

SENATE, No. 3864

STATE OF NEW JERSEY
220th LEGISLATURE

INTRODUCED MAY 15, 2023

Sponsored by:

Senator SHIRLEY K. TURNER

District 15 (Hunterdon and Mercer)

Senator M. TERESA RUIZ

District 29 (Essex)

SYNOPSIS

Establishes “New Jersey Maternal and Infant Health Innovation Center Act,” and appropriates \$23,220,000.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 5/18/2023)

1 AN ACT concerning maternal health care, supplementing Title 26 of
2 the Revised Statutes and amending P.L.2019, c.75.

3
4 **BE IT ENACTED** *by the Senate and General Assembly of the State*
5 *of New Jersey:*

6
7 1. (New section) This act shall be known and may be cited as
8 the “New Jersey Maternal and Infant Health Innovation Center
9 Act.”

10
11 2. (New section) The Legislature finds and declares that:

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

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

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

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

34 e. In order to create, fund, and sustain such a facility, and to
35 ensure that substantial commitments are made to its related
36 activities, it is necessary to create an authority independent of any
37 supervision or control by the principal departments of the Executive
38 Branch of the State Government.

39 f. The authority will operate a Trenton-based New Jersey
40 Maternal and Infant Health Innovation Center, and will collaborate
41 with other State departments and agencies to advance maternal and
42 infant health care and clinical services throughout the State, and
43 lead the State’s coordination, promotion, and implementation of
44 education, policymaking, research, innovation, perinatal workforce

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.

1 development and more, with a particular focus on eliminating racial
2 disparities in maternal and infant health outcomes.

3 g. The New Jersey Maternal and Infant Health Innovation Center
4 will serve as the first-of-its kind central hub to coordinate among
5 national, State and local agencies, and private organizations to
6 promote equitable maternal and infant health care services; to
7 implement strategies related to health care and social service
8 delivery, perinatal workforce development, community
9 engagement, data collection, research, and analysis; and to serve as
10 an incubator of new enterprises, therapeutics, and technological
11 innovations leading to better health outcomes and reduced mortality
12 and morbidity rates for women and children.

13 h. The New Jersey Maternal and Infant Health Innovation Center
14 will be at the forefront of serving the maternal and infant health
15 care needs, not only of the families and the City of Trenton, but also
16 of the State of New Jersey and the nation, and will enable
17 collaborative partnerships for research and knowledge transfer
18 within the global maternal and infant health community.

19
20 3. (New section) As used in this act:

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

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

27 “Center” means the New Jersey Maternal and Infant Health
28 Innovation Center for the authority of this act.

29 “NJMCQC” means the New Jersey Maternal Care Quality
30 Collaborative, established pursuant to section 3 of P.L.2019, c.75
31 (C.26:6C-3).

32
33 4. (New section) The New Jersey Maternal and Infant Health
34 Innovation Authority is created and established in, but not of, the
35 Department of the Treasury, to:

36 a. assume the role as the primary authority responsible for
37 coordinating all efforts and strategies to reduce maternal mortality,
38 morbidity, and racial and ethnic disparities in the State pursuant to
39 P.L. 2019, c.75 (C.26:6C-1 et seq.) from the NJMCQC for the
40 further development of equitable maternal and infant health care
41 services, data collection, research, analysis, and innovation. Except
42 as otherwise provided by this act, all powers, duties, and
43 responsibilities authorized pursuant to P.L.2019, c.75 (C.26:6C-1 et
44 seq.) shall be transferred from the NJMCQC to the authority at such
45 time as the members of the board and its initial president and chief
46 executive officer are appointed as provided in P.L. , c. (C.)
47 (pending before the Legislature as this bill) and the board first
48 organizes. Thereafter, the NJMCQC shall be reorganized within the

1 authority and shall operate under the supervision and oversight of
2 the board as set forth in P.L. , c. (C.) (pending before the
3 Legislature as this bill). The provisions of this subsection shall be
4 carried out in accordance with the “State Agency Transfer Act,”
5 P.L.1971, c.375 (C.52:14D-1 et seq.) and shall include all files,
6 books, papers, records, equipment, and other property or resources
7 held by the NJMCQC, including, without limitation, any State funds
8 that have been appropriated to the Department of Health for the
9 exclusive use of the NJMCQC, which shall be deposited in accounts
10 as may be permitted or required by law; and

11 b. oversee the design and implementation of programs and
12 services that advance the State’s maternal and infant health
13 outcomes, address racial disparities for maternal and infant
14 mortality rates, ensure equitable care, and fill gaps in access to care,
15 including, but not limited to, health care and social service delivery,
16 research and innovation, perinatal workforce development,
17 education and public awareness, and other initiatives undertaken by
18 the authority.
19

20 5. (New section) a. The authority shall be governed by a board
21 consisting of the following 15 members, including seven ex-officio
22 members and eight public members, who shall be appointed by the
23 Governor no later than the 120th day after the effective day of
24 P.L. , c. (C.) (pending before the Legislature as this bill) as
25 follows:

26 (1) five public members to be appointed by the Governor, two of
27 which shall be selected by the Governor to serve as the chair and
28 vice-chair of the community advisory committee set forth in
29 P.L. , c. (C.) (pending before the Legislature as this bill);

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

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

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

36 (5) the Commissioner of Health, ex officio;

37 (6) the Chief Executive Officer of the New Jersey Economic
38 Development Authority, ex officio;

39 (7) the Commissioner of Human Services, ex officio;

40 (8) the Commissioner of Banking and Insurance, ex officio;

41 (9) the Commissioner of Children and Families, ex officio;

42 (10) the Secretary of Higher Education, ex officio; and

43 (11) the Commissioner of Labor, ex officio.

44 b. Each ex officio member of the authority may designate an
45 officer or employee of the member’s department to represent the
46 member at meetings of the authority, and each such designee may
47 lawfully vote and otherwise act on behalf of the member for whom
48 the person constitutes the designee. Any such designation shall be

1 in writing delivered to the authority and shall continue in effect
2 until revoked or amended by writing delivered to the authority.

3 c. A majority of the board's public members shall have relevant
4 experience in one or more of the following areas related to
5 maternal, infant and childhood health care: obstetrics, neonatal care,
6 perinatal clinical services, family planning, perinatal workforce
7 development, education, research and innovation, community health
8 work, social services, public health awareness, leadership and other
9 relevant experience related to racial disparities affecting delivery of
10 health care services, and mortality and morbidity rates. The public
11 members shall have relevant experience in different areas.

12 d. In the selection of public members, a strong effort shall be
13 made to solicit women and minorities as candidates for appointment
14 to the board, including women who have given birth within the last
15 three years.

16 e. The terms of the public members of the board shall be for five
17 years or until their successors are appointed, except that of the
18 appointments first made to the board, two shall serve for one year,
19 three shall serve for two years, and three shall serve for five years.
20 The successors to the initially appointed members shall each be
21 appointed for a term of five years, except that any person appointed
22 to fill a vacancy shall serve only for the unexpired term. Except for
23 the two board members appointed to serve as chair and vice-chair of
24 the community advisory committee, the board members shall serve
25 without compensation but shall be reimbursed for necessary
26 expenses incurred in the performance of their duties, within the
27 limits of funds appropriated or otherwise made available to the
28 Authority for its purposes. A member may be reappointed to a
29 second or subsequent term.

30 f. Each member appointed by the Governor may be removed
31 from the position by the Governor. Each member, before entering
32 upon the member's duties, shall take and subscribe an oath to
33 perform the duties of the office faithfully, impartially, and justly to
34 the best of the member's ability. A record of these oaths shall be
35 filed in the office of the Secretary of State.

36 g. The Governor shall annually select a chair and vice-chair
37 from among the members of the board, at least one of which shall
38 be the Commissioner of Health or Commissioner of Human
39 Services or their designee. The chair shall coordinate the activities
40 of the board. In the event that the chairperson is vacant, the vice-
41 chair shall act as chair of the board until the chair position is no
42 longer vacant.

43 h. No member of the board, or officer, employee, or agent of the
44 Authority, shall take any official action on any matter in which such
45 person has a direct or indirect personal financial interest.

46 i. A majority of the board members shall constitute a quorum at
47 any meeting thereof. The board may take action upon the
48 affirmative vote of a majority of members present. No vacancy in

1 the membership of the board shall impair the right of a quorum to
2 exercise all the rights and perform all the duties of the board. A
3 true copy of the minutes of every meeting of the board shall be
4 delivered to the Governor. No action taken at such meeting by the
5 board shall have force or effect until approved by the Governor or
6 until 10 days after such copy of the minutes shall have been
7 delivered. If, in this 10-day period, the Governor returns the copy
8 of the minutes with a veto of any action taken by the board or any
9 member thereof at the meeting, such action shall be null and of no
10 effect. The Governor may approve all or part of the action taken at
11 such meeting prior to the expiration of the 10 day period.

12 j. The board shall convene meetings including, but not limited to,
13 quarterly with the community advisory committee established
14 pursuant to P.L. , c. (C.) (pending before the Legislature as
15 this bill) for purposes of receiving guidance and feedback related to
16 the purposes of the authority and this act.

17 k. The board shall have the following powers:

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

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

35 (3) To commission, publish, and collaborate on research studies
36 within the State, country, and in the global maternal and infant
37 health community;

38 (4) To collect, analyze, and disseminate data related to maternal
39 and infant health, in collaboration with the New Jersey Maternal
40 Data Center at the Department of Health, with a particular focus
41 upon racial disparities in outcomes, perinatal workforce needs, and
42 development of resources;

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

47 (6) To enter into membership in other organizations or
48 coalitions;

- 1 (7) To oversee the community advisory committee established
2 pursuant to P.L. , c. (C.) (pending before the Legislature as
3 this bill) and to establish and oversee any other committees as may
4 be deemed necessary;
- 5 (8) To adopt, amend, and repeal bylaws for the regulation of its
6 affairs and the conduct of its business, including, but not limited to,
7 protections against undue influence or quid pro quo transactions
8 relating to the receipt of contributions from private sources;
- 9 (9) To adopt rules and regulations pursuant to the
10 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et
11 seq.) to effectuate the provisions of P.L. , c. (C.) (pending
12 before the Legislature as this bill);
- 13 (10) To adopt and have a seal and alter the same at its pleasure;
- 14 (11) To sue and be sued;
- 15 (12) To conduct meetings and public hearings in connection
16 with the purposes of P.L. , c. (C.) (pending before the
17 Legislature as this bill);
- 18 (13) To enter into contracts upon those terms and conditions as
19 the authority determines to be reasonable to effectuate the purposes
20 of P.L. , c. (C.) (pending before the Legislature as this bill);
- 21 (14) To employ consultants, contractors and specialists in the
22 perinatal workforce development, education, research, and
23 innovation, and other fields as may be required in the judgment of
24 the board to effectuate the purposes of this act, and to fix and pay
25 their compensation from funds available therefor, all without regard
26 to the provisions of Title 11A of the New Jersey Statutes;
- 27 (15) To contract for and to accept any gifts or grants or loans of
28 funds or property or financial or other aid in any form from the
29 United States of America or any agency or instrumentality thereof,
30 or from the State or any agency, instrumentality or political
31 subdivision thereof, or from any beneficiary of a State or federal
32 grant, or from any other public or private source, including private
33 companies and individuals, and to comply with the terms and
34 conditions thereof;
- 35 (16) To solicit contributions from public and private entities for
36 any of its corporate purposes;
- 37 (17) To maintain an office located in the City of Trenton for the
38 Center of the authority, and any other satellite offices at such place
39 or places within the State as the board may designate;
- 40 (18) To acquire, purchase, develop, manage and operate, hand
41 old and dispose of real and personal property or interests therein, to
42 acquire an equity interest in any corporation, and take assignments
43 of rentals and leases and make and enter into all contracts, leases,
44 agreements and arrangements necessary or incidental to the
45 performance of its duties, including, but not limited to, the leasing
46 of premises to tenants within the center including, but not limited
47 to, licensed health care facilities and providers that offer maternal,
48 infant and pediatric health care services, childbirth education,

1 parenting and early childhood education institutions, county
2 colleges, independent New Jersey-based public-mission institutions
3 that receive State operating aid, food and nutrition consultants and
4 support programs, family planning services, and behavioral health
5 and other social service providers;

6 (19) To procure insurance against any losses in connection with
7 its property, operations or assets in such amounts and from such
8 insurers as it deems desirable;

9 (20) To enter into any agreements necessary to provide for its
10 establishment, operation, and financial support, including
11 memoranda of understanding with other State entities;

12 (21) To create a nonprofit entity as set forth in
13 P.L. , c. (C.) (pending before the Legislature as this
14 bill); and

15 (22) To do any and all things necessary or convenient to carry
16 out its purposes and exercise the powers granted in this act.
17

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

31 7. (New section) a. All purchases, contracts, or agreements made
32 pursuant to P.L. , c. (C.) (pending before the Legislature as
33 this bill) shall be made or awarded directly by the authority, only
34 after public advertisement for bids therefor in the manner provided
35 by the authority and notwithstanding the provisions of any other
36 laws to the contrary.

37 b. Any purchase, contract, or agreement may be made,
38 negotiated, or awarded by the authority without public bid or
39 advertising under the following circumstances:

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

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

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

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

9 (5) When the contract to be entered into is for the furnishing or
10 performing of services of a professional or technical nature,
11 including legal services, provided that the contract shall be made or
12 awarded directly by the authority;

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

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

26 (8) When a purchase is to be made through or by the Director of
27 the Division of Purchase and Property pursuant to section 1 of
28 P.L.1959, c.40 (C.52:27B-56.1).

29

30 8. (New section) a. The board shall coordinate with a
31 community advisory committee to support and inform the work of
32 the authority. The community advisory committee shall consist of
33 11 members and shall be comprised of representatives of diverse
34 community groups with relevant experience as either providers or
35 recipients of maternal, infant and childhood health care services.

36 b. The members of the community advisory committee shall be
37 appointed by the Governor. The term of the committee members
38 shall be for three years, except that of the appointments first made
39 to the committee, five shall serve for one year and six shall serve
40 for two years. The successors to the initially appointed members
41 shall each be appointed for a term of three years, except that any
42 person appointed to fill a vacancy shall serve only for the unexpired
43 term.

44 c. The chair and vice-chair of the community advisory
45 committee shall be selected from among the board of the Authority
46 by the Governor pursuant to P.L. , c. (C.) (pending before the
47 Legislature as this bill). The chair shall coordinate the activities of
48 the community advisory committee. In the event that the chair

1 position is vacant, the vice-chair shall act as chair of the committee
2 until the chair position is no longer vacant.

3 d. Four members of the community advisory committee,
4 including either the chair or vice-chair of the community advisory
5 committee, shall be residents of the City of Trenton with
6 backgrounds as either a mother with personal experience in
7 receiving perinatal services in Trenton or a community stakeholder.
8 The remaining members of the community advisory committee shall
9 be residents of municipalities in different geographic regions of the
10 State with the highest rates of Black and Hispanic infant mortality,
11 and shall have backgrounds as a mother with personal experience in
12 receiving perinatal services or a community stakeholder

13 e. The committee members shall receive an annual stipend of
14 \$20,000, to be paid in increments as determined by the board.

15

16 9. (New section) a. To effectuate any of its authorized purposes
17 either directly or indirectly, in addition to any powers granted to it
18 elsewhere in this act, the board shall have the authority to form or
19 assume control of one or more nonprofit entities, in the manner and
20 for the purposes set forth in this section.

21 b. A nonprofit entity may be formed pursuant to the "New
22 Jersey Nonprofit Corporation Act," N.J.S.15A:1-1 et seq.

23 c. The nonprofit entity shall have the power to:

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

28 (2) establish, sponsor, and operate membership, including the
29 ability to generate revenue from members;

30 d. The authority and any nonprofit entities created or assumed
31 by the authority may enter into any agreements necessary to provide
32 for the establishment, operation, and financial support of the
33 authority and each nonprofit entity.

34 e. The nonprofit entities may be organized and operated in such
35 a manner as to be eligible under applicable federal law for tax-
36 exempt status and for the receipt of tax-deductible contributions,
37 and shall be authorized to sue and to be sued as a legal entity
38 separate from the State of New Jersey.

39 f. No member or employee of the nonprofit shall engage in any
40 business transaction or professional activity for profit with the
41 authority.

42 g. All funds received by a nonprofit entity formed pursuant to
43 this section, other than those necessary to pay for the expenses of
44 the nonprofit, shall be used exclusively for the support of the
45 authority.

46

47 10. (New section) a. The authority is entitled to call to its
48 assistance, and avail itself of, the services of employees of any

1 State, county or municipal department, board, bureau, commission,
2 or agency as it may require and as may be available to it for its
3 purposes. All departments, agencies, and divisions are authorized
4 and directed, to the extent not inconsistent with law, to cooperate
5 with the authority.

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

17 c. Except as provided in subsection d. of this section, the
18 information required pursuant to subsection b. of this section shall
19 be provided by the reporting agency or authority in such manner as
20 may be necessary to protect against the disclosure of any
21 confidential or personal identifying information of any individual.

22 d. In the event the authority requests that a reporting agency
23 provide data that includes any confidential or personal identifying
24 information of any individual, such data shall be kept confidential
25 by the authority consistent with any applicable State and federal
26 law, rule, or regulation.

27
28 11. Section 1 of P.L.2019, c.75 (C.26:6C-1) is amended to read
29 as follows:

30 1. The Legislature finds and declares that:

31 a. Most nations across the globe have successfully reduced
32 their maternal mortality rates over the past two and a half decades,
33 in response to a United Nations' call to action; however, the U.S. is
34 one of only a handful of countries where maternal mortality rates
35 have continued to rise (increasing by 27% between 2000 and 2014);

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

40 c. In New Jersey, there is currently a Maternal Mortality Case
41 Review Team that operates out of the Department of Health (DOH),
42 and which periodically reviews and provides statistics on maternal
43 deaths occurring in the State;

44 d. A document produced by Every Mother Counts shows that
45 New Jersey is ranked 46th of the 50 states in total maternal
46 mortality, with a rate of 37.3 maternal deaths per every 100,000 live
47 births and African-American women in New Jersey are five times

- 1 more likely than their white counterparts to die from pregnancy-
2 related complications;
- 3 e. While the DOH Maternal Mortality Case Review Team
4 produces important statistical data, the team is not permanently
5 established by statute, does not meet regularly, produces only
6 periodic reports on maternal mortality, and uses varying datasets in
7 those periodic reports, making the aggregation and comparison of
8 data by interested parties more difficult;
- 9 f. There is a need to coordinate and expand the multiple,
10 fractionalized maternal mortality and morbidity reduction efforts
11 being conducted by caring and committed individuals and
12 organizations across the State. Further, it is essential to house these
13 myriad efforts in the Department of Health, the State-designated
14 agency responsible for public health protection and services. The
15 DOH can uniquely leverage the weight and power of the State to
16 effectuate critical changes in the delivery of care and the
17 implementation of Statewide strategies to reduce maternal mortality
18 and morbidity and to eliminate the racial and ethnic disparities in
19 maternal outcomes;
- 20 g. To coordinate and support a Statewide strategy to reduce
21 maternal morbidity and mortality, the State should establish a New
22 Jersey Maternal Care Quality Collaborative (NJMCQC);
- 23 h. To improve data collection and to improve and assist quality
24 improvement efforts by health care facilities and the State, a
25 Maternal Data Center should be established within the Healthcare
26 Quality and Informatics Unit in the DOH;
- 27 i. United States Senate Bill No. 1112, introduced in the 115th
28 Congress, would establish a federal grant program to assist states in
29 establishing and sustaining state-level maternal mortality review
30 committees; however, a state will only be eligible to obtain a grant
31 under this bill if the state's maternal mortality review committee
32 satisfies certain specific requirements, as articulated in S.1112; and
- 33 j. In order to ensure that the entity reviewing maternal deaths
34 in the State may operate permanently and sustainably, with full
35 statutory authority, in adherence to certain specified powers and
36 responsibilities, and in a manner that would enable the State to
37 obtain federal grant funds under S.1112 or other similar federal
38 legislation, it is both reasonable and necessary for the Legislature to
39 replace the existing informal DOH Maternal Mortality Case Review
40 Team with a statutorily-established Maternal Mortality Review
41 Committee, situated in the Department of Health and overseen by
42 the **【NJMCQC】** Department of Health, which committee will
43 incorporate the membership of the current Maternal Mortality Case
44 Review Team, but will have formal statutory authority, broader
45 powers, and specific goals and directives, as necessary to ensure
46 that it is able to continuously engage in the comprehensive, regular,

1 and uniform review and reporting of maternal deaths throughout the
2 State.

3 (cf: P.L.2019, c.75, s.1)
4

5 12. Section 3 of P.L.2019, c.75 (C.26:6C-3) is amended to read
6 as follows:

7 3. a. There is hereby established in the Department of Health the
8 New Jersey Maternal Care Quality Collaborative (NJMCQC) in the
9 authority that shall work **【with the Governor's office】** under the
10 supervision and oversight of the board, as established pursuant to
11 section 5 of P.L. , c. (C.) (pending before the Legislature as
12 this bill),to coordinate **【all】** efforts and strategies to reduce
13 maternal mortality, morbidity, and racial and ethnic disparities in
14 the State**【, including supervision and oversight of the Maternal**
15 **Mortality Review Committee】** at the direction of the board.

16 b. The NJMCQC shall work collaboratively with current
17 organizations that are developing and implementing maternal
18 mortality and morbidity reduction strategies, including the New
19 Jersey Hospital Association's Perinatal Quality Care Collaborative.

20 c. The NJMCQC shall be composed of **【34】 38** members,
21 including **【nine】 eight** ex-officio members and **【25】 30** public
22 members appointed by the Governor.

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

25 **【the Commissioner of Health;**
26 **the Commissioner of Human Services;**
27 **the Commissioner of Banking and Insurance;**
28 **the Commissioner of Children and Families;】**
29 **the Deputy Commissioner of Health Systems in the Department**
30 **of Health;**
31 **the Deputy Commissioner of Public Health Services in the**
32 **Department of Health;**
33 **the Director of the Office of Minority and Multicultural Health**
34 **in the Department of Health;**
35 **the Director of the Division of Medical Assistance and Health**
36 **Services in the Department of Human Services; 【and】**
37 **the Assistant Commissioner of Health and Life Insurance Plans**
38 **in the Department of Banking and Insurance;**
39 the Director of the Division of Consumer Affairs in the
40 Department of Law and Public Safety;
41 the Director of the New Jersey Maternal Data Center in the
42 Department of Health; and
43 the president and chief executive officer of the authority, who
44 shall serve as chair of the NJMCQC.

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

47 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;
5 the New Jersey section of the American College of Obstetricians
6 and Gynecologists;
7 the New Jersey Affiliate of the American College of Nurse
8 Midwives;
9 the New Jersey Medical Society;
10 three medical directors of health plans in the State, as
11 recommended to the commissioner by the President of the New
12 Jersey Association of Health Plans;
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 a New Jersey affiliate of Planned Parenthood **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
26 pursuant to P.L.2011, c.114 **four existing Regional Health Hubs** or
27 any successor organization to that **Accountable Care**
28 **Organization** Regional Health Hub; and
29 **three** seven additional public members appointed on the
30 recommendation of the **Commissioner of Health** Governor, one
31 who is engaged in maternal health advocacy; one who is engaged in
32 health equity advocacy; one who has personal experience in
33 receiving perinatal services in one of the ten New Jersey
34 municipalities with the highest infant mortality rates; one who has
35 expertise in maternal or infant health workforce development; one
36 who has expertise in graduate health education; one with expertise
37 in providing doula or lactation services; and one who is engaged in
38 healthcare consumer advocacy.

39 d. The public members of the NJMCQC shall serve without
40 compensation and shall each serve for a term of three years. Each
41 public member shall serve for the term of appointment and shall
42 serve until a successor is appointed and qualified, except that a
43 public member may be reappointed to the NJMCQC upon the
44 expiration of their term. Any vacancy in the membership shall be
45 filled, for the unexpired term, in the same manner as the original
46 appointment.

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

15 f. The board, in consultation with the NJMCQC shall:

16 (1) **【Employ an Executive Director, a Program Manager, and**
17 **any other personnel as authorized by the Commissioner of Health.**
18 The Department of Health shall provide such administrative staff
19 support to the NJMCQC as shall be necessary for the NJMCQC to
20 carry out its duties. The director shall be appointed by the
21 commissioner and shall serve at the pleasure of the commissioner
22 during the commissioner's term of office and until the appointment
23 and qualification of the director's successor;

24 (2)**【Apply for and accept any grant of money from the federal**
25 **government, private foundations or other sources, which may be**
26 **available for programs related to maternal mortality, morbidity and**
27 **racial and ethnic disparities;**

28 **【(3) Serve as the designated State entity for receipt of】** (2)
29 Coordinate with the Department of Health to receive federal funds
30 specifically designated for programs concerning maternal mortality,
31 morbidity and racial and ethnic disparities;

32 **【(4)】** (3) Enter into contracts with individuals, organizations,
33 and institutions necessary for the performance of its duties under
34 P.L.2019, c.75 (C.26:2C-1 et al.); and

35 **【(5)Work with the Center for Healthcare Quality and Informatics**
36 **to develop and publicize statistical information on maternal**
37 **mortality, morbidity and racial and ethnic disparities and**
38 **information as provided for pursuant to P.L.2018, c.82 (C.26:2H-**
39 **5j)】** (4) Establish and coordinate among subcommittees as
40 necessary to achieve the purposes of the NJMCQC.

41 **【g. The NJMCQC is entitled to call to its assistance, and avail**
42 **itself of, the services of employees of any State, county or**
43 **municipal department, board, bureau, commission or agency as it**
44 **may require and as may be available to it for its purposes. All**
45 **departments, agencies and divisions are authorized and directed, to**

1 the extent not inconsistent with law, to cooperate with the
2 NJMCQC.】

3 (cf: P.L.2019, c.75, s.3)
4

5 13. Section 12 of P.L.2019, c.75 (C.26:6C-12) is amended to
6 read as follows:

7 12. a. (1) On an annual basis, and using the death records that
8 have been filed during the preceding year, the Maternal Mortality
9 Review Committee shall work collaboratively with the Maternal
10 Data Center in the Healthcare Quality and Informatics Unit【.】 and
11 【NJMCQC's】 the Department of Health's Maternal Health
12 epidemiologists and other staff to identify: (a) the total number of
13 maternal deaths that have occurred in the State during the year, and
14 during each quarter of the year; (b) the average Statewide rate of
15 maternal death occurring during the year; (c) the number and
16 percentage of maternal deaths that occurred during the year in each
17 of the Northern, Central, and Southern regions of the State; (d) the
18 number and percentage of maternal deaths, on a Statewide and
19 regional basis, that constituted pregnancy-associated deaths, and the
20 number and percentage of maternal deaths, on a Statewide and
21 regional basis, that constituted pregnancy-related deaths; (e) the
22 areas of the State where the rates of maternal death are significantly
23 higher than the Statewide average; and (f) the rate of racial
24 disparities in maternal deaths occurring on a Statewide and regional
25 basis.

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

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

33 (1) for the purposes of determining the total number of
34 pregnancy-associated deaths, review each woman's death record,
35 and match the death record with a certificate of live birth, or with a
36 fetal or infant death record, for the woman's child, in order to
37 confirm whether the woman died during pregnancy, or within one
38 year after the end of pregnancy; and

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

45 The Maternal Mortality Review Committee may also use any
46 other appropriate means or methods to identify maternal deaths.
47 Such means or methods may include, but need not be limited to, use

1 of the case ascertainment system devised by the federal Centers for
2 Disease Control and Prevention.

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

4
5 14. Section 14 of P.L.2019, c.75 (C.26:6C-13) is amended to
6 read as follows:

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

22 b. The Maternal Data Center shall employ a director, three
23 research scientists; a technical assistant; and other staff as necessary
24 to implement the requirements pursuant to subsection a. of this
25 section.

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

27
28 15. a. (New section) The authority shall report to the Governor
29 and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), to the
30 Legislature on or before one year after the members of the board are
31 appointed and the board first organizes, and annually thereafter.
32 Each report shall set forth a complete operating and financial
33 statement covering the operations of the authority.

34 b. Within one year after the members of the board are appointed
35 and the board first organizes, and annually thereafter, the authority
36 shall report to the Governor and, pursuant to section 2 of P.L.1991,
37 c.164 (C.52:14-19.1), to the Legislature on programs, services and
38 initiatives established by the authority, and the contribution of those
39 programs, services and initiatives to the advancement of the State's
40 maternal and infant health outcomes.

41
42 16. (New section) a. Notwithstanding any provision of the
43 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et
44 seq.) to the contrary, the board, after consultation with the
45 Department of the Treasury, Commissioner of Health, and Chief
46 Executive Officer of the Economic Development Authority, shall,
47 immediately upon filing proper notice with the Office of
48 Administrative Law, adopt rules and regulations prepared by the

1 board necessary or proper to enable it to carry out the board's
2 duties, functions, and powers.

3 b. The initial rules and regulations adopted pursuant to this shall
4 be in effect for a period not to exceed one year after the date of
5 filing with the Office of Administrative Law. These rules and
6 regulations shall thereafter be adopted, amended, or readopted, and
7 any subsequent rules and regulations adopted, amended, or
8 readopted, by the board in accordance with the requirements of the
9 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et
10 seq.), after consultation with other departments, as the board deems
11 appropriate.

12
13 17. (New section) a. The authority shall establish and maintain a
14 special nonlapsing fund to be known as New Jersey Maternal and
15 Infant Health Innovation Authority Fund. The fund shall be
16 operated in a manner determined by the board. The authority may
17 deposit into the fund such moneys (1) as shall be appropriated by
18 the State for the purpose of the fund; (2) as shall be received by the
19 authority from the repayment of loans or other extensions of credit
20 made pursuant to this act; and (3) any other moneys or funds of the
21 authority which it determines to deposit therein.

22 b. All funds received by the authority, other than those
23 necessary to pay the expenses of the authority, shall be used to
24 advance the purposes of the Authority.

25
26 18. (New section) There is hereby appropriated from the
27 General Fund to the New Jersey Maternal and Infant Health
28 Innovation Authority Fund the sum of \$23,220,000 to cover
29 operational, administrative, and other expenses of the authority,
30 with at least \$3,220,000 of which shall be allocated for
31 implementation of the act, startup costs, staff, and stipend
32 compensation.

33
34 19. This act shall take effect immediately.

35
36
37 STATEMENT

38
39 This bill establishes the "New Jersey Maternal and Infant Health
40 Innovation Center Act," and appropriates \$23,220,000.

41 The bill creates the New Jersey Maternal and Infant Health
42 Innovation Authority (authority) to assume the role as the primary
43 authority responsible for coordinating all efforts and strategies to
44 reduce maternal mortality, morbidity, and racial and ethnic
45 disparities in the State. All powers, duties, and responsibilities are
46 to shall be transferred from the New Jersey Maternal Care Quality
47 Collaborative (NJMCQC), as defined in the bill to the authority.

1 The authority is to be governed by a board consisting of the 15
2 members, with the powers and duties provide for in the bill.

3 Under the bill, the president and chief executive officer shall be
4 responsible for the selection of properly qualified staff of the
5 authority.

6 All purchases, contracts, or agreements made pursuant to this bill
7 are to be made or awarded directly by the authority, only after
8 public advertisement for bids therefor in the manner provided by
9 the authority and notwithstanding the provisions of any other laws
10 to the contrary.

11 Under the bill, the board is to coordinate with a community
12 advisory committee to support and inform the work of the authority.
13 The community advisory committee is to consist of 11members and
14 is to be comprised of representatives of diverse community groups
15 with relevant experience as either providers or recipients of
16 maternal, infant and childhood health care services. The committee
17 members are to receive an annual stipend of \$20,000, to be paid in
18 increments as determined by the board.

19 The bill makes various revisions to P.L.2019, c.75, which
20 governs the operation of NJMCQC.

21 The bill provides that the authority is to establish and maintain a
22 special nonlapsing fund to be known as New Jersey Maternal and
23 Infant Health Innovation Authority Fund.

24 Finally, the bill appropriates from the General Fund to the New
25 Jersey Maternal and Infant Health Innovation Authority Fund the
26 sum of \$23,220,000 to cover operational, administrative, and other
27 expenses of the authority, with at least \$3,220,000 of which is to be
28 allocated for implementation of the act, startup costs, staff, and
29 stipend compensation.