

**ASSEMBLY, No. 2099**

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**STATE OF NEW JERSEY**

**219th LEGISLATURE**

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PRE-FILED FOR INTRODUCTION IN THE 2020 SESSION

**Sponsored by:**

**Assemblywoman LISA SWAIN**

**District 38 (Bergen and Passaic)**

**Assemblyman P. CHRISTOPHER TULLY**

**District 38 (Bergen and Passaic)**

**Assemblywoman VALERIE VAINIERI HUTTLE**

**District 37 (Bergen)**

**SYNOPSIS**

Expands list of health care professionals authorized to provide certain services and supports in connection with stillbirth.

**CURRENT VERSION OF TEXT**

Introduced Pending Technical Review by Legislative Counsel.



1   **AN ACT** concerning the provision of services to families following  
2       stillbirth and amending P.L.2013, c.217.

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

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7       1. Section 2 of P.L.2013, c.217 (C.26:8-40.28) is amended to  
8       read as follows:

9       2. a. The Commissioner of Health, in consultation with the  
10      State Board of Medical Examiners, the New Jersey Board of  
11      Nursing, the State Board of Psychological Examiners, and the State  
12      Board of Social Work Examiners, shall develop and prescribe by  
13      regulation comprehensive policies and procedures to be followed by  
14      health care facilities that provide birthing and newborn care  
15      services in the State when a stillbirth occurs.

16      b. The Commissioner of Health shall require as a condition of  
17      licensure that each health care facility in the State that provides  
18      birthing and newborn care services adhere to the policies and  
19      procedures prescribed in this section. The policies and procedures  
20      shall include, at a minimum:

21       (1) protocols for assigning primary responsibility to one  
22      physician or certified nurse midwife, who shall communicate the  
23      condition of the fetus to the mother and family, and inform and  
24      coordinate staff to assist with labor, delivery, postpartum, and  
25      postmortem procedures; provided that primary responsibility may  
26      be transferred to another licensed or certified health care  
27      professional, if the transfer is necessary to ensure that labor,  
28      delivery, postpartum, and postmortem care services are provided to  
29      the mother and family in a timely and compassionate manner;

30       (2) guidelines to assess a family's level of awareness and  
31      knowledge regarding the stillbirth;

32       (3) the establishment of a bereavement checklist, and an  
33      informational pamphlet to be given to a family experiencing a  
34      stillbirth that includes information about funeral and cremation  
35      options;

36       (4) provision of one-on-one nursing care for the duration of the  
37      mother's stay at the facility;

38       (5) training of physicians, nurses, psychologists, and social  
39      workers to ensure that information is provided to the mother and  
40      family experiencing a stillbirth in a sensitive manner, including  
41      information about what to expect, the availability of grief  
42      counseling, the opportunity to develop a plan of care that meets the  
43      family's social, religious, and cultural needs, and the importance of  
44      an autopsy and thorough evaluation of the stillborn child;

45       (6) best practices to provide psychological and emotional  
46      support to the mother and family following a stillbirth, including  
47      referring to the stillborn child by name, and offering the family the

**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 opportunity to cut the umbilical cord, hold the stillborn child with  
2 privacy and without time restrictions, and prepare a memory box  
3 with keepsakes, such as a handprint, footprint, blanket, bracelet,  
4 lock of hair, and photographs, and provisions for retaining the  
5 keepsakes for one year if the family chooses not to take them at  
6 discharge;

7 (7) protocols to ensure that the physician or certified nurse  
8 midwife assigned primary responsibility for communicating with  
9 the family, or, if primary responsibility is transferred to another  
10 health care professional pursuant to paragraph (1) of this  
11 subsection, the health care professional to whom primary  
12 responsibility is transferred, discusses the importance of an autopsy  
13 for the family, including the significance of autopsy findings on  
14 future pregnancies and the significance that data from the autopsy  
15 may have for other families;

16 (8) protocols to ensure coordinated visits to the family by a  
17 hospital staff trained to address the psychosocial needs of a family  
18 experiencing a stillbirth, provide guidance in the bereavement  
19 process, assist with completing any forms required in connection  
20 with the stillbirth and autopsy, and offer the family the opportunity  
21 to meet with the hospital chaplain or other individual from the  
22 family's religious community; and

23 (9) guidelines for educating health care professionals and  
24 hospital staff on caring for families after stillbirth.

25 c. The State Board of Medical Examiners and the New Jersey  
26 Board of Nursing shall require physicians and nurses, respectively,  
27 to adhere to the policies and procedures prescribed in subsection a.  
28 of this section.

29 (cf: P.L.2013, c.217, s.2)

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31 2. This act shall take effect immediately.

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#### STATEMENT

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36 This bill amends the "Autumn Joy Stillbirth Research and  
37 Dignity Act," P.L.2013, c.217) (C.26:8-40.27 et seq.), to expand the  
38 list of health care professionals who may be assigned primary  
39 responsibility for communicating with a mother and family  
40 concerning the status of a fetus when a stillbirth occurs, as well as  
41 primary responsibility for informing and coordinating staff to assist  
42 with labor, delivery, and postpartum procedures. Current law  
43 requires that a physician be assigned primary responsibility to  
44 provide these services and carry out these duties. This bill provides  
45 that a certified nurse midwife may also be assigned this primary  
46 responsibility, and that the physician or nurse midwife may transfer  
47 these responsibilities to another licensed or certified health care  
48 professional, if the transfer is necessary to ensure that labor,

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1 delivery, postpartum, and postmortem care services are provided to  
2 the mother and family in a timely and compassionate manner.

3 It is the sponsor's belief that expanding the list of health care  
4 professionals who are authorized to provide these services and carry  
5 out these duties in connection with a stillbirth is essential to  
6 ensuring that each affected family receives the full measure of  
7 available care and support.