LEGISLATIVE FISCAL ESTIMATE

[Third Reprint]

SENATE, No. 2078

STATE OF NEW JERSEY
219th LEGISLATURE

DATED: JUNE 29, 2021

SUMMARY

Synopsis: Establishes "Stillbirth Resource Center" and regional Fetal and Infant Mortality Review Committee, and programs for the prevention and reduction of incidences of stillbirth; expands list of professionals authorized to provide stillbirth-related care.

Type of Impact: Annual State expenditure increase from the General Fund; Annual University Hospital cost increase.

Agencies Affected: Department of Health, University Hospital.

Office of Legislative Services Estimate

Fiscal Impact	Annual
State Cost Increase	Indeterminate
University Hospital Cost Increase	Indeterminate

- The Office of Legislative Services concludes that the Department of Health will incur an indeterminate increase in expenditures in order to establish a Stillbirth Resources Center, which is to develop and administer professional and public outreach and education programs concerning stillbirth, and provide supportive services and resources to families who have experienced stillbirth. To the extent that the department is able to adopt and utilize informational materials and professional education curricula developed by stillbirth advocacy or professional organizations for use by the center, departmental costs to implement these programs could be reduced.

- Moreover, departmental expenditures will increase pursuant to a provision in the bill that directs the department to work with the Stillbirth Resources Center and the newly-established regional Fetal and Infant Mortality Review Committee (FIMRC) to coordinate State strategies and initiatives concerning research and interventions to eliminate preventable causes of stillbirth, as well as racial and ethnic disparities related to rates and causes of fetal and infant death in New Jersey. The magnitude of this cost increase is dependent upon the number of studies that the department supports, and the level of support allocated to each research project.

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However, insofar as the Stillbirth Resources Center, as authorized pursuant to the bill, is awarded federal, State, or private grant funding or loans to fulfill its mission, costs to the department may potentially be limited.

- Department of Health costs would also increase, potentially substantively, in order to establish a regional FIMRC within the department, which is to review and report on fetal and infant death rates and the causes of fetal and infant deaths in the State, as well as provide recommendations on improving fetal and infant outcomes and maternal care, in order to reduce the State's fetal and infant death rates. To the extent that the FIMRC, as authorized under the bill, is able to secure federal, State, or private grants or loans to support its work, costs to the department may be reduced somewhat.

- To the extent that University Hospital, an independent nonprofit legal entity that is an instrumentality of the State, adopts the department's recommended best practices, standards, and protocols concerning interactions with, and care provided to, families experiencing stillbirth, the facility would incur additional costs to implement these best practices and protocols authorized pursuant to the bill.

BILL DESCRIPTION

This bill revises the Autumn Joy Stillbirth Research and Dignity Act to expand the list of health care professionals who may be assigned primary responsibility for communicating with a gestational parent and family concerning the status of a fetus when a stillbirth occurs, as well as primary responsibility for informing and coordinating staff to assist with labor, delivery, and postpartum procedures.

Current law requires that a physician be assigned primary responsibility to provide these services and carry out these duties. This bill provides that a certified nurse midwife may also be assigned this primary responsibility, and that the physician or nurse midwife may transfer these responsibilities to another licensed or certified health care professional, if the transfer is necessary to ensure that labor, delivery, postpartum, and postmortem care services are provided to the gestational parent and family in a timely and compassionate manner.

The bill also requires the Commissioner of Health to establish a Stillbirth Resource Center in a State medical school selected by the commissioner, which would serve as a technical advisory center, administer the public and health professional educational program established under the bill, and offer other supportive services that may be necessary to assist families who have experienced a stillbirth. Pursuant to the bill, the Stillbirth Resources Center is authorized to apply for any federal, State, or private grants or loans that would support the center's mission and activities.

The bill also amends the act to require that the Department of Health, in consultation with the Stillbirth Resource Center, the regional FIMRC, and The 2 Degrees Foundation, develop a program to educate the public and health care professionals about stillbirths, and promote research into treatment options to eliminate preventable causes of stillbirth.

The bill additionally establishes the regional FIMRC within the Department of Health. The regional FIMRC, which will include maternal child health epidemiologists, is directed to annually review and report on fetal and infant death rates and causes of fetal and infant deaths, and to furnish recommendations to improve fetal and infant outcomes and maternal care, in order to reduce fetal and infant death rates in the State. Under the bill, the FIMRC is additionally authorized to apply

for any federal, State, public or private grants or loans available to support the FIMRC's mission, and to enter into any and all agreements or contracts necessary for its work.

On an annual basis, the FIMRC and the Stillbirth Resource Center are to publish data concerning: the total number of fetal and infant deaths occurring in the State during the prior year, the annual average rate of fetal and infant deaths; the number and percentage of fetal and infant deaths occurring in the northern, central, and southern regions of the State; the areas of the State where fetal and infant deaths are significantly higher than the Statewide average; and the rate of racial disparities in fetal and infant deaths occurring on both a Statewide and regional basis. These data are to be forwarded to the Stillbirth Resource Center, and are to be published on the department's Internet website.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS concludes that the Department of Health will incur an indeterminate increase in expenditures in order to establish the Stillbirth Resources Center, which is to develop and administer professional and public outreach, education, and training programs concerning stillbirth, as well as provide supportive services and resources to families who have experienced stillbirth. To the extent that the department is able to utilize or purchase informational materials and educational curricula developed by stillbirth advocacy or professional organizations, departmental costs to effectuate the programs required under the bill could be reduced.

State expenses to develop and distribute various informational materials and resources for families experiencing stillbirth will largely depend on whether the department, or a nonprofit organization affiliated with the department, has already developed similar resources, and can make these materials readily available for distribution through the Stillbirth Resources Center.

The State will realize higher costs under a provision requiring the department and the Stillbirth Resources Center to promote research into risk factors for stillbirth, as well as treatment options to eliminate preventable causes of stillbirth. Additional costs for this research is uncertain, and is largely dependent upon the ability of the Stillbirth Resources Center to secure federal, State, or private grant funding for the research.

Pursuant to the bill, the Stillbirth Resources Center is authorized to develop a process whereby families may voluntarily report a stillbirth and request information concerning support groups, bereavement counseling, and other supportive services. However, the New Jersey State Health Assessment Data page on the Department of Health's website notes that, pursuant to the Autumn Joy Stillbirth Research and dignity Act, the State already requires the reporting of all fetal deaths of 20 or more weeks' gestational age. Since the American College of Obstetrics and Gynecology defines stillbirth as fetal death occurring at 20 weeks of gestation or later, the OLS concludes that State costs would not increase as a result of this requirement.

Departmental costs would also increase, potentially substantively, due to a newly-established regional Fetal Infant Mortality Review Committee (FIMRC), which is to annually review, investigate, and report on the causes of fetal and infant death rates in the State; provide recommendations to improve fetal and infant outcomes and maternal care; and consult with the department on development of a mandatory fetal death reporting process. Additional costs will

accrue to the department from the requirement that the FIMRC and the Stillbirth Resources Center publish data concerning the State's fetal and infant death numbers and rates, and the rate of racial disparities in fetal and infant deaths, on the department's Internet website.

The OLS finds that department's personnel costs will increase, in order to comply with a provision in the bill that requires the commissioner to hire an executive director and program manager, at a minimum, for the FIMRC, which would involve additional salary and fringe benefit costs. The department will incur additional personnel costs to hire or contract with maternal child health epidemiologists to conduct reviews of, and any necessary investigations into, fetal and infant deaths reported to the FIMRC. However, the OLS assumes that the department will utilize existing personnel to provide programmatic and administrative support to the FIMRC.

To the extent that University Hospital, an independent nonprofit legal entity that is an instrumentality of the State, adopts the best practices, standards, and protocols concerning interactions with, and care provided to, families experiencing stillbirth, the facility would incur additional costs to implement these best practices and protocols authorized pursuant to the bill.

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This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).