Title 26. Chapter 6C. (Recodify and Rename) Chapter 18. Maternal and Infant Care C.26:18-1 to 26:18-16 (P.L.2019, c.75, §§1-12, 14-17, formerly C.26:6C-1 to 26:6C-16) §§1-10,16-18 C.26:18-17 to 26:18-29 §19 Approp.

P.L. 2023, CHAPTER 109, *approved July 17, 2023* Senate, No. 3864 (*Second Reprint*)

AN ACT concerning maternal health care, supplementing Title 26 of 1 the Revised Statutes ²[and],² amending P.L.2019, c.75 ², and 2 making an appropriation². 3 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 the "New Jersey Maternal and Infant Health Innovation Center 9 10 Act." 11 12 2. (New section) The Legislature finds and declares that: a. In 2019, New Jersey Governor Philip D. Murphy and First 13 14 Lady Tammy Snyder Murphy launched Nurture NJ, a Statewide campaign committed to both reducing maternal and infant mortality 15 and morbidity and ensuring equitable ¹access to and provision of¹ 16 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.

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 <u>thus</u> is new matter. Matter enclosed in superscript numerals has been adopted as follows: ¹Senate SHH committee amendments adopted June 15, 2023. ²Senate SBA committee amendments adopted June 27, 2023. c. Such inequities are particularly evident in our capital city of
 Trenton, which experiences the highest maternal and infant health
 disparities among our Black and Hispanic communities. The City
 of Trenton is among the cities with the highest rates of Black and
 Hispanic infant mortality; ¹and¹ only 47 percent of mothers in
 Trenton receive prenatal care in their first trimester.

d. In January 2021, the Nurture NJ Strategic Plan included a 7 8 recommendation to establish a '[Center] <u>center</u>¹ in the State 9 capital, Trenton, that focuses on innovation and research in 10 maternal and infant health through ¹[partnerships] <u>collaboration</u>¹ 11 with the State's academic, ¹[funder] <u>philanthropic</u>¹, business, and faith communities in partnership with the New Jersey Economic 12 13 Development Authority, the Departments of Health, Human 14 Services, and Children and Families, and the Office of the Secretary 15 of Higher Education.

In order to create, fund, and sustain such a facility, ¹[and]¹ 16 e. 17 to ensure that substantial commitments are made to its related activities, ¹and to position New Jersey to acknowledge and act upon 18 19 the health disparities and harm wrought by racism and other forms of systemic oppression that have created a public health crisis for 20 Black and Hispanic mothers and their babies,¹ it is necessary to 21 create an authority independent of any supervision or control by the 22 23 principal departments of the Executive Branch of the State 24 Government.

The authority will operate a Trenton-based New Jersey 25 f. Maternal and Infant Health Innovation Center, and will collaborate 26 27 with other State departments and agencies to advance maternal and 28 infant health care and clinical services throughout the State, and lead the State's coordination, promotion, and implementation of 1_{1} 29 30 among other things,¹ education, policymaking, research, innovation, ¹and¹ perinatal workforce development ¹[and more]¹, with a 31 32 particular focus on eliminating racial disparities in maternal and 33 infant health outcomes.

34 g. The New Jersey Maternal and Infant Health Innovation Center will serve as the first-of-its kind central hub to coordinate 35 among national, State $\frac{1}{2}$ and local agencies, 1 and $\frac{1}{2}$ as well as $\frac{1}{2}$ 36 private organizations $\frac{1}{2}$ to $\frac{1}{2}$ promote equitable maternal and 37 infant health care services; ¹[to]¹ implement strategies related to 38 39 health care and social service delivery, perinatal workforce 40 development, community engagement, data collection, research, 41 and analysis; and ¹[to]¹ serve as an incubator of new enterprises, 42 therapeutics, and technological innovations leading to better health 43 outcomes and reduced mortality and morbidity rates for women and 44 children.

h. The New Jersey Maternal and Infant Health Innovation
Center will be at the forefront of serving ¹[the]¹ maternal and

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infant health care needs, not only ¹[of the] <u>for</u>¹ families ¹[and] 1 residing in¹ the City of Trenton, but also ¹[of] for families 2 throughout¹ the State of New Jersey and the nation, and will enable 3 4 collaborative partnerships for research and knowledge transfer within the global maternal and infant health ¹[community] 5 6 <u>communities</u>¹. 7 8 3. (New section) As used in this act: 9 "Authority" means the New Jersey Maternal and Infant Health Innovation Authority established pursuant to ¹section 4 of ¹ P.L. 10) (pending before the Legislature as this bill). 11 c. (C. "Board" means the board of the New Jersey Maternal and Infant 12 Health Innovation Authority established pursuant to ¹section 5 of¹ 13) (pending before the Legislature as this bill). , c. (C. 14 P.L. 15 "Center" means the ¹[New Jersey Maternal and Infant Health Innovation Center for premises located in the City of Trenton used 16 17 by¹ the authority ¹[of this act] <u>pursuant to the provisions of P.L.</u> 18 c. (C.) (pending before the Legislature as this bill)¹. ¹"Community advisory committee" means the community 19 advisory committee established pursuant to section 8 of P.L. 20 21 c. (C.) (pending before the Legislature as this bill). "New Jersey Maternal Care Quality Collaborative" or¹ 22 23 "NJMCQC" means the New Jersey Maternal Care Quality 24 Collaborative, established pursuant to section 3 of P.L.2019, c.75 25 (C.26:6C-3). 26 4. (New section) ${}^{1}\underline{a}.{}^{1}$ The New Jersey Maternal and Infant 27 Health Innovation Authority is created and established in, but not 28 of, the Department of the Treasury ¹[, to: 29 30 a. assume the role as]. 31 b. The authority shall: 32 (1) establish and oversee the New Jersey Maternal and Infant 33 Health Innovation Center, which shall serve as a central hub to 34 coordinate among national, State, and local agencies, as well as 35 private organizations, to: 36 (a) provide perinatal, infant care, related health services, and 37 other services as outlined in P.L., c. (C.) (pending before 38 the Legislature as this bill) to the residents of the City of Trenton 39 and others who are in need of such services; 40 (b) promote equitable maternal and infant health care services; 41 (c) implement strategies related to health care and social service 42 delivery, perinatal workforce development, community 43 engagement, data collection, research, and analysis; and 44 (d) serve as an incubator of new enterprises, therapeutics, and 45 technological innovations leading to better health outcomes and

46 reduced mortality and morbidity rates for women and children; and

1 (2) be responsible for overseeing the design and implementation 2 of programs and services to improve the State's maternal and infant 3 health outcomes, address racial disparities in maternal and infant 4 mortality rates, ensure infant and perinatal care is provided on an 5 equitable basis, and eliminate disparities in access to care, 6 including, but not limited to, health care and social service delivery, 7 research and innovation, perinatal workforce development, 8 education and public awareness, and other initiatives as may be 9 undertaken by the authority. c. The authority shall become¹ the ¹[primary authority] 10 agency primarily¹ responsible for coordinating ¹[all]¹ efforts and 11 12 strategies to reduce maternal mortality, morbidity, and racial and ethnic disparities in the State ¹[pursuant to P.L 2019, c.75] 13 (C.26:6C-1 et seq.) from the NJMCQC for the further development 14 15 of equitable maternal and infant health care services, data collection, research, analysis, and innovation. Except] at such time 16 as the members of the board are appointed pursuant to section 5 of 17 18 P.L. c. (C.) (pending before the Legislature as this bill) and the 19 board first organizes. At that time, and except¹ as otherwise 20 provided by this act, all powers, duties, and responsibilities 21 authorized pursuant to P.L.2019, c.75 (C.26:6C-1 et 1 [seq.] <u>al.</u>¹) 22 shall be transferred from the NJMCQC to the authority ¹[at such 23 time as the members of the board and its initial president and chief 24 25 executive officer are appointed as provided in P.L., c. (C.) 26 (pending before the Legislature as this bill) and the board first 27 organizes]¹. Thereafter, the NJMCQC shall be reorganized within 28 the authority and shall operate under the supervision and oversight of the board as ¹[set forth] provided¹ in ¹section 5 of ¹ P.L. 29) (pending before the Legislature as this bill). The 30 c. (C. provisions of this subsection shall be carried out in accordance with 31 32 the "State Agency Transfer Act," P.L.1971, c.375 (C.52:14D-1 et seq.) $\frac{1}{1}$ and $\frac{1}{1}$ the transfer of oversight over the NJMCQC¹ shall 33 include ¹transfer of¹ all files, books, papers, records, equipment, 34 and other property or resources held by the NJMCQC, including, 35 36 ¹[without limitation] <u>but not limited to</u>¹, any State funds that have 37 been appropriated to the Department of Health for the exclusive use of the NJMCQC, which shall be deposited in accounts as may be 38 permitted or required by law ¹[; and 39 b. oversee the design and implementation of programs and 40 services that advance the State's maternal and infant health 41 42 outcomes, address racial disparities for maternal and infant 43 mortality rates, ensure equitable care, and fill gaps in access to care,

including, but not limited to, health care and social service delivery,
research and innovation, perinatal workforce development,
education and public awareness, and other initiatives undertaken by
the authority]¹.

1 5. (New section) a. The authority shall be governed by a board consisting of ¹[the following]¹ 15 members ¹[, including seven ex-2 officio members and eight public members, who shall be appointed 3 4 by the Governor no later than the 120th day after the effective day 5 of P.L., c. (C.) (pending before the Legislature as this bill)]¹ as follows: 6 7 (1) ¹[five] <u>the Commissioner of Health, the Chief Executive</u> 8 Officer of the New Jersey Economic Development Authority, the 9 Commissioner of Human Services, the Commissioner of Banking 10 and Insurance, the Commissioner of Children and Families, the 11 Secretary of Higher Education, and the Commissioner of Labor, or 12 their designees, who shall serve ex officio; and 13 (2) eight¹ public members to be appointed by the Governor ${}^{1}\mathbf{I}$, two of which shall be selected by the Governor to serve as the chair 14 15 and vice-chair of the community advisory committee set forth in 16) (pending before the Legislature as this bill); P.L. , c. (C. 17 (2) one public member to be appointed by the Governor upon the 18 recommendation of the Mayor of Trenton; (3) one public member appointed by the Governor upon the 19 20 recommendation of the Senate President; 21 (4) one public member appointed by the Governor upon the 22 recommendation of the Speaker of the General Assembly; 23 the Commissioner of Health, ex officio; (5) 24 the Chief Executive Officer of the New Jersey Economic (6) 25 Development Authority, ex officio; the Commissioner of Human Services, ex officio; 26 (7) 27 (8) the Commissioner of Banking and Insurance, ex officio; 28 (9) the Commissioner of Children and Families, ex officio; 29 (10) the Secretary of Higher Education, ex officio; and 30 (11) the Commissioner of Labor, ex officio] as follows: (a) one public member appointed upon the recommendation of 31 32 the Mayor of Trenton; 33 (b) one public member appointed upon the recommendation of 34 the Senate President in consultation with the New Jersey Black, 35 Latino, and Asian-American Legislative Caucuses; 36 (c) one public member appointed upon the recommendation of 37 the Speaker of the General Assembly in consultation with the New 38 Jersey Black, Latino, and Asian-American Legislative Caucuses; 39 (d) five additional public members. Subject to the requirements 40 of subsection d. of section 8 of P.L., c. (C.) (pending before the Legislature as this bill), the Governor shall select one of 41 42 the public members appointed pursuant to this subparagraph to 43 serve as the chairperson of the community advisory committee 44 established pursuant to section 8 of P.L., c. (C.) (pending 45 before the Legislature as this bill) and one of the public members appointed pursuant to this subparagraph to serve as the vice-46 chairperson of the community advisory committee¹. 47

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b. ¹[Each ex officio member of the authority may designate an officer or employee of the member's department to represent the member at meetings of the authority, and each such designee may lawfully vote and otherwise act on behalf of the member for whom the person constitutes the designee. Any such designation shall be in writing delivered to the authority and shall continue in effect until revoked or amended by writing delivered to the authority.

8 c. A] In appointing public members to the board, the Governor 9 shall seek to ensure that, to the extent possible, a¹ majority of the ¹[board's]¹ public members ¹[shall]¹ have relevant experience in 10 one or more of the following areas related to maternal, infant ^{1,1} 11 12 and childhood health care ¹, with the goal of ensuring the board includes representative experience in as many of these areas as is 13 <u>possible</u>¹ : obstetrics ¹[,] :¹ neonatal care ¹[,] :¹ perinatal clinical 14 services ¹[,] : ¹ family planning ¹[,] : ¹ perinatal workforce 15 development ${}^{1}[,]; {}^{1}$ education ${}^{1}[,]; {}^{1}$ research and innovation ${}^{1}[,]$ 16 $:^{1}$ community health work ${}^{1}[,]$ $:^{1}$ social services ${}^{1}[,]$ $:^{1}$ public 17 health awareness ¹[,] :¹ leadership ¹[,] : doula care; midwifery 18 care;¹ and other relevant experience ¹, including lived experience,¹ 19 related to racial disparities affecting delivery of health care services 20 ¹[,]¹ and mortality and morbidity rates. ¹[The public members 21 22 shall have relevant experience in different areas.

23 d. In the selection of <u>In addition</u>, when appointing¹ public members ¹to the board¹, ¹[a strong effort shall be made to solicit] 24 the Governor shall seek to appoint¹ women and minorities ¹[as 25 candidates for appointment to the board] who have been most 26 27 acutely impacted by maternal and infant health disparities, with a 28 particular focus on Black and Latina women and on women residing 29 in Trenton¹, ¹[including] and with additional focus on Black and Latina¹ women who have given birth within the last three years. 30

¹[e. The terms of the public members of the board shall be for] 31 c. The public members initially appointed to the board shall be 32 33 appointed no later than 120 days after the effective date of P.L. 34 c. (C.) (pending before the Legislature as this bill). The public members shall serve for a term of¹ five years or until their 35 except that $\frac{1}{2}$ of the 'Lappointments successors are appointed, 36 first made to the board] of the public members first appointed to the 37 38 <u>board</u>¹, two shall serve for one year, three shall serve for two years, and three shall serve for five years. ¹[The successors to the initially 39 appointed members shall each be appointed for a term of five years, 40 41 except that any person appointed to fill a vacancy shall serve only for the unexpired term. Except for the two board members 42 43 appointed to serve as chair and vice-chair of the community 44 advisory committee, the board members] Vacancies in the public 45 membership shall be filled for the duration of the unexpired term.

1 Public members shall be eligible for reappointment to the board. 2 The public members of the board shall receive an annual salary of 3 \$20,000. The ex officio members of the board and their designees, 4 if any,¹ shall serve without compensation but shall be reimbursed 5 for ¹[necessary] <u>reasonable</u>¹ expenses incurred in the performance of their ¹<u>official</u>¹ duties, within the limits of funds appropriated or 6 7 otherwise made available to the ¹[Authority for its purposes] 8 authority for this purpose. The public members appointed to serve 9 as chairperson and vice-chairperson of the community advisory 10 committee pursuant to subparagraph (d) of paragraph (2) of subsection a. of this section shall be entitled to receive the stipend 11 12 authorized pursuant to subsection e. of section 8 of P.L. , (C.) (pending before the Legislature as this bill)¹. ¹[A 13 c. member may be reappointed to a second or subsequent term. 14 Each member] d. Public members¹ appointed by the 15 f.

Governor may be removed from the ¹[position] <u>board</u>¹ by the Governor. Each member, before entering upon the member's duties, shall take and subscribe an oath to perform the duties of the office faithfully, impartially, and justly to the best of the member's ability. A record of these oaths shall be filed in the office of the Secretary of State.

The Governor shall annually select a ¹[chair] 22 1[g.] <u>e.</u>¹chairperson¹ and ¹[vice-chair] vice-chairperson¹ from among the 23 members of the board, at least one of 1 [which] whom 1 shall be the 24 Commissioner of Health ¹[or] <u>, the</u>¹ Commissioner of Human 25 Services $\frac{1}{1}$ or '[their] \underline{a}^1 designee. The '[chair] <u>chairperson</u>' 26 shall coordinate the activities of the board. In the event that the 27 28 chairperson ¹position¹ is vacant ¹or the chairperson is absent from a <u>meeting of the board</u>¹, the ¹[vice-chair] <u>vice-chairperson</u>¹ shall act 29 as ¹[chair] <u>chairperson</u>¹ of the board ¹[until the chair position is no 30 longer vacant]¹. 31

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

36 ¹[i.] <u>g.</u>¹ A majority of the board members shall constitute a quorum ¹[at any meeting thereof] for the purposes of conducting 37 official business¹. The board may take action upon the affirmative 38 vote of a majority of ¹<u>the</u>¹ members present. No vacancy in the 39 40 membership of the board shall impair the right of a quorum to 41 exercise all the rights and perform all the duties of the board. A 42 true copy of the minutes of every meeting of the board shall be delivered to the Governor. No action taken at such meeting by the 43 44 board shall have force or effect until approved by the Governor or 45 until 10 days after such copy of the minutes shall have been 46 delivered. If, in this 10-day period, the Governor returns the copy

of the minutes with a veto of any action taken by the board or any
member thereof at the meeting, such action shall be null and of no
effect. The Governor may approve all or part of the action taken at
such meeting prior to the expiration of the 10 day period.

¹[j.] <u>h.</u>¹ The board shall ¹[convene meetings including, but not
limited to,] meet on a monthly basis and at the call of the chair, and
<u>shall additionally meet on a</u>¹ quarterly ¹<u>basis</u>¹ with the community
advisory committee established pursuant to ¹<u>section 8 of</u>¹ P.L. ,

9 c. (C.) (pending before the Legislature as this bill) for
10 ¹[purposes] <u>the purpose</u>¹ of receiving guidance and feedback
11 related to the purposes of the authority and this act.

12 1 [k.] <u>i.</u>¹ The board shall have the ¹ [following powers] <u>power</u> 13 <u>to</u>¹:

14 (1) 1 [To]¹ engage with, collaborate, and coordinate efforts 15 among maternal and infant health care stakeholders 1 , 1 including, 16 but not limited to, State and federal agencies 1 [,]¹ and public and 17 private organizations 1 , 1 to advance the purposes of the authority 18 and any of its programs and services 1 [;], 1 foster collective action 19 1 [;], 1 and review progress on improving health outcomes;

20 (2) ¹[To]¹ promote, support, and fund perinatal workforce development, trainings, certifications, education, research, and 21 innovation efforts, including $\frac{1}{2}$ but not limited to $\frac{1}{2}$ issuing 22 23 requests for proposals or requests for qualifications for projects that 24 advance the purposes of P.L., c. (C.) (pending before the 25 Legislature as this bill); providing grants or extending credit, 26 including, but not limited to, loans, to private companies, private 27 and public organizations, or individuals for projects that advance 28 the purposes of P.L.) (pending before the , c. (C. 29 Legislature as this bill); entering into agreements and contracts; and 30 establishing a workforce hub to host research, trainings, and 31 guidance;

32 (3) ¹[To]¹ commission, publish, and collaborate on research
33 studies within the State, ¹[country] <u>national</u>¹, and ¹[in the global]
34 <u>international</u>¹ maternal and infant health ¹[community]
35 <u>communities</u>¹;

(4) ¹[To]¹ collect, analyze, and disseminate data related to
maternal and infant health, in collaboration with the New Jersey
Maternal Data Center ¹[at] <u>in</u>¹ the Department of Health, with a
particular focus ¹[upon] <u>on</u>¹ racial disparities in outcomes,
perinatal workforce needs, and development of resources;

41 (5) ¹[To]¹ provide grants or competition prizes and host an
42 innovation incubation space to encourage the development of
43 solutions to problems facing the maternal and infant health care
44 services industry;

45 (6) 1 [To] 1 enter into 1 the 1 membership 1 [in] <u>of</u> 1 other 46 organizations or coalitions;

¹[To]¹ oversee the community advisory committee 1 (7) 2 established pursuant to ¹section 8 of ¹ P.L., c. (C.) (pending before the Legislature as this bill) and to establish and oversee any 3 other committees ¹, which may include, but shall not be limited to, 4 an executive committee or a nominating committee,¹ as ¹[may be 5 deemed] the board deems¹ necessary; 6 (8) ¹[To]¹ adopt, amend, and repeal bylaws for the regulation of 7 its affairs and the conduct of its business, including, but not limited 8 9 to, protections against undue influence or quid pro quo transactions 10 relating to the receipt of contributions from private sources; ¹[To]¹ adopt rules and regulations pursuant to the 11 (9) "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et 12 seq.) 1,1 to effectuate the provisions of P.L. 13 , c. (C.) (pending before the Legislature as this bill); 14 (10) ¹[To]¹ adopt and have a seal and alter the same at its 15 pleasure; 16 17 (11) 1 [To] 1 sue and be sued; (12) ¹[To]¹ conduct meetings and public hearings in connection 18 19 with the purposes of P.L. , c. (C.) (pending before the 20 Legislature as this bill); (13) ¹[To]¹ enter into contracts upon those terms and conditions 21 as the authority determines to be reasonable to effectuate the 22 purposes of P.L., c. (C.) (pending before the Legislature as 23 24 this bill); (14) ¹[To] <u>hire staff as necessary to support the authority's</u> 25 26 operations; 27 $(15)^{1}$ employ consultants, contractors and specialists in the perinatal workforce development, education, research, and 28 29 innovation, and other fields as may be required in the judgment of the board to effectuate the purposes of ¹[this act] <u>P.L.</u> 30 c. (C.) (pending before the Legislature as this bill)¹, and to 31 fix and pay their compensation from funds available therefor, all 32 33 without regard to the provisions of Title 11A of the New Jersey 34 Statutes: $[(15) To] (16)^1$ contract for and to accept any gifts or grants or 35 loans of funds or property or financial or other aid in any form from 36 37 the United States of America or any agency or instrumentality thereof, or from the State or any agency, instrumentality ¹,¹ or 38 political subdivision thereof, or from any beneficiary of a State or 39 40 federal grant, or from any other public or private source, including 41 private companies and individuals, and to comply with the terms and conditions thereof; 42 ¹[(16) To] $(17)^{1}$ solicit contributions from public and private 43 44 entities for any of its corporate purposes;

 $[(17) \text{ To}] (18)^1$ maintain an office located in the City of 45 Trenton for the ¹[Center of the authority] <u>operations of the center</u>¹, 46

and any other satellite offices at such ¹[place or]¹ places within the
 State as the board may designate;

To] $(19)^{1}$ acquire, purchase, develop, manage and ¹[(18) 3 operate, ¹[hand old] <u>handle</u>,¹ and dispose of real and personal 4 property or interests therein, ¹[to]¹ acquire an equity interest in any 5 6 corporation, and take assignments of rentals and leases and make 7 and enter into all contracts, leases, agreements and arrangements 8 necessary or incidental to the performance of its duties, including, 9 but not limited to, the leasing of premises to tenants within the ¹[center including, but not limited to,] center's offices to¹ licensed 10 health care facilities and providers that offer maternal, infant and 11 pediatric health care services, childbirth education, ¹lactation 12 education and support services,¹ parenting and early childhood 13 education institutions, county colleges, independent New Jersey-14 15 based public-mission institutions that receive State operating aid, 16 food and nutrition consultants and support programs, family planning services, ¹[and]¹ behavioral health and other social 17 service providers ¹, and such other entities as the board deems 18 19 appropriate¹;

20 1 [(19) To] (20)¹ procure insurance against any losses in 21 connection with its property, operations ${}^{1,1}_{,1}$ or assets in such 22 amounts and from such insurers as it deems desirable;

¹[(20) To] $(21)^{1}$ enter into any agreements necessary to provide for its establishment, operation, and financial support, including memoranda of understanding with other State entities;

¹[(21) To create] (22) establish or assume control over¹ a
nonprofit entity as ¹[set forth in] <u>authorized under section 9 of ¹</u>
P.L. , c. (C.) (pending before the Legislature as this
bill); and

30 1 [(22) To] (23)¹ do any and all things necessary or convenient 31 to carry out its purposes and exercise the powers granted in 1 [this 32 act] P.L., c. (C.) (pending before the Legislature as this 33 <u>bill</u>)¹.

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35 6. (New section) ¹[The] <u>a.</u> The authority shall employ a^{1} president and chief executive officer ¹, who¹ shall be responsible 36 37 for the selection of properly qualified staff of the authority, without 38 regard to the provisions of Title 11A of the New Jersey Statutes. ¹[A strong effort shall be made] <u>In selecting staff for the authority</u>, 39 the president and chief executive officer shall seek¹ to recruit 40 women and minorities to serve as the authority's staff. 41 Staff members shall receive compensation and be appointed and 42 43 employed as provided by the president and chief executive officer, 44 without regard to the provisions of Title 11A of the New Jersey Statutes. The president and chief executive officer and all staff 45 members of the center ¹and of the authority¹ shall be deemed 46

confidential employees for the purposes of the "New Jersey
 Employer-Employee Relations Act," P.L.1941, c.100 (C.34:13A-1
 et seq.).

4 ¹b. The president and chief executive officer of the authority 5 shall be an individual selected by a majority vote of the members of 6 the board; except that the Governor shall select the initial president 7 and chief executive officer of the authority. The president and chief 8 executive officer shall receive an annual salary as provided by the 9 board. The board shall have the authority to consider, investigate, 10 and evaluate any and all matters or issues relevant to the 11 performance of the president and chief executive officer.¹

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13 7. (New section) a. ¹[All] <u>Except as provided in subsection b. of</u> 14 this section, all¹ purchases, contracts, or agreements made pursuant to P.L., c. (C.) (pending before the Legislature as this bill) 15 16 shall be made or awarded directly by the authority ¹[, only]¹ after public advertisement for bids ¹[therefor], which shall be 17 <u>submitted</u>¹ in the manner provided by the authority 1 [and], {}^{1} 18 notwithstanding the provisions of any other $1 \text{ [laws] } \text{law}^1$ to the 19 20 contrary.

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

24 (1) When the aggregate amount involved does not exceed the 25 amount set forth in, or the amount calculated by the Governor 26 pursuant to, section 2 of P.L.1954, c.48 (C.52:34-7), unless other 27 State law sets forth a lower bid threshold in a particular case, in 28 which case the lower threshold shall apply. The authority may not 29 divide a contract into multiple proposed contracts in order to take 30 advantage of this exception and shall, if invoking this exception, certify that it has not done so and ¹[must]¹ maintain a record of 31 32 that certification;

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

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

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

41 (5) When the contract to be entered into is for the furnishing or
42 ¹[performing] <u>performance</u>¹ of services of a professional or
43 technical nature, including legal services, provided that the contract
44 shall be made or awarded directly by the authority;

45 (6) Where a firm has brought an innovative idea to the authority,46 a request for proposals cannot be constructed without

1 communicating the new idea, and the procurement would not 2 benefit from a competitive selection process; 3 (7) When the authority has advertised for bids and has received 4 no bids in response to its advertisement, or received no responsive 5 bids. Any purchase, contract, or agreement may then be negotiated and may be awarded to any contractor or supplier determined to be 6 7 responsible, as "responsible" is defined in section 2 of P.L.1971, 8 c.198 (C.40A:11-2), provided that the terms, conditions, 9 restrictions, and specifications set forth in the negotiated contract or 10 agreement are not substantially different from those which were the 11 subject of competitive bidding; and 12 (8) When a purchase is to be made through or by the Director of the Division of Purchase and Property ¹in the Department of the 13 Treasury¹ pursuant to section 1 of P.L.1959, c.40 (C.52:27B-56.1). 14 15 16 8. (New section) a. The board shall coordinate with a 17 community advisory committee to support and inform the work of 18 the authority. The community advisory committee shall consist of 11 members ¹[and shall be comprised of representatives of] 19 representing¹ diverse community groups with relevant experience 20 as ¹[either]¹ providers ¹[or recipients]¹ of maternal, infant ¹,¹ and 21 childhood health care services ¹or as recipients of maternal health 22 care services, with a preference for individuals who received 23 maternal health care services within the past three years 1. 24 25 b. The members of the community advisory committee shall be appointed by the Governor ¹, who shall consider any recommended 26 candidates presented by the board. The board may solicit 27 28 applications for candidates to the advisory committee in order to 29 inform its recommendations to the Governor¹. ¹[The term of the committee] $\underline{Committee}^1$ members shall 1 [be] \underline{serve}^1 for ${}^1\underline{a \ term \ of}^1$ 30 three years, except that $\frac{1}{1}$ of the '[appointments first made] 31 committee members first appointed¹ to the committee, five shall 32 serve for $\frac{1}{a} \operatorname{term} \operatorname{of}^{1}$ one year and six shall serve for $\frac{1}{a} \operatorname{term} \operatorname{of}^{1}$ two 33 years. The successors to the initially appointed members shall each 34 35 be appointed for a term of three years, except that any person 36 appointed to fill a vacancy shall serve only for the unexpired term. 37 ¹The members of the community advisory committee shall be eligible for reappointment to the committee.¹ 38 39 c. The ¹[chair and vice-chair] <u>chairperson and vice-</u> chairperson¹ of the community advisory committee shall be 40 1<u>annually</u>¹ selected 1<u>by the Governor</u>¹ from among the 1<u>public</u> 41 members of the¹ board ¹[of the Authority by the Governor]¹ 42 pursuant to ¹subparagraph (d) of paragraph (2) of subsection a. of 43 section 5 of 1 P.L., c. (C. 44) (pending before the Legislature

45 as this bill). The ¹[chair] <u>chairperson</u>¹ shall coordinate the 46 activities of the community advisory committee. In the event that

the ¹[chair] <u>chairperson</u>¹ position is vacant ¹<u>or the chairperson is</u> 1 <u>absent from a meeting of the community advisory committee</u>¹, the 2 ¹[vice-chair] <u>vice-chairperson</u>¹ shall act as ¹[chair] <u>chairperson</u>¹ of 3 the committee ¹ [until the chair position is no longer vacant]¹. 4 d. Four members of the community advisory committee, 5 6 including either the ¹[chair or vice-chair] chairperson or vicechairperson¹ of the community advisory committee, shall be 7 8 residents of the City of Trenton with ¹[backgrounds] background¹ 9 as either a mother with personal experience in receiving perinatal services in Trenton or $1as^1$ a community stakeholder. The remaining 10 members of the community advisory committee shall be residents of 11 12 municipalities in different geographic regions of the State with the 13 highest rates of Black and Hispanic infant mortality, and shall have 14 backgrounds as ¹[a mother] <u>mothers</u>¹ with personal experience in receiving perinatal services or 1 [a] <u>as</u>¹ community ¹[stakeholder] 15 16 stakeholders.¹ 17 e. The committee members shall receive an annual stipend of 18 \$20,000, to be paid in increments as determined by the board. 19 20 9. (New section) a. To effectuate any of its authorized purposes $\frac{1}{1}$ either directly or indirectly, $\frac{1}{and}$ in addition to any powers 21 granted to it elsewhere in this act, the ¹[board] authority¹ shall 22 ¹[have the authority] be authorized¹ to form or assume control of 23 24 one or more nonprofit entities, in the manner and for the purposes 25 set forth in this section. ¹[b.]¹ A nonprofit entity ¹<u>established pursuant to this section</u>¹ 26 may be ¹[formed] <u>established</u>¹ pursuant to the ¹provisions of the¹ 27 "New Jersey Nonprofit Corporation Act," N.J.S.15A:1-1 et seq. 28 29 ¹[c. The] <u>b.</u> A¹ nonprofit entity ¹<u>established or over which</u> control is assumed pursuant to this section¹ shall have the power to: 30 (1) conduct fundraising activities to solicit funding from public 31 32 and private organizations to be used in support of maternal and 33 infant health services, social services, perinatal workforce 34 development, education, research, and innovation in the State; and 35 (2) establish, sponsor, and operate membership, including the 36 ability to generate revenue from members ¹[;] of the nonprofit entity.1 37 ¹[d.] \underline{c} .¹ The ¹[authority] <u>board</u>¹ and any nonprofit entities 38 created or 'over which control is' assumed by the '[authority] 39 board pursuant to this section¹ may enter into any agreements 40 41 necessary to provide for the establishment, operation, and financial 42 support of the authority and each nonprofit entity. ¹[e. The] <u>d.</u> <u>A</u>¹ nonprofit ¹[entities] <u>entity established or over</u> 43 44 which control is assumed pursuant to this section¹ may be organized 45 and operated in such a manner as to be eligible under applicable

1 federal law for tax-exempt status and for the receipt of taxdeductible contributions ¹[, and]. 2 e. A nonprofit entity established or over which control is 3 assumed pursuant to this section¹ shall be authorized to sue and to 4 5 be sued as a legal entity separate from the State of New Jersey. f. No member or employee of ¹[the] \underline{a}^1 nonprofit ¹<u>established</u> 6 7 or over which control is assumed pursuant to this section¹ shall engage in any ¹for profit¹ business transaction or professional 8 activity ¹ [for profit]¹ with the authority. 9 g. All funds received by a nonprofit entity formed ¹or over 10 which control is assumed¹ pursuant to this section, other than those 11 necessary to pay for the expenses of the nonprofit $\frac{1}{\text{entity}}$, shall be 12 13 used exclusively for the support of the authority. 14 15 10. (New section) a. The authority ¹[is] <u>established pursuant to</u> section 3 of P.L., c. (C.) (pending before the Legislature 16 as this bill) shall be¹ entitled to call to its assistance, and avail itself 17 of, the services of employees of any State, county $\frac{1}{2}$ or municipal 18 department, board, bureau, commission, or agency as it may require 19 20 and as may be available to it for its purposes. All departments, 21 ¹boards, bureaus, commissions, and ¹ agencies ¹[, and divisions]¹ 22 are authorized and directed, to the extent not inconsistent with law, 23 to cooperate with the authority. b. Notwithstanding the provisions of any State law, rule, or 24 25 regulation to the contrary, the authority may direct State ¹departments, boards, bureaus, commissions, and ¹ agencies ¹[or 26 authorities]¹ to report any data collected or maintained by such 27 ¹[agency] entity¹ related to maternal and infant health care, social 28 determinants of health, clinical services, and any other information 29 30 that may advance the purposes of the authority, as deemed necessary by the authority, and such data shall be provided by the 31 reporting ¹[agency or authority] <u>entity</u>¹ on an annual basis, or at 32 33 such times as otherwise requested by the authority. Nothing in this 34 section shall require the disclosure of information when such 35 disclosure would violate any provision of federal law, rule, or 36 regulation. 37 c. Except as provided in subsection d. of this section, the 38 information required pursuant to subsection b. of this section shall be provided by the reporting 1 [agency or authority] <u>entity</u> 1 in such 39 40 manner as may be necessary to protect against the disclosure of any 41 confidential or personal identifying information of any individual. 42 In the event the authority requests that a reporting ¹[agency] d. entity¹ provide data that includes any confidential or personal 43 44 identifying information of any individual, such data shall be kept 45 confidential by the authority consistent with any applicable State 46 and federal law, rule, or regulation.

1 11. Section 1 of P.L.2019, c.75 (C.26:6C-1) is amended to read 2 as follows: 3 1. The Legislature finds and declares that: 4 Most nations across the globe have successfully reduced a. 5 their maternal mortality rates over the past two and a half decades, in response to a United Nations' call to action; however, the U.S. is 6 7 one of only a handful of countries where maternal mortality rates have continued to rise (increasing by 27 ¹[%] percent¹ between 8 9 2000 and 2014); b. The U.S. is currently ranked 50th in the world in maternal 10 11 mortality, with a rate of maternal death that is nearly three times the 12 rate that exists in the United Kingdom, and about six times the rate 13 that exists in the Netherlands, Norway, and Sweden; 14 In New Jersey, there is currently a Maternal Mortality Case c. 15 Review Team that operates out of the Department of Health (DOH), and ¹[which]¹ periodically reviews and provides statistics on 16 maternal deaths occurring in the State; 17 d. A document produced by Every Mother Counts shows that 18 New Jersey is ranked 46th of the 50 states in total maternal 19 20 mortality, with a rate of 37.3 maternal deaths per every 100,000 live births 1,1 and 1that1 African-American women in New Jersey are 21 five times more likely than ¹[their white counterparts] <u>Caucasian</u> 22 women¹ to die from pregnancy-related complications; 23

e. ¹[While] <u>Although</u>¹ the DOH Maternal Mortality Case Review Team produces important statistical data, the team is not permanently established by statute, does not meet regularly, produces only periodic reports on maternal mortality, and uses varying datasets in those periodic reports, making the aggregation and comparison of data by interested parties more difficult;

30 f. There is a need to coordinate and expand the multiple, 31 fractionalized maternal mortality and morbidity reduction efforts 32 being conducted by caring and committed individuals and 33 organizations across the State. Further, it is essential to house these myriad efforts in the ¹[Department of Health] <u>DOH</u>¹, the State-34 designated agency responsible for public health protection and 35 36 services. The DOH can uniquely leverage the weight and power of 37 the State to effectuate critical changes in the delivery of care and 38 the implementation of Statewide strategies to reduce maternal 39 mortality and morbidity and to eliminate the racial and ethnic 40 disparities in maternal outcomes;

g. To coordinate and support a Statewide strategy to reduce
maternal morbidity and mortality, the State ¹[should establish]
<u>hereby establishes</u>¹ a New Jersey Maternal Care Quality
Collaborative (NJMCQC);

h. To improve data collection and to improve and assist quality
improvement efforts by health care facilities and the State, a

Maternal Data Center ¹[should be] is hereby¹ established within 1 2 the Healthcare Quality and Informatics Unit in the DOH; ¹[United States Senate Bill No. 1112, introduced in the 3 i. 4 115th Congress, would establish a federal grant program to assist 5 states in establishing and sustaining state-level maternal mortality 6 review committees; however, a state will only be eligible to obtain a 7 grant under this bill if the state's maternal mortality review 8 committee satisfies certain specific requirements, as articulated in 9 S.1112] (deleted by amendment, P.L., c.) (pending before the Legislature as this bill)¹; and 10 11 j. In order to ensure that the entity reviewing maternal deaths 12 in the State may operate permanently and sustainably, with full 13 statutory authority, in adherence to certain specified powers and responsibilities ¹[, and in a manner that would enable the State to 14 obtain federal grant funds under S.1112 or other similar federal 15 legislation]¹, it is both reasonable and necessary for the Legislature 16 to replace the existing informal DOH Maternal Mortality Case 17 Review Team with a statutorily-established Maternal Mortality 18 Review Committee ²situated in the Department of Health², 19 ¹[situated in the Department of Health and overseen by the 20 [NJMCQC] <u>Department of Health</u>,]¹ which committee will 21 22 incorporate the membership of the current Maternal Mortality Case 23 Review Team, but will have formal statutory authority, broader 24 powers, and specific goals and directives, as necessary to ensure 25 that it is able to continuously engage in the comprehensive, regular, and uniform review and reporting of maternal deaths throughout the 26 27 State. 28 (cf: P.L.2019, c.75, s.1) 29 30 ¹12. Section 2 of P.L.2019, c.75 (C.26:6C-2) is amended to read 31 as follows: 32 2. As used in [this act] P.L.2019, c.75 (C.26:6C-1 et al.): 33 "Authority" means the New Jersey Maternal and Infant Health 34 Innovation Authority established pursuant to section 4 of P.L. 35 c. (C.) (pending before the Legislature as this bill). "Board" means the board of the New Jersey Maternal and Infant 36 37 Health Innovation Authority established pursuant to section 5 of 38 P.L., c. (C.) (pending before the Legislature as this bill). 39 "Committee" means the Maternal Mortality Review Committee, 40 established pursuant to section 4 of [this act] P.L.2019, c.75 (C.26:6C-4), which is responsible for annually reviewing and 41 42 reporting on maternal death rates and the causes of maternal death 43 in the State, and which is further responsible for providing 44 recommendations to improve maternal care and reduce adverse 45 maternal outcomes. 46 "Department" means the Department of Health. 47 "Maternal death" means a pregnancy-associated death.

3 of Health as of the effective date of this act, and which is being 4 replaced by the committee established pursuant to this act. 5 "NJMCQC" means the New Jersey Maternal Care Quality 6 Collaborative, established pursuant to section 3 of P.L.2019, c.75 7 (C.26:6C-3). 8 "Pregnancy-associated death" means the death of a woman, 9 which occurs while the woman is pregnant, or during the one-year 10 period following the date of the end of the pregnancy, irrespective 11 of the cause of death. 12 "Pregnancy-related death" means the death of a woman, which 13 occurs while the woman is pregnant, or during the one-year period 14 following the date of the end of the pregnancy, regardless of the 15 duration of the pregnancy, and which results from any cause related 16 to, or aggravated by, the pregnancy or its management, but 17 excluding any accidental or incidental cause. 18 "Regional Health Hub" means an entity designated as a Regional 19 Health Hub as provided in P.L.2019, c.517 (C.30:4D-8.16 et seq.). 20 "Report of maternal death" means a report of a suspected 21 maternal death, which is filed with the department, pursuant to the processes established under subsection a. of section 7 of [this act] 22 23 P.L.2019, c.75 (C.26:6C-7), and which is to be forwarded to the 24 committee for the purposes of investigation, as provided by 25 subsection b. of that section. 26 morbidity" "Severe maternal means the physical and 27 psychological conditions that result from, or are aggravated by, 28 pregnancy, and which have an adverse effect on the health of a 29 woman. 30 "State registrar" means the State registrar of vital statistics, who 31 is responsible for supervising the registration of, and maintaining, 32 death records in the State, in accordance with the provisions of R.S.26:8-1 et seq.¹ 33 (cf: P.L.2019, c.75, s.2) 34 35 ¹[12.] <u>13.</u>¹ Section 3 of P.L.2019, c.75 (C.26:6C-3) is amended 36 37 to read as follows:

3. a. There is hereby established in 2 [¹, but not of, {}^{1}]² the 38 Department of Health ¹,¹ the New Jersey Maternal Care Quality 39 Collaborative (NJMCQC) ¹[in] . Until the conditions set forth in 40 subsection c. of section 4 of P.L., c. (C. 41) (pending before 42 the Legislature as this bill) are met, the NJMCQC shall work with the Governor's office to coordinate all efforts and strategies to 43 44 reduce maternal mortality, mobility, and racial and ethnic 45 disparities in the State. At such time as the conditions set forth in 46 subsection c. of section 4 of P.L., c. (C.) (pending before the Legislature as this bill) are met, the NJMCQC shall reorganize 47

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<u>under¹ the authority</u> ¹ [that], and¹ shall work [with the Governor's 1 office] under the supervision and oversight of the board 1 [, as]¹ 2 established pursuant to section 5 of P.L., c. (C.) (pending 3 <u>before the Legislature as this bill</u> 1 **[**,] 1 to coordinate **[**all **]** efforts 4 5 and strategies to reduce maternal mortality, morbidity, and racial 6 and ethnic disparities in the State [, including supervision and oversight of the Maternal Mortality Review Committee] ¹[at the 7 direction of the board]²[, including supervision and oversight of 8 the Maternal Mortality Review Committee¹]; however, 9 10 notwithstanding this reorganization, at such time as the conditions set forth in subsection c. of section 4 of P.L., c. (C.) 11 12 (pending before the Legislature as this bill) are met, oversight and 13 supervision of the Maternal Mortality Review Committee shall be 14 assumed by the Department of Health². 15 b. The NJMCQC shall work collaboratively with current organizations that are developing and implementing maternal 16 17 mortality and morbidity reduction strategies, including the New Jersey Hospital Association's Perinatal Quality Care Collaborative. 18 19 c. The NJMCQC shall be composed of [34] 1[38] 39^{1} members, including [nine] eight ex-officio members and [25] 20 $\begin{bmatrix} 30 \end{bmatrix} \underbrace{31}^{1}$ public members appointed by the Governor. 21 22 (1) The ex officio members shall include the following persons 23 or their designees: 24 [the Commissioner of Health; 25 the Commissioner of Human Services; 26 the Commissioner of Banking and Insurance; 27 the Commissioner of Children and Families;] 28 the Deputy Commissioner of Health Systems in the Department 29 of Health; 30 the Deputy Commissioner of Public Health Services in the 31 Department of Health; 32 the Director of the Office of Minority and Multicultural Health 33 in the Department of Health; 34 the Director of the Division of Medical Assistance and Health 35 Services in the Department of Human Services; [and] 36 the Assistant Commissioner of Health and Life Insurance Plans 37 in the Department of Banking and Insurance; 38 the Director of the Division of Consumer Affairs in the 39 Department of Law and Public Safety; 40 the Director of the New Jersey Maternal Data Center in the 41 Department of Health; and the president and chief executive officer of the authority, who 42 shall serve as ¹[chair] chairperson¹ of the NJMCQC. 43 44 (2) The public members appointed by the Governor shall 45 include members representing each of the following groups:

46 the New Jersey Hospital Association;

1 the New Jersey Health Care Quality Institute; 2 the Catholic HealthCare Partnership of New Jersey; 3 the Hospital Alliance of New Jersey; 4 the Fair Share Hospitals Collaborative; the New Jersey section of the American College of Obstetricians 5 and Gynecologists; 6 7 the New Jersey Affiliate of the American College of Nurse 8 Midwives; 9 the New Jersey Medical Society; ¹[three] two¹ medical directors of health plans in the State, as 10 recommended to the commissioner by the President of the New 11 Jersey Association of Health Plans; 12 13 the New Jersey Section of the Association of Women's Health 14 Obstetric and Neonatal Nurses; 15 the New Jersey Chapter of the American College of Emergency 16 Physicians; 17 <u>a New Jersey affiliate of Planned Parenthood</u> [of New Jersey]; 18 the New Jersey Association of Osteopathic Physicians and 19 Surgeons; 20 the New Jersey Primary Care Association; 21 the Partnership for Maternal and Child Health of Northern New 22 Jersey; 23 the Central Jersey Family Health Consortium; 24 the Southern New Jersey Perinatal Cooperative; 25 each of the [three Accountable Care Organizations established pursuant to P.L.2011, c.114 four existing Regional Health Hubs or 26 27 successor organization to that [Accountable any Care Organization] Regional Health Hub; 28 ¹the Perinatal Health Equity Initiative;¹ and 29 [three] ¹[seven] eight¹ additional public members appointed on 30 the recommendation of the [Commissioner of Health] Governor, 31 ¹<u>including</u>:¹ one ¹<u>member</u>¹ who is engaged in maternal health 32 advocacy; one ¹<u>member</u>¹ who is engaged in health equity advocacy; 33 34 one ¹member¹ who has personal experience in receiving perinatal services in one of the $1 [ten] 10^1$ New Jersey municipalities with the 35 <u>highest infant mortality rates</u> ¹<u>in the State</u>¹; <u>one</u> ¹<u>member</u>¹ <u>who has</u> 36 expertise in maternal or infant health workforce development ¹or 37 graduate health education¹; one ¹member¹ who has expertise 38 in¹[graduate health education] behavioral health¹; one ¹[with] 39 member who has¹ expertise in providing doula ¹[or] services; one 40 41 member who expertise in providing¹ lactation services ¹as an 42 international board certified lactation consultant¹; and one ¹<u>member</u>¹ who is engaged in healthcare consumer advocacy. 43 d. The public members of the NJMCQC shall serve without 44 45 compensation and shall each serve for a term of three years. Each public member shall serve for the term of appointment and shall 46

serve until a successor is appointed and qualified, except that a public member may be reappointed to the NJMCQC upon the expiration of ¹[their] <u>the member's</u>¹ term. Any vacancy in the membership shall be filled, for the unexpired term, in the same manner as the original appointment.

e. The <u>board</u>, in consultation with the NJMCQC 1_1^1 shall adopt 6 and implement the strategic plan for the State of New Jersey to 7 reduce maternal mortality, morbidity $\frac{1}{2}$ and racial and ethnic 8 9 disparities. The NJMCQC shall meet quarterly to [coordinate] 10 develop recommendations to submit to the board for review and 11 approval, which recommendations shall include, but shall not be 12 limited to, proposed activities that forward the strategic plan, [strategize] strategies on future activities, [solicit] funding 13 14 opportunities, [focus on translating] action items based on the data 15 generated and collected by [,] the Maternal Data Center, the 16 Healthcare Quality and Informatics Unit, the Maternal Mortality 17 Review Committee, the Department of Health, and its partners [into 18 action items], and strategies to communicate goals and achievement 19 of these goals with stakeholders.

20 f. The <u>board</u>, in consultation with the NJMCQC $\frac{1}{2}$ shall:

(1) [Employ an Executive Director, a Program Manager, and 21 22 any other personnel as authorized by the Commissioner of Health. 23 The Department of Health shall provide such administrative staff 24 support to the NJMCQC as shall be necessary for the NJMCQC to 25 carry out its duties. The director shall be appointed by the commissioner and shall serve at the pleasure of the commissioner 26 27 during the commissioner's term of office and until the appointment 28 and qualification of the director's successor; (deleted by 29 amendment, P.L., c.) (pending before the Legislature as this 30 bill)

31 (2)] ${}^{1}(2){}^{1}$ Apply for and accept any grant of money from the 32 federal government, private foundations or other sources, which 33 may be available for programs related to maternal mortality, 34 morbidity ${}^{1}_{,1}{}^{1}$ and racial and ethnic disparities;

35 [(3) Serve as the designated State entity for receipt of $1^{1}[(2)]$ 36 $(3)^{1}$ Coordinate with the Department of Health to receive federal 37 funds specifically designated for programs concerning maternal 38 mortality, morbidity 1, 1 and racial and ethnic disparities;

39 $[(4)] {}^{1}[(3)] (4)^{1}$ Enter into contracts with individuals, 40 organizations, and institutions necessary for the performance of its 41 duties under P.L.2019, c.75 (C.26:2C-1 et al.); and

42 **[**(5)Work with the Center for Healthcare Quality and Informatics 43 to develop and publicize statistical information on maternal 44 mortality, morbidity and racial and ethnic disparities and 45 information as provided for pursuant to P.L.2018, c.82 (C.26:2H- 21

5j) ¹ [(4)] (5)¹ Establish and coordinate among subcommittees as 1 2 necessary to achieve the purposes of the NJMCQC. 3 ¹g.¹ [g. The NJMCQC is entitled to call to its assistance, and 4 avail itself of, the services of employees of any State, county or 5 municipal department, board, bureau, commission or agency as it may require and as may be available to it for its purposes. All 6 7 departments, agencies and divisions are authorized and directed, to 8 the extent not inconsistent with law, to cooperate with the 9 NJMCQC.] ¹(deleted by amendment, P.L., c.) (pending before the Legislature as this bill)¹ 10 11 (cf: P.L.2019, c.75, s.3) 12 ¹[13.] <u>14.</u>¹ Section 12 of P.L.2019, c.75 (C.26:6C-12) is 13 14 amended to read as follows: 12. a. (1) On an annual basis, and using the death records that 15 16 have been filed during the preceding year, the Maternal Mortality 17 Review Committee shall work collaboratively with the Maternal 18 Data Center in the Healthcare Quality and Informatics Unit [,] and 19 [NJMCQC's] the Department of Health's Maternal Health 20 epidemiologists and other staff to identify: (a) the total number of 21 maternal deaths that have occurred in the State during the year, and during each quarter of the year; (b) the average Statewide rate of 22 maternal death occurring during the year; (c) the number and 23 24 percentage of maternal deaths that occurred during the year in each 25 of the Northern, Central, and Southern regions of the State; (d) the 26 number and percentage of maternal deaths, on a Statewide and 27 regional basis, that constituted pregnancy-associated deaths, and the 28 number and percentage of maternal deaths, on a Statewide and 29 regional basis, that constituted pregnancy-related deaths; (e) the 30 areas of the State where the rates of maternal death are significantly 31 higher than the Statewide average; and (f) the rate of racial 32 disparities in maternal deaths occurring on a Statewide and regional 33 basis. 34 (2) The results of the annual analysis that is conducted pursuant 35 to this subsection shall be posted at a publicly accessible location 36 on the Internet website of the Department of Health, and shall also 37 be promptly forwarded to the New Jersey Maternal and Infant 38 Health Innovation Authority and the NJMCQC. 39 b. In order to accomplish its duties under this section, the 40 Maternal Mortality Review Committee shall: (1) for the purposes of determining the total number of 41 42 pregnancy-associated deaths, review each woman's death record, and match the death record with a certificate of live birth, or with a 43 fetal or infant death record, for the woman's child, in order to 44 45 confirm whether the woman died during pregnancy, or within one 46 year after the end of pregnancy; and

1 (2) for the purposes of determining the total number of 2 pregnancy-related deaths, review each woman's death record, and 3 identify each such death record in which the death is reported to 4 have resulted from an underlying or contributing cause related to 5 pregnancy, regardless of the amount of time that has passed 6 between the end of the pregnancy and the death.

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

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

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14 1 [14.] <u>15.</u>¹ Section 14 of P.L.2019, c.75 (C.26:6C-13) is 15 amended to read as follows:

16 14. a. The Department of Health shall establish a Maternal Data 17 Center in the Healthcare Quality and Informatics Unit that shall 18 develop protocols and requirements for the submission of maternal 19 mortality, morbidity and racial and ethnic disparity data indicators; 20 collect this information from relevant health care facilities in the 21 State; conduct rapid-cycle data analytics; develop reports and a 22 public facing dashboard; and disseminate the information collected 23 to the NJMCQC, the Maternal Mortality Review Committee, 24 participating health care facilities, and other stakeholders as identified by the [NJMCQC] Department of Health. 25 Each 26 participating facility shall have full access to data reported to the 27 Maternal Data Center, provided that any data accessible to participating facilities shall be de-identified, and further provided 28 29 that nothing in this subsection shall authorize the disclosure of any 30 confidential or personal identifying information for any patient.

b. The Maternal Data Center shall employ a director, three research scientists ${}^{1}[;], {}^{1}$ a technical assistant ${}^{1}[;], {}^{1}$ and other staff as necessary to implement the requirements ${}^{1}[$ pursuant to] set forth \underline{in}^{1} subsection a. of this section.

- 35 (cf: P.L.2019, c.75, s.14)
- 36

37 ¹[15. a.] <u>16.</u>¹ (New section) ¹[The] <u>No later than one year after</u> the members of the board are appointed and the board first 38 organizes, and annually thereafter, the¹ authority shall ¹prepare and 39 submit a¹ report to the Governor and, pursuant to section 2 of 40 P.L.1991, c.164 (C.52:14-19.1), to the Legislature 1 [on or before 41 one year after the members of the board are appointed and the board 42 43 first organizes, and annually thereafter. Each], which¹ report shall 44 set forth a complete operating and financial statement covering the 45 operations of the authority ¹[.

b. Within one year after the members of the board areappointed and the board first organizes, and annually thereafter, the

authority shall report to the Governor and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), to the Legislature on], provide details on¹ programs, services ^{1,1} and initiatives established by the authority, and ¹assess¹ the contribution of those programs, services ^{1,1} and initiatives to the advancement of the State's maternal and infant health outcomes.

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8 ¹[16.] 17.¹ (New section) a. Notwithstanding any provision of the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 9 et seq.) to the contrary, the board, 1 [after] in 1 consultation with the 10 ¹[Department of the Treasury] <u>State Treasurer</u>¹, Commissioner of 11 Health, and Chief Executive Officer of the Economic Development 12 13 Authority, shall, immediately upon filing proper notice with the 14 Office of Administrative Law, adopt rules and regulations ¹[prepared by the board]¹ necessary ¹[or proper]¹ to enable ¹[it] 15 16 <u>the board</u>¹ to carry out ¹ [the board's] <u>its</u>¹ duties, functions, and powers ¹pursuant to P.L., c. (C.) (pending before the 17 18 Legislature as this bill)¹.

b. The initial rules and regulations adopted pursuant to 19 ¹<u>subsection a. of</u>¹ this ¹<u>section</u>¹ shall be in effect for a period not to 20 exceed one year after the date of filing with the Office of 21 ¹[These] <u>Thereafter</u>, the¹ rules and 22 Administrative Law. regulations shall ¹[thereafter]¹ be adopted, amended, or readopted, 23 and any subsequent rules and regulations ¹shall be¹ adopted, 24 25 amended, or readopted, by the board in accordance with the requirements of the "Administrative Procedure Act," P.L.1968, 26 27 c.410 (C.52:14B-1 et seq.), ¹[after] <u>in</u>¹ consultation with <u>¹the State</u> 28 Treasurer, the Commissioner of Health, and the Chief Executive 29 Officer of the Economic Development Authority¹, and ¹[any] such¹ other departments, ¹agencies, and authorities¹ as the board 30 31 deems appropriate.

32

¹[17.] <u>18.</u>¹ (New section) a. The authority shall establish and 33 maintain a special ¹,¹ nonlapsing fund to be known as ¹[New] the 34 "New¹ Jersey Maternal and Infant Health Innovation Authority 35 ¹[Fund] <u>Fund</u>^{"1}. The fund shall be operated in a manner 36 determined by the board. The authority may deposit into the fund 37 ¹[such moneys] : (1) ¹such monies¹ as shall be appropriated by 38 the State for the purpose of the fund; (2) ¹such monies¹ as shall be 39 40 received by the authority from the repayment of loans or other 41 extensions of credit made pursuant to this act; and (3) any other ¹[moneys] <u>monies</u>¹ or funds of the authority ¹[which it determines 42 to deposit therein]¹. 43

b. All funds received by the authority, other than those
necessary to pay the expenses of the authority, shall be used to
advance the purposes of the ¹[Authority] <u>authority</u>¹.

5 ¹[18.] <u>19.</u>¹ (New section) There is hereby appropriated from 6 the General Fund to the New Jersey Maternal and Infant Health 7 Innovation Authority Fund ¹established pursuant to section 18 of 8 P.L., c. (C.) (pending before the Legislature as this bill)¹ the sum of ²[\$23,220,000 to cover operational, administrative, and 9 other expenses of the authority, $]^2$ ¹[with] ²[of] <u>\$2,220,000</u>,² 10 which sum¹ ²[at least \$3,220,000]² ¹[of which]¹ shall be 11 ²[allocated for ¹<u>the</u>¹ implementation of] <u>used by the authority to</u> 12 <u>support the purposes of</u>² ¹ [the] <u>this</u>¹ act ² [, startup costs, staff, 13 ¹<u>board member salaries</u>,¹ and stipend compensation $]^2$. 14 15 ¹[19.] $20.^{1}$ This act shall take effect immediately. 16

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Establishes "New Jersey Maternal and Infant Health InnovationCenter Act," and appropriates \$2,220,000.