

ASSEMBLY, No. 3769

STATE OF NEW JERSEY
217th LEGISLATURE

INTRODUCED MAY 19, 2016

Sponsored by:

Assemblywoman VALERIE VAINIERI HUTTLE
District 37 (Bergen)

SYNOPSIS

Requires DOH to ensure that fetal death certification and reporting requirements are consistent with current federal standards.

CURRENT VERSION OF TEXT

As introduced.



A3769 VAINIERI HUTTLE

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1 AN ACT concerning fetal death certification and reporting,
2 amending R.S.26:6-11 and P.L.2013, c.217, and supplementing
3 Title 26 of the Revised Statutes.

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

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8 1. (New section) No later than 90 days after the effective date
9 of this act, the Commissioner of Health shall adopt rules and
10 regulations, or revise or repeal its existing rules and regulations, as
11 appropriate, pursuant to the “Administrative Procedure Act,”
12 P.L.1968, c.410 (C.52:14B-1 et seq.), to ensure that the regulatory
13 requirements and guidelines applicable to fetal death certification
14 and fetal death reporting are consistent with revised standards
15 adopted in 2003 by the federal Centers for Disease Control and
16 Prevention (CDC). On a biennial basis thereafter, the commissioner
17 shall review the rules and regulations pertaining to fetal death
18 certification and fetal death reporting, and shall revise or repeal
19 those rules or regulations as may be necessary to ensure that they
20 remain consistent with the most recent CDC standards and
21 guidelines in this area.

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23 2. R.S.26:6-11 is amended to read as follows:

24 26:6-11. A certificate of fetal death containing such items as
25 shall be listed on fetal death certificate forms provided or approved
26 by the department under the authority of [section 26:8-24(c) of the
27 Revised Statutes] subsection c. of R.S.26:8-24, and a burial or
28 removal permit , shall be required for every fetal death; provided
29 **[,]** that 20 or more weeks of gestation has elapsed before the
30 delivery.

31 No midwife shall sign a certificate for a fetal death; but any fetal
32 death occurring without attendance of a physician shall be treated as
33 a death without medical attendance, as provided in **[section]**
34 **R.S.26:6-9 [of this Title].**

35 In accordance with the provisions of section 1 of P.L. , c. (C.)
36 (pending before the Legislature as this bill), the department shall
37 take appropriate action to ensure that any certificate of fetal death
38 required by this section is prepared in accordance with, and
39 contains information that satisfies, the current standards for fetal
40 death certification and fetal death reporting that have been adopted
41 by the federal Centers for Disease Control and Prevention.

42 (cf: P.L.1965, c.78, s.8)

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44 3. Section 3 of P.L.2013, c.217 (C.26:8-40.29) is amended to
45 read as follows:

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 3. The Department of Health shall establish a fetal death
2 evaluation protocol, which a hospital licensed pursuant to P.L.1971,
3 c.136 (C.26:2H-1 et seq.) shall follow in collecting data relevant to
4 each stillbirth. In accordance with the provisions of section 1 of
5 P.L. , c. (C.) (pending before the Legislature as this bill),
6 the department shall take appropriate action to ensure that the fetal
7 death evaluation protocol established under this section is consistent
8 with the current standards for fetal death certification and fetal
9 death reporting that have been adopted by the federal Centers for
10 Disease Control and Prevention. The information **[required]** to be
11 collected under the fetal death evaluation protocol shall include, but
12 not be limited to:

13 a. the race, age of the mother, maternal and paternal family
14 history, comorbidities, prenatal care history, antepartum findings,
15 history of past obstetric complications, exposure to viral infections,
16 smoking, drug and alcohol use, fetal growth restriction, placental
17 abruption, chromosomal and genetic abnormalities obtained pre-
18 delivery, infection in premature fetus, cord accident, including
19 evidence of obstruction or circulatory compromise, history of
20 thromboembolism, and whether the mother gave birth before; **[and]**

21 b. documentation of the evaluation of a stillborn child,
22 placenta, and cytologic specimen that conform to the standards
23 established by the American College of Obstetricians and
24 Gynecologists and meet any other requirements deemed by the
25 Commissioner of Health as necessary, including, but not limited to,
26 the following components:

27 (1) if the parents consent to a complete autopsy: the weight of
28 the stillborn child and placenta, head circumference, length of
29 stillborn child, foot length if stillbirth occurred before 23 weeks of
30 gestation, and notation of any dysmorphic feature; photograph of
31 the whole body, frontal and profile of face, extremities and palms,
32 close-up of any specific abnormalities; examination of the placenta
33 and umbilical cord; and gross and microscopic examination of
34 membranes and umbilical cord; or

35 (2) if the parents do not consent to a complete autopsy, an
36 evaluation of a stillborn child as set forth in paragraph (1) of this
37 subsection, and appropriate alternatives to a complete autopsy,
38 including a placental examination, external examination, selected
39 biopsies, X-rays, MRI, and ultrasound ; and

40 c. any other relevant information, which is consistent with the
41 current standards for fetal death certification and fetal death
42 reporting that have been adopted by the federal Centers for Disease
43 Control and Prevention.

44 (cf: P.L.2013, c.217, s.3)

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46 4. This act shall take effect immediately.

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STATEMENT

This bill would require the Commissioner of Health to adopt, revise, or repeal rules and regulations related to fetal death certification and fetal death reporting, in order to ensure that such rules and regulations are consistent with current federal standards.

Although the federal Centers for Disease Control and Prevention (CDC) revised the federal standards applicable to fetal death certification and fetal death reporting in 2003, it does not appear that the Department of Health has formally updated its fetal death protocols to comport with the revised federal guidelines in this area. This bill would, therefore, require the commissioner, within 90 days after the bill's effective date, to update the department's rules and regulations on fetal death, in order to make them consistent with the revised federal standards adopted in 2003, and it would additionally require the commissioner to make regular, biennial updates to the rules and regulations, as may be necessary to ensure that they continue to comport with the most current federal standards applicable to fetal death.