

ASSEMBLY, No. 1799

STATE OF NEW JERSEY 221st LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2024 SESSION

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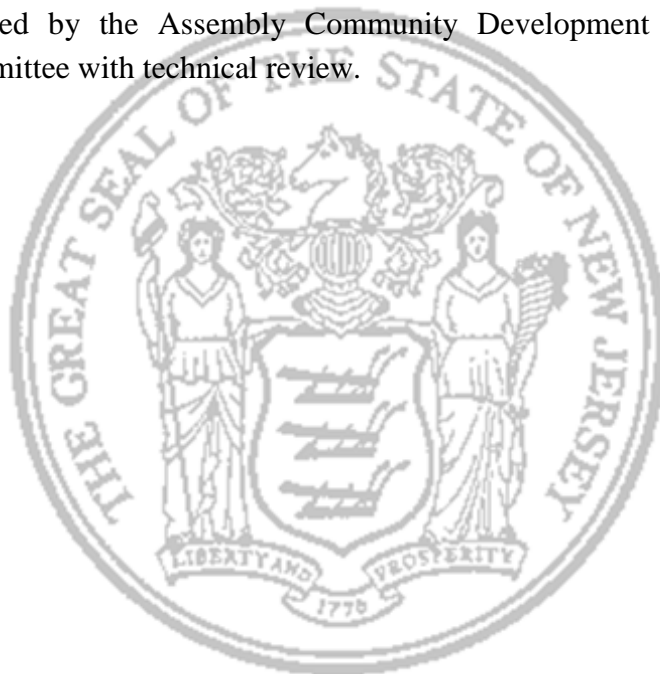
Assemblymen Atkins and Stanley

SYNOPSIS

Requires DOH to develop shared decision-making tool and establish maternal health care pilot program.

CURRENT VERSION OF TEXT

As reported by the Assembly Community Development and Women's Affairs Committee with technical review.



1 AN ACT establishing a maternal health care pilot program.

2

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

5

6 1. a. The Commissioner of Health shall develop and make
7 available a shared decision-making tool for every hospital for hospitals
8 and birthing centers licensed pursuant to P.L.1971, c.136 (C.26:2H-1
9 et seq.) providing inpatient maternity services. Use of the shared
10 decision-making tool shall be voluntary on the part of maternity care
11 hospitals and licensed birthing centers. The purpose of the shared
12 decision-making tool shall be to:

13 (1) improve knowledge of the benefits and risks of, and best
14 practice standards for, the provision of maternity care;

15 (2) increase collaboration between a maternity care patient and the
16 patient's health care provider to assist the patient in making informed
17 decisions about the maternity care the patient receives;

18 (3) improve patient experiences during, and reduce adverse
19 outcomes related to, or associated with, pregnancy; and

20 (4) encourage maternity care patients to create a birth plan stating
21 the patient's preferences during the stages of labor, delivery, and
22 postpartum.

23 b. The shared decision-making tool shall consist of patient
24 decision aids including, but not limited to:

25 (1) electronic or printed standardized patient questionnaires
26 designed by hospitals and birthing centers, which shall be made
27 available to maternity care patients;

28 (2) educational fact sheets containing information about:

29 (a) choosing a health care provider, hospital, or birthing center;

30 (b) early labor supportive care techniques and other non-
31 pharmacologic methods that support the onset of active labor, reduce
32 stress and anxiety for maternity care patients and their families, and
33 improve coping and pain management;

34 (c) potential maternal and neonatal complications that may be
35 associated with non-medically indicated pre-term labor inductions;

36 (d) the benefits of carrying pregnancies to full-term and the
37 benefits of operative vaginal deliveries to reduce the risk of perinatal
38 morbidity and mortality; and

39 (e) the risks associated with cesarean section procedures; and

40 (3) brochures and other multimedia tools that inform and educate
41 maternity care patients about critical maternal conditions and the
42 available treatment options and interventions for such events, and the
43 advantages, disadvantages, and risk factors associated with each
44 available treatment option and intervention.

45

46 2. a. The Commissioner of Health shall implement a three-year
47 pilot program under which a select number of maternity care hospitals
48 and licensed birthing centers, as determined by the commissioner, may

1 utilize and evaluate the shared decision-making tool developed
2 pursuant to section 1 of this act. The commissioner shall develop a
3 process for maternity care hospitals and licensed birthing facilities that
4 are interested in participating in the pilot program to apply or
5 otherwise request to participate. The commissioner shall determine
6 the total number of maternity care hospitals and licensed birthing
7 centers to be included in the pilot program, except that, at a minimum,
8 the commissioner shall select at least one hospital or birthing facility
9 from each of the northern, central, and southern regions of the State for
10 inclusion.

11 b. The hospitals or birthing centers that are selected by the
12 commissioner to participate in the pilot program shall use a
13 standardized, comprehensive evaluation process, to be designed by the
14 commissioner, that assesses the effectiveness of the shared decision-
15 making tool in improving maternity care and reducing adverse
16 outcomes related to, or associated with, pregnancy by collecting and
17 analyzing information, during the pilot program period, about maternal
18 outcomes, including, but not limited to:

19 (1) the number and percentage of maternity care patients who
20 underwent non-medically indicated labor induction procedures, and
21 the number and percentage of maternity care patients who underwent
22 medically indicated induction procedures;

23 (2) the number and percentage of maternity care patients who
24 underwent non-medically indicated cesarean section procedures, and
25 the number and percentage of maternity care patients who underwent
26 medically indicated cesarean section procedures;

27 (3) the number and percentage of maternity care patients who
28 underwent vaginal deliveries;

29 (4) the number and percentage of maternity care patients who
30 delivered at 41 or more weeks of gestation;

31 (5) the number and percentage of maternity care patients who
32 delivered after 34 weeks of gestation, but before 41 or more weeks of
33 gestation;

34 (6) the number and percentage of maternity care patients who
35 created a birth plan pursuant to paragraph (4) of subsection a. of
36 section 1 of this act; and

37 (7) any other information related to a maternity care patient's
38 prenatal, postnatal, labor, and delivery care that the commissioner
39 deems necessary.

40

41 3. a. Within one year after the expiration of the pilot program
42 established pursuant to section 2 of this act, each maternity care
43 hospital and licensed birthing center selected by the Commissioner of
44 Health to participate in the pilot program shall prepare, and submit to
45 the commissioner, to the Governor, and, pursuant to section 2 of
46 P.L.1991, c.164 (C.52:14-19.1), to the Legislature, a report on the
47 effectiveness of the shared-decision making tool developed pursuant to
48 section 1 of this act.

A1799 CARTER, REYNOLDS-JACKSON

1 b. The reports submitted pursuant to subsection a. of this section
2 shall be based on the information collected as part of the standardized
3 evaluation process designed by the commissioner pursuant to
4 subsection b. of section 2 of this act, and shall include
5 recommendations for improvements to the shared decision-making
6 tool and recommendations regarding Statewide implementation of the
7 shared decision-making tool.

8

9 4. This act shall take effect on the 360th day after the date of
10 enactment, and shall expire upon the final submission of all of the
11 reports that are required pursuant to subsection a. of section 3 of this
12 act. The Commissioner of Health may take such anticipatory
13 administrative action in advance of the effective date as shall be
14 necessary for the implementation of this act.