

19 **[(3) Serve as the designated State entity for receipt of]** <sup>1</sup>**[(2)]**  
 20 <sup>1</sup>(3)<sup>1</sup> Coordinate with the Department of Health to receive federal  
 21 funds specifically designated for programs concerning maternal  
 22 mortality, morbidity <sup>1,1</sup> and racial and ethnic disparities;

23 **[(4)]** <sup>1</sup>**[(3)]** <sup>1</sup>(4)<sup>1</sup> Enter into contracts with individuals,  
 24 organizations, and institutions necessary for the performance of its  
 25 duties under P.L.2019, c.75 (C.26:2C-1 et al.); and

26 **[(5) Work with the Center for Healthcare Quality and**  
 27 Informatics to develop and publicize statistical information on  
 28 maternal mortality, morbidity and racial and ethnic disparities and  
 29 information as provided for pursuant to P.L.2018, c.82 (C.26:2H-  
 30 5j)**]** <sup>1</sup>**[(4)]** <sup>1</sup>(5)<sup>1</sup> Establish and coordinate among subcommittees as  
 31 necessary to achieve the purposes of the NJMCQC.

32 <sup>1</sup>g.<sup>1</sup> **g.** The NJMCQC is entitled to call to its assistance, and  
 33 avail itself of, the services of employees of any State, county or  
 34 municipal department, board, bureau, commission or agency as it  
 35 may require and as may be available to it for its purposes. All  
 36 departments, agencies and divisions are authorized and directed, to  
 37 the extent not inconsistent with law, to cooperate with the  
 38 NJMCQC.**]** <sup>1</sup>(deleted by amendment, P.L. , c. ) (pending before  
 39 the Legislature as this bill)<sup>1</sup>

40 (cf: P.L.2019, c.75, s.3)

41

42 <sup>1</sup>**[(13.)** <sup>1</sup>14.<sup>1</sup> Section 12 of P.L.2019, c.75 (C.26:6C-12) is  
 43 amended to read as follows:

44 12. a. (1) On an annual basis, and using the death records that  
 45 have been filed during the preceding year, the Maternal Mortality  
 46 Review Committee shall work collaboratively with the Maternal

1 Data Center in the Healthcare Quality and Informatics Unit~~1.~~ and  
2 ~~1.~~ NJMCQC's the Department of Health's Maternal Health  
3 epidemiologists and other staff to identify: (a) the total number of  
4 maternal deaths that have occurred in the State during the year, and  
5 during each quarter of the year; (b) the average Statewide rate of  
6 maternal death occurring during the year; (c) the number and  
7 percentage of maternal deaths that occurred during the year in each  
8 of the Northern, Central, and Southern regions of the State; (d) the  
9 number and percentage of maternal deaths, on a Statewide and  
10 regional basis, that constituted pregnancy-associated deaths, and the  
11 number and percentage of maternal deaths, on a Statewide and  
12 regional basis, that constituted pregnancy-related deaths; (e) the  
13 areas of the State where the rates of maternal death are significantly  
14 higher than the Statewide average; and (f) the rate of racial  
15 disparities in maternal deaths occurring on a Statewide and regional  
16 basis.

17 (2) The results of the annual analysis that is conducted pursuant  
18 to this subsection shall be posted at a publicly accessible location  
19 on the Internet website of the Department of Health, and shall also  
20 be promptly forwarded to the New Jersey Maternal and Infant  
21 Health Innovation Authority and the NJMCQC.

22 b. In order to accomplish its duties under this section, the  
23 Maternal Mortality Review Committee shall:

24 (1) for the purposes of determining the total number of  
25 pregnancy-associated deaths, review each woman's death record,  
26 and match the death record with a certificate of live birth, or with a  
27 fetal or infant death record, for the woman's child, in order to  
28 confirm whether the woman died during pregnancy, or within one  
29 year after the end of pregnancy; and

30 (2) for the purposes of determining the total number of  
31 pregnancy-related deaths, review each woman's death record, and  
32 identify each such death record in which the death is reported to  
33 have resulted from an underlying or contributing cause related to  
34 pregnancy, regardless of the amount of time that has passed  
35 between the end of the pregnancy and the death.

36 The Maternal Mortality Review Committee may also use any  
37 other appropriate means or methods to identify maternal deaths.  
38 Such means or methods may include, but need not be limited to, use  
39 of the case ascertainment system devised by the federal Centers for  
40 Disease Control and Prevention.

41 (cf: P.L.2019, c.75, s.12)

42  
43 <sup>1</sup>~~14.~~ 15.<sup>1</sup> Section 14 of P.L.2019, c.75 (C.26:6C-13) is  
44 amended to read as follows:

45 14. a. The Department of Health shall establish a Maternal Data  
46 Center in the Healthcare Quality and Informatics Unit that shall  
47 develop protocols and requirements for the submission of maternal  
48 mortality, morbidity and racial and ethnic disparity data indicators;

1 collect this information from relevant health care facilities in the  
 2 State; conduct rapid-cycle data analytics; develop reports and a  
 3 public facing dashboard; and disseminate the information collected  
 4 to the NJMCQC, the Maternal Mortality Review Committee,  
 5 participating health care facilities, and other stakeholders as  
 6 identified by the **[NJMCQC] Department of Health**. Each  
 7 participating facility shall have full access to data reported to the  
 8 Maternal Data Center, provided that any data accessible to  
 9 participating facilities shall be de-identified, and further provided  
 10 that nothing in this subsection shall authorize the disclosure of any  
 11 confidential or personal identifying information for any patient.

12 b. The Maternal Data Center shall employ a director, three  
 13 research scientists **‘[;]’**, a technical assistant **‘[;]’**, and other staff  
 14 as necessary to implement the requirements **‘[pursuant to] set forth**  
 15 **in’** subsection a. of this section.

16 (cf: P.L.2019, c.75, s.14)

17

18 **‘[15. a.] 16.’** (New section) **‘[The] No later than one year after**  
 19 **the members of the board are appointed and the board first**  
 20 **organizes, and annually thereafter, the’** authority shall **‘prepare and**  
 21 **submit a’** report to the Governor and, pursuant to section 2 of  
 22 P.L.1991, c.164 (C.52:14-19.1), to the Legislature **‘[on or before**  
 23 **one year after the members of the board are appointed and the board**  
 24 **first organizes, and annually thereafter. Each] , which’** report shall  
 25 set forth a complete operating and financial statement covering the  
 26 operations of the authority **‘[.**

27 b. Within one year after the members of the board are  
 28 appointed and the board first organizes, and annually thereafter, the  
 29 authority shall report to the Governor and, pursuant to section 2 of  
 30 P.L.1991, c.164 (C.52:14-19.1), to the Legislature **on] , provide**  
 31 **details on’** programs, services **‘,’** and initiatives established by the  
 32 authority, and **‘assess’** the contribution of those programs, services  
 33 **‘,’** and initiatives to the advancement of the State’s maternal and  
 34 infant health outcomes.

35

36 **‘[16.] 17.’** (New section) a. Notwithstanding any provision of  
 37 the “Administrative Procedure Act,” P.L.1968, c.410 (C.52:14B-1  
 38 et seq.) to the contrary, the board, **‘[after] in’** consultation with the  
 39 **‘[Department of the Treasury] State Treasurer’**, Commissioner of  
 40 Health, and Chief Executive Officer of the Economic Development  
 41 Authority, shall, immediately upon filing proper notice with the  
 42 Office of Administrative Law, adopt rules and regulations  
 43 **‘[prepared by the board]’** necessary **‘[or proper]’** to enable **‘[it]**  
 44 **the board’** to carry out **‘[the board’s] its’** duties, functions, and  
 45 powers **‘pursuant to P.L. , c. (C. ) (pending before the**  
 46 **Legislature as this bill)’**.

1       b. The initial rules and regulations adopted pursuant to  
 2       'subsection a. of' this 'section' shall be in effect for a period not to  
 3       exceed one year after the date of filing with the Office of  
 4       Administrative Law. **'[These] Thereafter, the'** rules and  
 5       regulations shall **'[thereafter]'** be adopted, amended, or readopted,  
 6       and any subsequent rules and regulations **'shall be'** adopted,  
 7       amended, or readopted, by the board in accordance with the  
 8       requirements of the "Administrative Procedure Act," P.L.1968,  
 9       c.410 (C.52:14B-1 et seq.), **'[after] in'** consultation with **'the State**  
 10       **Treasurer, the Commissioner of Health, and the Chief Executive**  
 11       **Officer of the Economic Development Authority'** , and **'[any]**  
 12       **such'** other departments, **'agencies, and authorities'** as the board  
 13       deems appropriate.

14  
 15       **'[17.] 18.'** (New section) a. The authority shall establish and  
 16       maintain a special **' ,'** nonlapsing fund to be known as **'[New] the**  
 17       **"New"** Jersey Maternal and Infant Health Innovation Authority  
 18       **'[Fund] Fund'** . The fund shall be operated in a manner  
 19       determined by the board. The authority may deposit into the fund  
 20       **'[such moneys] :'** (1) **'such monies'** as shall be appropriated by  
 21       the State for the purpose of the fund; (2) **'such monies'** as shall be  
 22       received by the authority from the repayment of loans or other  
 23       extensions of credit made pursuant to this act; and (3) any other  
 24       **'[moneys] monies'** or funds of the authority **'[which it determines**  
 25       to deposit therein**']'** .

26       b. All funds received by the authority, other than those  
 27       necessary to pay the expenses of the authority, shall be used to  
 28       advance the purposes of the **'[Authority] authority'** .

29  
 30       **'[18.] 19.'** (New section) There is hereby appropriated from  
 31       the General Fund to the New Jersey Maternal and Infant Health  
 32       Innovation Authority Fund **'established pursuant to section 18 of**  
 33       **P.L. , c. (C. ) (pending before the Legislature as this bill)'**  
 34       the sum of **2[\$23,220,000 to cover operational, administrative, and**  
 35       **other expenses of the authority,]2** **'[with] 2[of] \$2,220,000,2**  
 36       **which sum'** **2[at least \$3,220,000]2** **'[of which]'** shall be  
 37       **2[allocated for 'the' implementation] used by the authority to**  
 38       **support the purposes2** of **'[the] this'** act **2[, startup costs, staff,**  
 39       **'board member salaries, and stipend compensation]2** .

40  
 41       **'[19.] 20.'** This act shall take effect immediately.