ASSEMBLY, No. 979

STATE OF NEW JERSEY

219th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2020 SESSION

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SYNOPSIS

Requires DOH to establish maternity care evaluation protocols.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel.

AN ACT concerning maternity care evaluation and supplementing Title 26 of the Revised Statutes.

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

1. a. The Commissioner of Health shall develop and prescribe by regulation comprehensive policies and procedures to be followed by every hospital that provides inpatient maternity services, and every birthing center which is licensed in the State pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.), for the collection and dissemination of data on maternity care.

b. The Department of Health shall establish a maternity care evaluation protocol that every hospital providing inpatient maternity services, and every birthing center licensed in the State pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.), shall follow in order to collect hospital discharge data relevant to maternity care.

The de-identified hospital discharge data collected pursuant to the maternity care evaluation protocol shall include, but not be limited to:

(1) the race and age of the mother, maternal and paternal family history, comorbidities, prenatal care history, antepartum findings, history of maternal pregnancy complications, and history of past obstetric complications;

(2) the number and percentage of maternal patients who were treated for hypertensive disorders, including preeclampsia and associated conditions, during the reporting period;

(3) the number and percentage of maternal patients who experienced an obstetric hemorrhage accompanied by an adverse event, as defined by the guidelines established by the American College of Obstetricians and Gynecologists and the Centers for Disease Control and Prevention, during the reporting period;

(4) the number and percentage of maternal patients who underwent non-medically indicated labor induction procedures, and the number and percentage of maternal patients who delivered after 37 weeks gestation but before 39 weeks gestation, and who underwent medically indicated induction procedures;

(5) the number and percentage of maternal patients who underwent non-medically indicated cesarean section procedures, and the number and percentage of maternal patients who underwent medically indicated cesarean section procedures;

(6) the number and percentage of maternal patients who underwent vaginal deliveries;

(7) the number and percentage of maternal patients who delivered at 41 or more weeks of gestation;

(8) the number and percentage of maternal patients who delivered at 39 or more weeks of gestation;

(9) the number and percentage of maternal patients who delivered after 37 weeks of gestation, but before 39 weeks of gestation;

(10) the number and percentage of maternal patients who delivered after 34 weeks of gestation, but before 37 weeks of gestation;

(11) the number and percentage of infants born with birth defects, broken down by the specific birth defect;

(12) the number and percentage of infants born weighing five pounds, eight ounces or more;

(13) the number and percentage of infants born weighing less than five pounds, eight ounces; and

(14) any other information related to a maternal patient's prenatal, postnatal, labor, and delivery care that is deemed necessary.

2. The Department of Health shall evaluate the data collected under the maternity care evaluation protocol for the purposes of:

(1) facilitating a data-based review of the provision of maternity care services in the State, in order to identify potential improvements in the provision of such services;

(2) generating Statewide perinatal and provider-level quality metrics;

(3) establishing Statewide and regional objective benchmarks that promote improvements in maternal health outcomes and the quality of maternity care, and comparing the performance of every hospital that provides inpatient maternity services and every birthing center which is licensed in the State pursuant to P.L.1971, c.136 (C.26:2H-1 et seq) to such benchmarks;

(4) identifying data quality issues that may directly impact the performance of hospitals and birthing centers in providing maternity care services;

(5) encouraging hospitals and birthing centers that provide inpatient maternity services to participate in quality improvement collaboratives; and

(6) researching the association between clinical practices, the quality of maternal care, and maternal health care outcomes.

3. No later than one year after the effective date of this act, and annually thereafter, the Commissioner of Health shall report to the Governor, and to the Legislature pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), on the findings of the evaluation required pursuant to section 2 of this act, and shall include in the report any recommendations for legislative action that the commissioner deems appropriate.

4. The Commissioner of Health, pursuant to the Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), shall adopt such rules and regulations as the commissioner determines necessary to effectuate the purposes of this act.

5. This act shall take effect immediately.

STATEMENT

This bill requires the Commissioner of Health to develop comprehensive policies and procedures to be followed by every hospital providing inpatient maternity services, and every birthing center licensed in the State pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.), in the State, for the collection and dissemination of data on maternity care.

The bill would require the Department of Health (DOH) to establish a maternity care evaluation protocol that every hospital and every birthing center would be required to follow in order to collect hospital discharge data relevant to maternity care, including, but not limited to de-identified information outlined under the bill.

The Department of Health must evaluate the data collected under the maternity care evaluation protocol for the purposes of: facilitating a data-based review of the provision of maternity care services in the State in order to identify potential improvements in the provisions of such services; generating Statewide perinatal and provider-level quality metrics; establishing Statewide and regional objective benchmarks that promote improvements in maternal health outcomes and the quality of maternity care, and comparing the performance every hospital and birthing center in the State to such benchmarks; identifying data quality issues that may directly impact the performance of hospitals and birthing centers in providing maternity care services; encouraging hospitals and birthing centers that provide inpatient maternity services to participate in quality improvement collaboratives; and researching the association between clinical practices, the quality of maternal care, and maternal health care outcomes.

No later than one year after the enactment of the bill, and every year after, the commissioner would report to the Governor and the Legislature pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), on the findings of the evaluation required pursuant to the bill. The report would include any recommendations for legislative action that the commissioner deems appropriate.

The quality of a hospital's or birthing center's data system can have a substantial impact on a state's ability to improve the quality of maternity care and reduce the causes and incidences of maternal mortality. Although the federal Centers for Disease Control and Prevention has developed a national pregnancy surveillance system,

states face challenges in accessing state-level data on maternal outcomes due to a lack of consistent, standardized data tracking and state-level surveillance.