

**SENATE, No. 3836**

**STATE OF NEW JERSEY**

**221st LEGISLATURE**

INTRODUCED OCTOBER 24, 2024

**Sponsored by:**

**Senator RAJ MUKHERJI**

**District 32 (Hudson)**

**Senator ANGELA V. MCKNIGHT**

**District 31 (Hudson)**

**SYNOPSIS**

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

**CURRENT VERSION OF TEXT**

As introduced.



**(Sponsorship Updated As Of: 12/12/2024)**

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.



1       The bill directs the commissioner to implement a three-year pilot  
2 program, under which a select number of maternity care hospitals  
3 and birthing centers may utilize and evaluate the shared decision-  
4 making tool developed pursuant to the bill. The commissioner will  
5 develop a process for hospitals and birthing centers that are  
6 interested in participating in the pilot program to request to  
7 participate. The commissioner will determine the total number of  
8 participating hospitals and birthing centers, except that, at a  
9 minimum, the commissioner will be required to select at least one  
10 hospital or birthing facility from each of the northern, central, and  
11 southern regions of the State.

12       The hospitals and birthing centers selected by the commissioner  
13 to participate in the pilot program will use a standardized,  
14 comprehensive evaluation process, to be designed by the  
15 commissioner, that will assess the effectiveness of the shared  
16 decision-making tool in improving maternal care and reducing  
17 adverse outcomes related to, or associated with, pregnancy by  
18 collecting and analyzing information, during the pilot program  
19 period, about maternal outcomes including. The data to be  
20 collected using the evaluation process will include, but will not be  
21 limited to, the number and percentage of maternity care patients  
22 who: underwent non-medically indicated and medically-indicated  
23 labor induction procedures; underwent non-medically indicated and  
24 medically-indicated cesarean section procedures; underwent vaginal  
25 delivery; delivered at 41 or more weeks of gestation and delivered  
26 between 34 and 41 or more weeks of gestation; and created a birth  
27 plan. The evaluation process data will additionally include any  
28 other information related to a maternity care patient's prenatal,  
29 postnatal, labor, and delivery care that the commissioner deems  
30 necessary.

31       The bill requires the hospitals and birthing centers participating  
32 in the pilot program to prepare and submit a report to the  
33 commissioner, to the Governor, and to the Legislature, within one  
34 year after the pilot program established pursuant to the bill expires,  
35 on the effectiveness of the shared decision-making tool developed  
36 pursuant to the bill. The report would be based on the information  
37 collected as part of the evaluation process designed as part of the  
38 pilot program, and would make recommendations on improvements  
39 to the shared decision-making tool and recommendations regarding  
40 Statewide implementation of the shared decision-making tool.

41       The bill provides that it will expire upon the submission of all of  
42 the reports required from participant hospitals and birthing centers.