

[Second Reprint]

SENATE, No. 3864

STATE OF NEW JERSEY
220th LEGISLATURE

INTRODUCED MAY 15, 2023

Sponsored by:

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Senator M. TERESA RUIZ

District 29 (Essex)

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District 15 (Hunterdon and Mercer)

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District 7 (Burlington)

Co-Sponsored by:

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

SYNOPSIS

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

CURRENT VERSION OF TEXT

As reported by the Senate Budget and Appropriations Committee on June 27, 2023, with amendments.

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

1 AN ACT concerning maternal health care, supplementing Title 26 of
 2 the Revised Statutes ²**[and]** ²,² amending P.L.2019, c.75 ², and
 3 making an appropriation² .
 4

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

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

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

13 a. In 2019, New Jersey Governor Philip D. Murphy and First
 14 Lady Tammy Snyder Murphy launched Nurture NJ, a Statewide
 15 campaign committed to both reducing maternal and infant mortality
 16 and morbidity and ensuring equitable ¹access to and provision of¹
 17 care among women and children of all races and ethnicities.

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

21 c. Such inequities are particularly evident in our capital city of
 22 Trenton, which experiences the highest maternal and infant health
 23 disparities among our Black and Hispanic communities. The City
 24 of Trenton is among the cities with the highest rates of Black and
 25 Hispanic infant mortality; ¹and¹ only 47 percent of mothers in
 26 Trenton receive prenatal care in their first trimester.

27 d. In January 2021, the Nurture NJ Strategic Plan included a
 28 recommendation to establish a ¹**[Center]** center¹ in the State
 29 capital, Trenton, that focuses on innovation and research in
 30 maternal and infant health through ¹**[partnerships]** collaboration¹
 31 with the State’s academic, ¹**[funder]** philanthropic¹ , business, and
 32 faith communities in partnership with the New Jersey Economic
 33 Development Authority, the Departments of Health, Human
 34 Services, and Children and Families, and the Office of the Secretary
 35 of Higher Education.

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

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

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹Senate SHH committee amendments adopted June 15, 2023.

²Senate SBA committee amendments adopted June 27, 2023.

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

3 f. The authority will operate a Trenton-based New Jersey
4 Maternal and Infant Health Innovation Center, and will collaborate
5 with other State departments and agencies to advance maternal and
6 infant health care and clinical services throughout the State, and
7 lead the State's coordination, promotion, and implementation of ¹,
8 among other things,¹ education, policymaking, research, innovation,
9 ¹and¹ perinatal workforce development ¹and more¹, with a
10 particular focus on eliminating racial disparities in maternal and
11 infant health outcomes.

12 g. The New Jersey Maternal and Infant Health Innovation
13 Center will serve as the first-of-its kind central hub to coordinate
14 among national, State ¹,¹ and local agencies, ¹and ¹as well as¹
15 private organizations ¹,¹ to ¹,¹ promote equitable maternal and
16 infant health care services; ¹to¹ implement strategies related to
17 health care and social service delivery, perinatal workforce
18 development, community engagement, data collection, research,
19 and analysis; and ¹to¹ serve as an incubator of new enterprises,
20 therapeutics, and technological innovations leading to better health
21 outcomes and reduced mortality and morbidity rates for women and
22 children.

23 h. The New Jersey Maternal and Infant Health Innovation
24 Center will be at the forefront of serving ¹the¹ maternal and
25 infant health care needs, not only ¹of the ¹for¹ families ¹and¹
26 residing in¹ the City of Trenton, but also ¹of ¹for families
27 throughout¹ the State of New Jersey and the nation, and will enable
28 collaborative partnerships for research and knowledge transfer
29 within the global maternal and infant health ¹community
30 communities¹.

31

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

33 "Authority" means the New Jersey Maternal and Infant Health
34 Innovation Authority established pursuant to ¹section 4 of¹ P.L. ,
35 c. (C.) (pending before the Legislature as this bill).

36 "Board" means the board of the New Jersey Maternal and Infant
37 Health Innovation Authority established pursuant to ¹section 5 of¹
38 P.L. , c. (C.) (pending before the Legislature as this bill).

39 "Center" means the ¹New Jersey Maternal and Infant Health
40 Innovation Center for ¹premises located in the City of Trenton used
41 by¹ the authority ¹of this act ¹pursuant to the provisions of P.L. ,
42 c. (C.) (pending before the Legislature as this bill)¹.

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

1 “New Jersey Maternal Care Quality Collaborative” or¹
 2 “NJMCQC” means the New Jersey Maternal Care Quality
 3 Collaborative, established pursuant to section 3 of P.L.2019, c.75
 4 (C.26:6C-3).

6 4. (New section) ‘a.’¹ The New Jersey Maternal and Infant
 7 Health Innovation Authority is created and established in, but not
 8 of, the Department of the Treasury ¹【, to:

9 a. assume the role as ¹】.

10 b. The authority shall:

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

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

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

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

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

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

35 c. The authority shall become¹ the ¹【primary authority】
 36 agency primarily¹ responsible for coordinating ¹【all】¹ efforts and
 37 strategies to reduce maternal mortality, morbidity, and racial and
 38 ethnic disparities in the State ¹【pursuant to P.L. 2019, c.75

39 (C.26:6C-1 et seq.) from the NJMCQC for the further development
 40 of equitable maternal and infant health care services, data
 41 collection, research, analysis, and innovation. Except ¹【at such time

42 as the members of the board are appointed pursuant to section 5 of

43 P.L. _____,

44 c. (C.) (pending before the Legislature as this bill) and the
 45 board first organizes. At that time, and except¹ as otherwise
 46 provided by this act, all powers, duties, and responsibilities
 47 authorized pursuant to P.L.2019, c.75 (C.26:6C-1 et ¹【seq.】 al.¹)

1 shall be transferred from the NJMCQC to the authority ¹[at such
 2 time as the members of the board and its initial president and chief
 3 executive officer are appointed as provided in P.L. , c. (C.)
 4 (pending before the Legislature as this bill) and the board first
 5 organizes¹ . Thereafter, the NJMCQC shall be reorganized within
 6 the authority and shall operate under the supervision and oversight
 7 of the board as ¹[set forth] provided¹ in ¹section 5 of¹ P.L. ,
 8 c. (C.) (pending before the Legislature as this bill). The
 9 provisions of this subsection shall be carried out in accordance with
 10 the “State Agency Transfer Act,” P.L.1971, c.375 (C.52:14D-1 et
 11 seq.) ¹,¹ and ¹the transfer of oversight over the NJMCQC¹ shall
 12 include ¹transfer of¹ all files, books, papers, records, equipment,
 13 and other property or resources held by the NJMCQC, including,
 14 ¹[without limitation] but not limited to¹ , any State funds that have
 15 been appropriated to the Department of Health for the exclusive use
 16 of the NJMCQC, which shall be deposited in accounts as may be
 17 permitted or required by law ¹]; and

18 b. oversee the design and implementation of programs and
 19 services that advance the State’s maternal and infant health
 20 outcomes, address racial disparities for maternal and infant
 21 mortality rates, ensure equitable care, and fill gaps in access to care,
 22 including, but not limited to, health care and social service delivery,
 23 research and innovation, perinatal workforce development,
 24 education and public awareness, and other initiatives undertaken by
 25 the authority¹ .
 26

27 5. (New section) a. The authority shall be governed by a board
 28 consisting of ¹[the following¹] 15 members ¹], including seven ex-
 29 officio members and eight public members, who shall be appointed
 30 by the Governor no later than the 120th day after the effective day
 31 of P.L. , c. (C.) (pending before the Legislature as this
 32 bill)¹ as follows:

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

39 (2) eight¹ public members to be appointed by the Governor ¹],
 40 two of which shall be selected by the Governor to serve as the chair
 41 and vice-chair of the community advisory committee set forth in
 42 P.L. , c. (C.) (pending before the Legislature as this bill);

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

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

- 1 (4) one public member appointed by the Governor upon the
 2 recommendation of the Speaker of the General Assembly;
- 3 (5) the Commissioner of Health, ex officio;
- 4 (6) the Chief Executive Officer of the New Jersey Economic
 5 Development Authority, ex officio;
- 6 (7) the Commissioner of Human Services, ex officio;
- 7 (8) the Commissioner of Banking and Insurance, ex officio;
- 8 (9) the Commissioner of Children and Families, ex officio;
- 9 (10) the Secretary of Higher Education, ex officio; and
- 10 (11) the Commissioner of Labor, ex officio¹ as follows:
- 11 (a) one public member appointed upon the recommendation of
 12 the Mayor of Trenton;
- 13 (b) one public member appointed upon the recommendation of
 14 the Senate President in consultation with the New Jersey Black,
 15 Latino, and Asian-American Legislative Caucuses;
- 16 (c) one public member appointed upon the recommendation of
 17 the Speaker of the General Assembly in consultation with the New
 18 Jersey Black, Latino, and Asian-American Legislative Caucuses;
- 19 (d) five additional public members. Subject to the requirements
 20 of subsection d. of section 8 of P.L. , c. (C.) (pending
 21 before the Legislature as this bill), the Governor shall select one of
 22 the public members appointed pursuant to this subparagraph to
 23 serve as the chairperson of the community advisory committee
 24 established pursuant to section 8 of P.L. , c. (C.) (pending
 25 before the Legislature as this bill) and one of the public members
 26 appointed pursuant to this subparagraph to serve as the vice-
 27 chairperson of the community advisory committee¹.
- 28 b. ¹Each ex officio member of the authority may designate an
 29 officer or employee of the member's department to represent the
 30 member at meetings of the authority, and each such designee may
 31 lawfully vote and otherwise act on behalf of the member for whom
 32 the person constitutes the designee. Any such designation shall be
 33 in writing delivered to the authority and shall continue in effect
 34 until revoked or amended by writing delivered to the authority.
- 35 c. A¹ In appointing public members to the board, the Governor
 36 shall seek to ensure that, to the extent possible, a¹ majority of the
 37 ¹board's¹ public members ¹shall¹ have relevant experience in
 38 one or more of the following areas related to maternal, infant ¹,¹
 39 and childhood health care ¹, with the goal of ensuring the board
 40 includes representative experience in as many of these areas as is
 41 possible¹ : obstetrics ¹[.]¹ neonatal care ¹[.]¹ perinatal clinical
 42 services ¹[.]¹ family planning ¹[.]¹ perinatal workforce
 43 development ¹[.]¹ education ¹[.]¹ research and innovation ¹[.]¹
 44 ¹community health work ¹[.]¹ social services ¹[.]¹ public
 45 health awareness ¹[.]¹ leadership ¹[.]¹ ; doula care; midwifery
 46 care;¹ and other relevant experience ¹, including lived experience.¹
 47 related to racial disparities affecting delivery of health care services

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

3 d. In the selection of ¹ In addition, when appointing¹ public
4 members ¹to the board¹ , ¹['a strong effort shall be made to solicit']
5 the Governor shall seek to appoint¹ women and minorities ¹['as
6 candidates for appointment to the board'] who have been most
7 acutely impacted by maternal and infant health disparities, with a
8 particular focus on Black and Latina women and on women residing
9 in Trenton¹ , ¹['including'] and with additional focus on Black and
10 Latina¹ women who have given birth within the last three years.

11 ¹['e. The terms of the public members of the board shall be for']
12 c. The public members initially appointed to the board shall be
13 appointed no later than 120 days after the effective date of P.L. ____ ,
14 c. ____ (C. ____) (pending before the Legislature as this bill). The
15 public members shall serve for a term of¹ five years or until their
16 successors are appointed, except that ¹,¹ of the ¹['appointments
17 first made to the board'] of the public members first appointed to the
18 board¹ , two shall serve for one year, three shall serve for two years,
19 and three shall serve for five years. ¹['The successors to the initially
20 appointed members shall each be appointed for a term of five years,
21 except that any person appointed to fill a vacancy shall serve only
22 for the unexpired term. Except for the two board members
23 appointed to serve as chair and vice-chair of the community
24 advisory committee, the board members'] Vacancies in the public
25 membership shall be filled for the duration of the unexpired term.
26 Public members shall be eligible for reappointment to the board.
27 The public members of the board shall receive an annual salary of
28 \$20,000. The ex officio members of the board and their designees,
29 if any,¹ shall serve without compensation but shall be reimbursed
30 for ¹['necessary'] reasonable¹ expenses incurred in the performance
31 of their ¹official¹ duties, within the limits of funds appropriated or
32 otherwise made available to the ¹['Authority for its purposes']
33 authority for this purpose. The public members appointed to serve
34 as chairperson and vice-chairperson of the community advisory
35 committee pursuant to subparagraph (d) of paragraph (2) of
36 subsection a. of this section shall be entitled to receive the stipend
37 authorized pursuant to subsection e. of section 8 of P.L. ____ ,
38 c. ____ (C. ____) (pending before the Legislature as this bill)¹ . ¹['A
39 member may be reappointed to a second or subsequent term.

40 f. Each member ¹ d. Public members¹ appointed by the
41 Governor may be removed from the ¹['position'] board¹ by the
42 Governor. Each member, before entering upon the member's
43 duties, shall take and subscribe an oath to perform the duties of the
44 office faithfully, impartially, and justly to the best of the member's
45 ability. A record of these oaths shall be filed in the office of the
46 Secretary of State.

1 **¹[g.] e.**¹ The Governor shall annually select a **¹[chair]**
 2 chairperson¹ and **¹[vice-chair]** vice-chairperson¹ from among the
 3 members of the board, at least one of **¹[which]** whom¹ shall be the
 4 Commissioner of Health **¹[or]** the¹ Commissioner of Human
 5 Services ¹,¹ or **¹[their]** a¹ designee. The **¹[chair]** chairperson¹
 6 shall coordinate the activities of the board. In the event that the
 7 chairperson position¹ is vacant or the chairperson is absent from a
 8 meeting of the board¹, the **¹[vice-chair]** vice-chairperson¹ shall act
 9 as **¹[chair]** chairperson¹ of the board **¹[until the chair position is no**
 10 **longer vacant]**¹.

11 **¹[h.] f.**¹ No member of the board, or officer, employee, or agent
 12 of the **¹[Authority]** authority¹, shall take any official action on any
 13 matter in which such person has a direct or indirect personal
 14 financial interest.

15 **¹[i.] g.**¹ A majority of the board members shall constitute a
 16 quorum **¹[at any meeting thereof]** for the purposes of conducting
 17 official business¹. The board may take action upon the affirmative
 18 vote of a majority of the¹ members present. No vacancy in the
 19 membership of the board shall impair the right of a quorum to
 20 exercise all the rights and perform all the duties of the board. A
 21 true copy of the minutes of every meeting of the board shall be
 22 delivered to the Governor. No action taken at such meeting by the
 23 board shall have force or effect until approved by the Governor or
 24 until 10 days after such copy of the minutes shall have been
 25 delivered. If, in this 10-day period, the Governor returns the copy
 26 of the minutes with a veto of any action taken by the board or any
 27 member thereof at the meeting, such action shall be null and of no
 28 effect. The Governor may approve all or part of the action taken at
 29 such meeting prior to the expiration of the 10 day period.

30 **¹[j.] h.**¹ The board shall **¹[convene meetings including, but not**
 31 **limited to,]** meet on a monthly basis and at the call of the chair, and
 32 shall additionally meet on a¹ quarterly basis¹ with the community
 33 advisory committee established pursuant to section 8 of¹ P.L. ,
 34 c. (C.) (pending before the Legislature as this bill) for
 35 **¹[purposes]** the purpose¹ of receiving guidance and feedback
 36 related to the purposes of the authority and this act.

37 **¹[k.] i.**¹ The board shall have the **¹[following powers]** power
 38 to¹:

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

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

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

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

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

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

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

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

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

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

44 (11) **‘[To]’** sue and be sued;

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

4 (13) **¹["To"]¹** enter into contracts upon those terms and conditions
 5 as the authority determines to be reasonable to effectuate the
 6 purposes of P.L. , c. (C.) (pending before the Legislature as
 7 this bill);

8 (14) **¹["To"]** hire staff as necessary to support the authority's
 9 operations;

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

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

26 **¹["(16) To"]** (17)¹ solicit contributions from public and private
 27 entities for any of its corporate purposes;

28 **¹["(17) To"]** (18)¹ maintain an office located in the City of
 29 Trenton for the **¹["Center of the authority"]** operations of the center¹ ,
 30 and any other satellite offices at such **¹["place or"]¹** places within the
 31 State as the board may designate;

32 **¹["(18) To"]** (19)¹ acquire, purchase, develop, manage and
 33 operate, **¹["hand old"]** handle,¹ and dispose of real and personal
 34 property or interests therein, **¹["to"]¹** acquire an equity interest in any
 35 corporation, and take assignments of rentals and leases and make
 36 and enter into all contracts, leases, agreements and arrangements
 37 necessary or incidental to the performance of its duties, including,
 38 but not limited to, the leasing of premises to tenants within the
 39 **¹["center including, but not limited to, "]** center's offices to¹ licensed
 40 health care facilities and providers that offer maternal, infant and
 41 pediatric health care services, childbirth education, ¹lactation
 42 education and support services,¹ parenting and early childhood
 43 education institutions, county colleges, independent New Jersey-
 44 based public-mission institutions that receive State operating aid,
 45 food and nutrition consultants and support programs, family
 46 planning services, **¹["and"]¹** behavioral health and other social

1 service providers ¹, and such other entities as the board deems
 2 appropriate¹ ;

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

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

9 ¹[(21) To create] (22) establish or assume control over¹ a
 10 nonprofit entity as ¹[set forth in] authorized under section 9 of¹
 11 P.L. , c. (C.) (pending before the Legislature as this
 12 bill); and

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

17

18 6. (New section) ¹[The] a. The authority shall employ a¹
 19 president and chief executive officer ¹, who¹ shall be responsible
 20 for the selection of properly qualified staff of the authority, without
 21 regard to the provisions of Title 11A of the New Jersey Statutes.
 22 ¹[A strong effort shall be made] In selecting staff for the authority,
 23 the president and chief executive officer shall seek¹ to recruit
 24 women and minorities to serve as the authority's staff. Staff
 25 members shall receive compensation and be appointed and
 26 employed as provided by the president and chief executive officer,
 27 without regard to the provisions of Title 11A of the New Jersey
 28 Statutes. The president and chief executive officer and all staff
 29 members of the center ¹and of the authority¹ shall be deemed
 30 confidential employees for the purposes of the "New Jersey
 31 Employer-Employee Relations Act," P.L.1941, c.100 (C.34:13A-1
 32 et seq.).

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

41

42 7. (New section) a. ¹[All] Except as provided in subsection b. of
 43 this section, all¹ purchases, contracts, or agreements made pursuant
 44 to P.L. , c. (C.) (pending before the Legislature as this bill)
 45 shall be made or awarded directly by the authority ¹[, only]¹ after
 46 public advertisement for bids ¹[therefor] , which shall be

1 submitted¹ in the manner provided by the authority ¹~~['and]~~ ¹
2 notwithstanding the provisions of any other ¹~~['laws]~~ law¹ to the
3 contrary.

4 b. ¹~~['Any]~~ A¹ purchase, contract, or agreement may be made,
5 negotiated, or awarded by the authority without public bid or
6 advertising under the following circumstances:

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

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

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

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

24 (5) When the contract to be entered into is for the furnishing or
25 ¹~~['performing]~~ performance¹ of services of a professional or
26 technical nature, including legal services, provided that the contract
27 shall be made or awarded directly by the authority;

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

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

41 (8) When a purchase is to be made through or by the Director of
42 the Division of Purchase and Property ¹in the Department of the
43 Treasury¹ pursuant to section 1 of P.L.1959, c.40 (C.52:27B-56.1).

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

1 11 members ¹and shall be comprised of representatives of
 2 representing¹ diverse community groups with relevant experience
 3 as ¹either providers ¹or recipients of maternal, infant ¹ and
 4 childhood health care services ¹or as recipients of maternal health
 5 care services, with a preference for individuals who received
 6 maternal health care services within the past three years¹ .

7 b. The members of the community advisory committee shall be
 8 appointed by the Governor ¹, who shall consider any recommended
 9 candidates presented by the board. The board may solicit
 10 applications for candidates to the advisory committee in order to
 11 inform its recommendations to the Governor¹. ¹The term of the
 12 committee Committee¹ members shall ¹be serve¹ for ¹a term of¹
 13 three years, except that ¹ of the ¹appointments first made
 14 committee members first appointed¹ to the committee, five shall
 15 serve for ¹a term of¹ one year and six shall serve for ¹a term of¹ two
 16 years. The successors to the initially appointed members shall each
 17 be appointed for a term of three years, except that any person
 18 appointed to fill a vacancy shall serve only for the unexpired term.
 19 ¹The members of the community advisory committee shall be
 20 eligible for reappointment to the committee.¹

21 c. The ¹chair and vice-chair chairperson and vice-
 22 chairperson¹ of the community advisory committee shall be
 23 ¹annually¹ selected ¹by the Governor¹ from among the ¹public
 24 members of the¹ board ¹of the Authority by the Governor¹
 25 pursuant to ¹subparagraph (d) of paragraph (2) of subsection a. of
 26 section 5 of¹ P.L. , c. (C.) (pending before the Legislature
 27 as this bill). The ¹chair chairperson¹ shall coordinate the
 28 activities of the community advisory committee. In the event that
 29 the ¹chair chairperson¹ position is vacant ¹or the chairperson is
 30 absent from a meeting of the community advisory committee¹ , the
 31 ¹vice-chair vice-chairperson¹ shall act as ¹chair chairperson¹ of
 32 the committee ¹until the chair position is no longer vacant¹ .

33 d. Four members of the community advisory committee,
 34 including either the ¹chair or vice-chair chairperson or vice-
 35 chairperson¹ of the community advisory committee, shall be
 36 residents of the City of Trenton with ¹backgrounds background¹
 37 as either a mother with personal experience in receiving perinatal
 38 services in Trenton or ¹as¹ a community stakeholder. The remaining
 39 members of the community advisory committee shall be residents of
 40 municipalities in different geographic regions of the State with the
 41 highest rates of Black and Hispanic infant mortality, and shall have
 42 backgrounds as ¹a mother mothers¹ with personal experience in
 43 receiving perinatal services or ¹a as¹ community ¹stakeholder
 44 stakeholders.¹

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

3
4 9. (New section) a. To effectuate any of its authorized purposes
5 ¹₂ either directly or indirectly, ¹and¹ in addition to any powers
6 granted to it elsewhere in this act, the ¹**[board]** authority¹ shall
7 ¹**[have the authority]** be authorized¹ to form or assume control of
8 one or more nonprofit entities, in the manner and for the purposes
9 set forth in this section.

10 ¹**[b.]** A nonprofit entity established pursuant to this section¹
11 may be ¹**[formed]** established¹ pursuant to the provisions of the¹
12 "New Jersey Nonprofit Corporation Act," N.J.S.15A:1-1 et seq.

13 ¹**[c. The]** b. A¹ nonprofit entity established or over which
14 control is assumed pursuant to this section¹ shall have the power to:

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

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

22 ¹**[d.]** c.¹ The ¹**[authority]** board¹ and any nonprofit entities
23 created or over which control is¹ assumed by the ¹**[authority]**
24 board pursuant to this section¹ may enter into any agreements
25 necessary to provide for the establishment, operation, and financial
26 support of the authority and each nonprofit entity.

27 ¹**[e. The]** d. A¹ nonprofit ¹**[entities]** entity established or over
28 which control is assumed pursuant to this section¹ may be organized
29 and operated in such a manner as to be eligible under applicable
30 federal law for tax-exempt status and for the receipt of tax-
31 deductible contributions ¹**[, and]** ¹.

32 e. A nonprofit entity established or over which control is
33 assumed pursuant to this section¹ shall be authorized to sue and to
34 be sued as a legal entity separate from the State of New Jersey.

35 f. No member or employee of ¹**[the]** a¹ nonprofit established
36 or over which control is assumed pursuant to this section¹ shall
37 engage in any ¹for profit¹ business transaction or professional
38 activity ¹**[for profit]**¹ with the authority.

39 g. All funds received by a nonprofit entity formed ¹or over
40 which control is assumed¹ pursuant to this section, other than those
41 necessary to pay for the expenses of the nonprofit ¹entity¹, shall be
42 used exclusively for the support of the authority.

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

1 as this bill) shall be¹ entitled to call to its assistance, and avail itself
2 of, the services of employees of any State, county ^{1,1} or municipal
3 department, board, bureau, commission, or agency as it may require
4 and as may be available to it for its purposes. All departments,
5 ¹boards, bureaus, commissions, and¹ agencies ¹**【**, and divisions¹**】**¹
6 are authorized and directed, to the extent not inconsistent with law,
7 to cooperate with the authority.

8 b. Notwithstanding the provisions of any State law, rule, or
9 regulation to the contrary, the authority may direct State
10 ¹departments, boards, bureaus, commissions, and¹ agencies ¹**【**or
11 authorities¹**】**¹ to report any data collected or maintained by such
12 ¹**【**agency¹**】** entity¹ related to maternal and infant health care, social
13 determinants of health, clinical services, and any other information
14 that may advance the purposes of the authority, as deemed
15 necessary by the authority, and such data shall be provided by the
16 reporting ¹**【**agency or authority¹**】** entity¹ on an annual basis, or at
17 such times as otherwise requested by the authority. Nothing in this
18 section shall require the disclosure of information when such
19 disclosure would violate any provision of federal law, rule, or
20 regulation.

21 c. Except as provided in subsection d. of this section, the
22 information required pursuant to subsection b. of this section shall
23 be provided by the reporting ¹**【**agency or authority¹**】** entity¹ in such
24 manner as may be necessary to protect against the disclosure of any
25 confidential or personal identifying information of any individual.

26 d. In the event the authority requests that a reporting ¹**【**agency¹**】**
27 entity¹ provide data that includes any confidential or personal
28 identifying information of any individual, such data shall be kept
29 confidential by the authority consistent with any applicable State
30 and federal law, rule, or regulation.

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

34 1. The Legislature finds and declares that:

35 a. Most nations across the globe have successfully reduced
36 their maternal mortality rates over the past two and a half decades,
37 in response to a United Nations' call to action; however, the U.S. is
38 one of only a handful of countries where maternal mortality rates
39 have continued to rise (increasing by 27 ¹**【**%¹**】** percent¹ between
40 2000 and 2014);

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

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

- 1 and ¹【which】¹ periodically reviews and provides statistics on
2 maternal deaths occurring in the State;
- 3 d. A document produced by Every Mother Counts shows that
4 New Jersey is ranked 46th of the 50 states in total maternal
5 mortality, with a rate of 37.3 maternal deaths per every 100,000 live
6 births ¹,¹ and ¹that¹ African-American women in New Jersey are
7 five times more likely than ¹【their white counterparts】 Caucasian
8 women¹ to die from pregnancy-related complications;
- 9 e. ¹【While】 Although¹ the DOH Maternal Mortality Case
10 Review Team produces important statistical data, the team is not
11 permanently established by statute, does not meet regularly,
12 produces only periodic reports on maternal mortality, and uses
13 varying datasets in those periodic reports, making the aggregation
14 and comparison of data by interested parties more difficult;
- 15 f. There is a need to coordinate and expand the multiple,
16 fractionalized maternal mortality and morbidity reduction efforts
17 being conducted by caring and committed individuals and
18 organizations across the State. Further, it is essential to house these
19 myriad efforts in the ¹【Department of Health】 DOH¹ , the State-
20 designated agency responsible for public health protection and
21 services. The DOH can uniquely leverage the weight and power of
22 the State to effectuate critical changes in the delivery of care and
23 the implementation of Statewide strategies to reduce maternal
24 mortality and morbidity and to eliminate the racial and ethnic
25 disparities in maternal outcomes;
- 26 g. To coordinate and support a Statewide strategy to reduce
27 maternal morbidity and mortality, the State ¹【should establish】
28 hereby establishes¹ a New Jersey Maternal Care Quality
29 Collaborative (NJMCQC);
- 30 h. To improve data collection and to improve and assist quality
31 improvement efforts by health care facilities and the State, a
32 Maternal Data Center ¹【should be】 is hereby¹ established within
33 the Healthcare Quality and Informatics Unit in the DOH;
- 34 i. ¹【United States Senate Bill No. 1112, introduced in the
35 115th Congress, would establish a federal grant program to assist
36 states in establishing and sustaining state-level maternal mortality
37 review committees; however, a state will only be eligible to obtain a
38 grant under this bill if the state's maternal mortality review
39 committee satisfies certain specific requirements, as articulated in
40 S.1112】 (deleted by amendment, P.L. , c.) (pending before the
41 Legislature as this bill)¹ ; and
- 42 j. In order to ensure that the entity reviewing maternal deaths
43 in the State may operate permanently and sustainably, with full
44 statutory authority, in adherence to certain specified powers and
45 responsibilities ¹【, and in a manner that would enable the State to
46 obtain federal grant funds under S.1112 or other similar federal
47 legislation】¹ , it is both reasonable and necessary for the Legislature

1 to replace the existing informal DOH Maternal Mortality Case
2 Review Team with a statutorily-established Maternal Mortality
3 Review Committee ²situated in the Department of Health² ,
4 ¹["situated in the Department of Health and overseen by the
5 ["NJMCQC"] Department of Health,]"¹ which committee will
6 incorporate the membership of the current Maternal Mortality Case
7 Review Team, but will have formal statutory authority, broader
8 powers, and specific goals and directives, as necessary to ensure
9 that it is able to continuously engage in the comprehensive, regular,
10 and uniform review and reporting of maternal deaths throughout the
11 State.

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

13
14 ¹12. Section 2 of P.L.2019, c.75 (C.26:6C-2) is amended to read
15 as follows:

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

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

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

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

30 "Department" means the Department of Health.

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

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

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

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

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

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

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

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

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

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

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

20
21 ¹**[12.] 13.¹** Section 3 of P.L.2019, c.75 (C.26:6C-3) is amended
22 to read as follows:

23 3. a. There is hereby established in ²**[¹, but not of,¹]²** the
24 Department of Health ¹,¹ the New Jersey Maternal Care Quality
25 Collaborative (NJMCQC) ¹**[in]** . Until the conditions set forth in
26 subsection c. of section 4 of P.L. , c. (C.) (pending before
27 the Legislature as this bill) are met, the NJMCQC shall work with
28 the Governor’s office to coordinate all efforts and strategies to
29 reduce maternal mortality, mobility, and racial and ethnic
30 disparities in the State. At such time as the conditions set forth in
31 subsection c. of section 4 of P.L. , c. (C.) (pending before
32 the Legislature as this bill) are met, the NJMCQC shall reorganize
33 under¹ the authority ¹**[that]** , and¹ shall work **[with the Governor's**
34 **office]** under the supervision and oversight of the board ¹**[, as]¹**
35 established pursuant to section 5 of P.L. , c. (C.) (pending
36 before the Legislature as this bill) ¹**[,]¹ to coordinate **[all]** efforts**
37 and strategies to reduce maternal mortality, morbidity, and racial
38 and ethnic disparities in the State **[, including supervision and**
39 oversight of the Maternal Mortality Review Committee] ¹**[at the**
40 direction of the board] ²**[, including supervision and oversight of**
41 the Maternal Mortality Review Committee¹] ; however,
42 notwithstanding this reorganization, at such time as the conditions
43 set forth in subsection c. of section 4 of P.L. , c. (C.)
44 (pending before the Legislature as this bill) are met, oversight and
45 supervision of the Maternal Mortality Review Committee shall be
46 assumed by the Department of Health² .

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

5 c. The NJMCQC shall be composed of ~~34~~ ~~38~~ 39¹
 6 members, including ~~nine~~ eight ex-officio members and ~~25~~
 7 ~~30~~ 31¹ public members appointed by the Governor.

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

10 ~~the Commissioner of Health;~~
 11 the Commissioner of Human Services;
 12 the Commissioner of Banking and Insurance;
 13 the Commissioner of Children and Families;
 14 the Deputy Commissioner of Health Systems in the Department
 15 of Health;
 16 the Deputy Commissioner of Public Health Services in the
 17 Department of Health;
 18 the Director of the Office of Minority and Multicultural Health
 19 in the Department of Health;
 20 the Director of the Division of Medical Assistance and Health
 21 Services in the Department of Human Services; ~~and~~
 22 the Assistant Commissioner of Health and Life Insurance Plans
 23 in the Department of Banking and Insurance;
 24 the Director of the Division of Consumer Affairs in the
 25 Department of Law and Public Safety;
 26 the Director of the New Jersey Maternal Data Center in the
 27 Department of Health; and
 28 the president and chief executive officer of the authority, who
 29 shall serve as ~~chair~~ chairperson¹ of the NJMCQC.

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

32 the New Jersey Hospital Association;
 33 the New Jersey Health Care Quality Institute;
 34 the Catholic HealthCare Partnership of New Jersey;
 35 the Hospital Alliance of New Jersey;
 36 the Fair Share Hospitals Collaborative;
 37 the New Jersey section of the American College of Obstetricians
 38 and Gynecologists;
 39 the New Jersey Affiliate of the American College of Nurse
 40 Midwives;
 41 the New Jersey Medical Society;
 42 ~~three~~ two¹ medical directors of health plans in the State, as
 43 recommended to the commissioner by the President of the New
 44 Jersey Association of Health Plans;
 45 the New Jersey Section of the Association of Women's Health
 46 Obstetric and Neonatal Nurses;

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

1 opportunities, **【focus on translating】** action items based on the data
 2 generated and collected by【,】 the Maternal Data Center, the
 3 Healthcare Quality and Informatics Unit, the Maternal Mortality
 4 Review Committee, the Department of Health, and its partners **【into**
 5 **action items】**, and strategies to communicate goals and achievement
 6 of these goals with stakeholders.

7 f. The board, in consultation with the NJMCQC ^{1,1} shall:

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

18 (2)**】** ¹⁽²⁾¹ Apply for and accept any grant of money from the
 19 federal government, private foundations or other sources, which
 20 may be available for programs related to maternal mortality,
 21 morbidity ^{1,1} and racial and ethnic disparities;

22 **【(3) Serve as the designated State entity for receipt of】** ^{1【(2)】}
 23 ⁽³⁾¹ Coordinate with the Department of Health to receive federal
 24 funds specifically designated for programs concerning maternal
 25 mortality, morbidity ^{1,1} and racial and ethnic disparities;

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

29 **【(5) Work with the Center for Healthcare Quality and Informatics**
 30 **to develop and publicize statistical information on maternal**
 31 **mortality, morbidity and racial and ethnic disparities and**
 32 **information as provided for pursuant to P.L.2018, c.82 (C.26:2H-**
 33 **5j)】** ^{1【(4)】} ⁽⁵⁾¹ Establish and coordinate among subcommittees as
 34 necessary to achieve the purposes of the NJMCQC.

35 ^{1g.}¹ **【g.** The NJMCQC is entitled to call to its assistance, and
 36 avail itself of, the services of employees of any State, county or
 37 municipal department, board, bureau, commission or agency as it
 38 may require and as may be available to it for its purposes. All
 39 departments, agencies and divisions are authorized and directed, to
 40 the extent not inconsistent with law, to cooperate with the
 41 NJMCQC.**】** ¹(deleted by amendment, P.L. , c.) (pending before
 42 the Legislature as this bill)¹
 43 (cf: P.L.2019, c.75, s.3)

44
 45 ^{1【13.】} ^{14.}¹ Section 12 of P.L.2019, c.75 (C.26:6C-12) is
 46 amended to read as follows:

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

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

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

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

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

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

¹~~【14.】~~ 15.¹ Section 14 of P.L.2019, c.75 (C.26:6C-13) is amended to read as follows:

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

16 b. The Maternal Data Center shall employ a director, three
 17 research scientists **‘【;】’** a technical assistant **‘【;】’** and other staff
 18 as necessary to implement the requirements **‘【pursuant to】** set forth
 19 in¹ subsection a. of this section.
 20 (cf: P.L.2019, c.75, s.14)

21

22 **‘【15. a.】** 16.¹ (New section) **‘【The】** No later than one year after
 23 the members of the board are appointed and the board first
 24 organizes, and annually thereafter, the¹ authority shall ¹prepare and
 25 submit a¹ report to the Governor and, pursuant to section 2 of
 26 P.L.1991, c.164 (C.52:14-19.1), to the Legislature **‘【on or before**
 27 **one year after the members of the board are appointed and the board**
 28 **first organizes, and annually thereafter. Each】** , which¹ report shall
 29 set forth a complete operating and financial statement covering the
 30 operations of the authority **‘【.**

31 b. Within one year after the members of the board are
 32 appointed and the board first organizes, and annually thereafter, the
 33 authority shall report to the Governor and, pursuant to section 2 of
 34 P.L.1991, c.164 (C.52:14-19.1), to the Legislature **on】** , provide
 35 details on¹ programs, services ^{1,1} and initiatives established by the
 36 authority, and ¹assess¹ the contribution of those programs, services
 37 ^{1,1} and initiatives to the advancement of the State’s maternal and
 38 infant health outcomes.

39

40 **‘【16.】** 17.¹ (New section) a. Notwithstanding any provision of
 41 the “Administrative Procedure Act,” P.L.1968, c.410 (C.52:14B-1
 42 et seq.) to the contrary, the board, **‘【after】** in¹ consultation with the
 43 **‘【Department of the Treasury】** State Treasurer¹ , Commissioner of
 44 Health, and Chief Executive Officer of the Economic Development
 45 Authority, shall, immediately upon filing proper notice with the
 46 Office of Administrative Law, adopt rules and regulations

1 '【prepared by the board】' necessary '【or proper】' to enable '【it】
 2 the board' to carry out '【the board's】 its' duties, functions, and
 3 powers 'pursuant to P.L. , c. (C.) (pending before the
 4 Legislature as this bill)' .

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

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

29 to deposit therein]' .
 30 b. All funds received by the authority, other than those
 31 necessary to pay the expenses of the authority, shall be used to
 32 advance the purposes of the '【Authority】 authority' .

33
 34 '【18.】 19.' (New section) There is hereby appropriated from
 35 the General Fund to the New Jersey Maternal and Infant Health
 36 Innovation Authority Fund 'established pursuant to section 18 of
 37 P.L. , c. (C.) (pending before the Legislature as this bill)'
 38 the sum of ²【\$23,220,000 to cover operational, administrative, and
 39 other expenses of the authority,】² '【with】 ²【of】 \$2,220,000,²
 40 which sum' ²【at least \$3,220,000】² '【of which】' shall be
 41 ²【allocated for 'the' implementation of】 used by the authority to
 42 support the purposes of² '【the】 this' act ²【, startup costs, staff,
 43 'board member salaries,' and stipend compensation】² .

44
 45 '【19.】 20.' This act shall take effect immediately.