

ASSEMBLY COMMUNITY DEVELOPMENT AND WOMEN'S
AFFAIRS COMMITTEE

STATEMENT TO

ASSEMBLY, No. 1799

STATE OF NEW JERSEY

DATED: OCTOBER 17, 2024

The Assembly Community Development and Women's Affairs Committee reports favorably Assembly Bill No. 1799.

This bill requires the Commissioner of Health to develop a shared decision-making tool for use by maternity care hospitals and licensed birthing centers. Use of the shared decision-making tool will be voluntary.

The purpose of the shared decision-making tool will be to: improve knowledge of the benefits and risks of, and best practice standards for, the provision of maternity care; increase collaboration between a maternity care patient and the patient's health care provider to assist the patient in making informed decisions about the maternity care the patient receives; improve patient experiences during, and reduce adverse outcomes related to, or associated with, pregnancy; and encourage maternity care patients to create a birth plan stating the patient's preferences during the stages of labor, delivery, and postpartum.

The shared decision-making tool will consist of patient decision aids including, but not limited to: electronic or printed standardized patient questionnaires designed by hospitals and birthing centers, which will be made available to maternity care patients; educational fact sheets providing information on a broad range of maternity care issues, including choosing a caregiver and hospital or birthing center, early labor support techniques, potential maternal and neonatal complications relating to pre-term labor induction, the benefits of carrying pregnancies full term, the benefits of operative vaginal deliveries, and the risks associated with cesarean section procedures; and brochures and other multimedia tools that inform and educate maternity care patients about critical maternal conditions and the available treatment options and interventions for such events, along with the advantages, disadvantages, and risks associated with each treatment option and intervention.

The bill directs the commissioner to implement a three-year pilot program, under which a select number of maternity care hospitals and birthing centers may utilize and evaluate the shared decision-making tool developed pursuant to the bill. The commissioner will develop a process for hospitals and birthing centers that are

interested in participating in the pilot program to request to participate. The commissioner will determine the total number of participating hospitals and birthing centers, except that, at a minimum, the commissioner will be required to select at least one hospital or birthing facility from each of the northern, central, and southern regions of the State.

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

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

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

This bill was pre-filed for introduction in the 2024-2025 session pending technical review. As reported, the bill includes the changes required by technical review, which has been performed.