

ASSEMBLY, No. 1429

STATE OF NEW JERSEY

219th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2020 SESSION

Sponsored by:

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Assemblywoman Tucker, Assemblymen Egan, Giblin, Caputo, Space and Wirths

SYNOPSIS

Requires screening of certain high-risk pregnancies and reporting of fetal deaths.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel.



1 **AN ACT** concerning high-risk pregnancies, amending R.S.26:8-4,
2 and supplementing P.L.1968, c.413 (C.30:4D-1 et seq.).

3

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

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7 1. R.S.26:8-4 is amended to read as follows:

8 26:8-4. Duty to furnish information relative to birth, death,
9 marriage, civil union, domestic partnership. Upon demand of the
10 State registrar in person, by mail, by means of the NJ-EDRS, or
11 through the local registrar, every physician, midwife, informant,
12 funeral director, or other person having knowledge of the facts
13 relative to any birth, death, fetal death, marriage, civil union or
14 domestic partnership, shall supply such information as he may
15 possess, upon a form provided by the State registrar, or through the
16 NJ-EDRS, or upon the original birth, death, fetal death, marriage,
17 civil union or domestic partnership certificate or its electronic
18 facsimile or digitized form thereof. In the case of a fetal death
19 occurring 20 or more weeks after gestation, the particulars of that
20 death shall be entered into a State electronic birth certificate and
21 perinatal database.

22 (cf: P.L.2006, c.103, s.38)

23

24 2. (New section) A health care professional, when providing
25 prenatal care to a patient or care to a newborn patient in a federally
26 qualified health center or other community health center, shall
27 apply the criteria contained in the most recent edition of the
28 Guidelines for Perinatal Care developed by the American Academy
29 of Pediatrics and the American Congress of Obstetricians and
30 Gynecologists, to determine which high-risk conditions require that
31 a patient be referred to a perinatologist, and shall refer that patient
32 to a perinatologist if the criteria are met.

33

34 3. Pursuant to the “Administrative Procedure Act,” P.L.1968,
35 c.410 (C.52:14B-1 et seq.), the Commissioner of Health shall adopt
36 rules and regulations to effectuate the purposes of R.S.26:8-4 as
37 amended by P.L. , c. (pending before the Legislature as this bill),
38 and the Commissioner of Human Services shall adopt rules and
39 regulations to effectuate the purposes of section 2 of
40 P.L. , c. (C.) (pending before the Legislature as this bill).

41

42 4. This act shall take effect on the first day of the sixth month
43 next following the date of enactment, but the Commissioners of
44 Health and Human Services may take such anticipatory

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 administrative action in advance thereof as shall be necessary for
2 the implementation of this act.

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STATEMENT

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7 This bill requires that various actions be taken during the
8 perinatal period, which is from the 20th week of gestation through
9 the 28th day after birth, in order to improve birth outcomes and
10 protect the health of low-income expectant mothers who may be at
11 risk for complications.

12 Specifically, the bill amends R.S.26:8-4, which currently
13 requires reporting of births and deaths (including fetal deaths) to the
14 State registrar, to require that fetal deaths occurring 20 or more
15 weeks after gestation also be reported to a State electronic birth
16 certificate and perinatal database. In addition, the bill requires that
17 health care professionals in clinics providing prenatal care to
18 patients and care to newborns apply the criteria contained in the
19 most recent edition of the Guidelines for Perinatal Care, developed
20 by the American Academy of Pediatrics and the American Congress
21 of Obstetricians and Gynecologists, to determine which high-risk
22 conditions require referral to a perinatologist, which is a specialist
23 in the care of mothers and fetuses at higher-than-normal risk for
24 complications.