

SENATE BUDGET AND APPROPRIATIONS COMMITTEE

STATEMENT TO

[First Reprint]

SENATE, No. 2078

with committee amendments

STATE OF NEW JERSEY

DATED: JUNE 17, 2021

The Senate Budget and Appropriations Committee reports favorably and with committee amendments Senate Bill No. 2078 (1R).

As amended, this bill revises the “Autumn Joy Stillbirth Research and Dignity Act,” P.L.2013, c.217 (C.26:8-40.27 et seq.), 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 amends the “Autumn Joy Stillbirth Research and Dignity Act,” to require the Department of Health (DOH), in consultation with the “Stillbirth Resource Center” established under the bill, the Fetal and Infant Mortality Review Commission established under the bill, and The 2 Degrees Foundation, to develop a program to educate the public and health care professionals about stillbirths and to promote research on treatment options to eliminate the preventable causes of stillbirth. The program would be developed no later than 180 after the effective date of the bill.

Under the bill, the program would: include a toll-free, peer support telephone helpline to respond to calls from families experiencing a stillbirth and refer such families to, and provide informational resources on, bereavement support and counseling services; study the risk factors and causes associated with stillbirth; identify and promote the effectiveness of evidence-based best practices and standards in providing prenatal care to pregnant persons to improve fetal and gestational parent outcomes; and establish and

administer a stillbirth education program, including the preparation and dissemination of literature on techniques to prevent and reduce the incidence of stillbirth.

The education program would be targeted to specific groups of persons who interact with families experiencing a stillbirth, including certain health care professionals, as outlined in the bill, midwives, gestational parent health experts, and social workers, and would include: training on the nature and causes of stillbirth; how to respond to families experiencing a stillbirth; the protocols used by hospitals and health care professionals during labor, delivery, postpartum, and postmortem when a stillbirth occurs; the importance of autopsy records and placental and postmortem evaluations; best practices in providing care to families prior to and during subsequent pregnancies after a stillbirth; and a risk reduction and prevention education component to inform the public and pregnant persons on the causes, and ways to prevent and reduce the incidence, of stillbirth, and how to improve fetal and gestational parent outcomes after a stillbirth.

The bill also requires the Commissioner of Health to establish the “Stillbirth Resource Center” in a State medical school selected by the commissioner no later than 180 days after the effective date of the bill. The center would, in coordination with the DOH, serve as a technical advisory center, administer the program established under the bill to educate the public and health care professionals about stillbirths, and offer other supportive services that may be necessary to assist families who have experienced a stillbirth. The center will be permitted to work with the maternal health consortia and other organizations to carry out its duties.

The commissioner is required to forward to the center the information collected under the fetal death evaluation protocol established pursuant to section 3 of P.L.2013, c.217 (C.26:8-40.29) on a bi-monthly basis so the center can provide bereavement support services and conduct research pursuant to the bill.

The provisions of the bill stipulate that the center would: develop a voluntary stillbirth reporting process that would allow a gestational parent, family member, or the gestational parent’s designee, to report on individual cases of stillbirth; take appropriate action to ensure that any certificate of fetal death is prepared in accordance with, and contains information that satisfies the provisions of, P.L.2013, c.217 (C.26:8-40.27 et seq.); ask the DOH to post on its Internet website a hyperlink, a toll-free telephone number, and an email address, each of which would be used for the voluntary submission of public reports of stillbirths; publicize the availability of these resources to professional organizations, community organizations, social service agencies, health care facilities, and members of the public; develop a process, in consultation with the DOH, allowing the center to contact families who have experienced a stillbirth to offer information on the bereavement support services provided by the center; maintain a list of

bereavement support groups and counseling services, by location and county, and make the information available to the public; and provide bereavement support services to families who have experienced a stillbirth. The center will also be required to collaborate with the Governor's office and the Fetal and Infant Mortality Review Committee established under the bill to work to develop strategies, interventions, and initiatives to eliminate the preventable causes of stillbirth, and eliminate racial and ethnic disparities in the State related to the rates and causes of fetal and infant death. This collaboration would include exchanging data with the Fetal and Infant Mortality Review Committee.

The center is required to keep a record of all reports of stillbirths that are forwarded by the DOH or submitted through the reporting process established by the center, so that it can: provide bereavement support services; conduct research on stillbirth and its effects on families; and propose and assist in the implementation of policies and procedures to improve the delivery of health care and other support services to persons experiencing stillbirth and their families.

The center will be authorized to access information from certificates of fetal death and certificates of birth resulting in stillbirth contained in the DOH's New Jersey Vital Information Platform for the purpose of conducting research on, and identifying current trends in the incidence of, stillbirth.

The center will be required to employ an executive director, a program manager, and any other personnel authorized by the Commissioner of Health. The DOH will provide administrative staff support.

The center is to apply for, receive, and accept, from any federal, State, or other public or private source, grants, loans, or other moneys that are made available for, or in aid of, the center's authorized purposes, or that are made available to assist the center in carrying out its duties and responsibilities.

As amended, the bill establishes the Fetal and Infant Mortality Review Committee in the DOH. The committee will be tasked with annually reviewing and reporting on fetal and infant death rates and the causes of fetal and infant deaths in the State, and providing recommendations to improve fetal and infant outcomes and maternal care to reduce fetal and infant death rates in New Jersey. The committee will replace the existing regional Fetal Infant Mortality Review teams.

The committee will include a program manager, a clinical nurse case abstractor; a maternal child health epidemiologist, and a case abstraction manager, and shall also include one maternal child health epidemiologist to review cases of fetal and infant death in each of the northern, central, and southern regions of the State.

The committee's powers will include: adopting, amending, or repealing its bylaws; maintaining an office; applying for, receiving,

and accepting grants, loans, or other moneys available to the committee; entering into agreements or contracts; calling to its assistance the employees of any State entity or local government unit; reviewing and investigating reports of fetal and infant deaths; soliciting and considering public input and comment on the committee's activities; and identifying, and promoting the use of, best practices in maternal care and encouraging and facilitating cooperation and collaboration among health care providers and government entities to promote high quality maternal care throughout the State.

The committee will be required to develop a mandatory fetal death reporting process for health care practitioners, medical examiners, hospitals, prenatal care clinics and providers, birthing centers, and other relevant entities to confidentially report to the DOH on individual cases of fetal or infant death. The DOH will be required to maintain a record of all reports of fetal and infant deaths, and ensure that a copy of each such report of fetal or infant death is promptly forwarded to the committee.

Upon receipt of a report of a fetal or infant death, the committee will be required to investigate the reported case, which will include consideration of various medical and other records related to the fetal or infant death and the gestational parent. The committee will be required to produce a case summary with the committee's findings regarding the cause of or factors contributing to the fetal or infant death. Case summaries will be stripped of identifying information. The committee may share its findings with health care providers, health care facilities, and professional organizations for the purpose of fostering improvements in quality of care.

All proceedings and activities, opinions, records, and reports of the committee will be confidential and will not be subject to public disclosure. The committee will be prohibited from disclosing personally identifiable information to the public. Members of the committee shall not be questioned in any civil, criminal, legislative, or other proceeding regarding nonpublic information presented to the committee. Nothing in these restrictions will prohibit the committee from publishing statistical compilations or reports that are based on confidential information.

The committee will be required to produce annual statistics related to fetal and infant death, which will be posted at a publicly accessible location on the Internet website of the DOH, and promptly forwarded to the Stillbirth Resource Center.

COMMITTEE AMENDMENTS:

The committee amendments establish the Fetal and Infant Mortality Review Committee in the Department of Health (DOH), which will replace existing Fetal Infant Mortality Review Teams that are currently operated on a regional basis through a number of health consortia. The commission will be tasked with establishing certain

fetal and infant death reporting requirements, reviewing reported cases of fetal and infant death, and producing analyses and recommendations related to the causes of and ways to prevent fetal and infant death. The amendments establish certain staffing requirements for the committee, guidelines concerning the authority to conduct investigations, and confidentiality requirements.

The committee amendments require that the DOH consult with the Fetal and Infant Mortality Review Committee when developing policies and procedures related to stillbirth and when developing an educational program related to stillbirth for the public and for health care professionals.

The committee amendments revise the “Autumn Joy Stillbirth Research and Dignity Act” to provide that it applies to facilities providing labor, delivery, and birthing services, rather than facilities providing birthing and newborn care services.

The committee amendments remove a reference to “education and training programs” related to stillbirth to only reference “education programs.”

The committee amendments provide that the Stillbirth Resource Center may work with maternal health consortia and other organizations to fulfill its obligations under the bill.

The committee amendments add language providing that the Stillbirth Resource Center is to work with the Governor’s office and the Fetal and Infant Mortality Review Committee to develop strategies and initiatives to eliminate the preventable causes of stillbirth and eliminate disparities related to the rates and causes of stillbirth.

The committee amendments add a requirement for the Stillbirth Resource Center to employ certain staff and for the DOH to provide administrative and staff support to the center.

The committee amendments revise the title and synopsis of the bill to reflect the expanded scope of the bill as amended.

FISCAL IMPACT:

Fiscal information for this bill is currently unavailable.