SENATE BILL NO. 2078
(Third Reprint)

To the Senate:

Pursuant to Article V, Section I, Paragraph 14 of the New Jersey Constitution, I herewith return Senate Bill No. 2078 (Third Reprint) with my recommendations for reconsideration.

Senate Bill No. 2078 (Third Reprint) would revise the law governing the care provided to families who experience a stillbirth and promote additional education and research concerning stillbirths. Specifically, the bill would allow additional health care professionals to be the point of contact for families who experience a stillbirth and to coordinate staff for labor, delivery, postpartum, and postmortem procedures. The bill would also direct the Department of Health ("DOH") to develop a program to educate the public and health care professionals about stillbirths and to promote research toward eliminating its preventable causes. Finally, the bill establishes a regional Fetal and Infant Mortality Review Committee ("FIMRC" or "committee") and a Stillbirth Resource Center.

Under the bill, the FIMRC, established in the DOH, would annually report on fetal and infant death rates and their causes, and provide recommendations to improve fetal and infant outcomes and maternal care. The committee would include at least 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 FIMRC would investigate reported cases of fetal and infant deaths and prepare case summaries for review by the attendant facilities or practitioners to facilitate policy changes and improve quality of care.

The bill also would direct the Commissioner of Health to establish a Stillbirth Resource Center in a State medical school that would serve as a technical advisory center, administer the

public and health professional educational program established under the bill, and offer other supportive services to assist families who have experienced a stillbirth. The bill requires the DOH to consult with the Stillbirth Resource Center, as well as the FIMRC and the 2 Degrees Foundation, a nonprofit organization dedicated to increasing awareness of stillbirths, in developing a program to educate the public and health care professionals about stillbirths and promote research in this area.

I commend my partners in the Legislature for continuing to seek out new and innovative ways to improve health outcomes for New Jersey families. I am immensely proud of our shared accomplishments that have made New Jersey the best place to start and raise a family. In the last year alone, we have enacted legislation to institute the nation's most comprehensive and robust universal nurse home visitation program to provide care to families across the State, including those families who experience stillbirths, and have allocated over $150 million toward State-supported maternal and child health care efforts. These achievements have been supplemented by $11.5 million in federal Title V Funds, aimed at improving maternal and infant health and reducing Black maternal and infant mortality. The funding is also allocated toward the Fetal Infant Mortality Review ("FIMR") programs in the Maternal Child Health Consortia, a Family Health Line, which is the 1-800 number for referrals to a variety of programs and services, and strategic planning and development of a Maternal and Infant Health Research and Innovation Center. Concurrently, the Office of the First Lady has operated an educational and outreach program on maternal and infant death through the Nurture NJ maternal and infant health initiative since 2019. In January 2020, Nurture NJ released a Statewide maternal and infant health strategic plan with 70 actionable recommendations aimed at reducing maternal and infant mortality by

50 percent over five years and ensuring equitable care among women and children of all races and ethnicities.

The importance of each of these efforts cannot be overstated, as we must continue to support these programs in order to advance New Jersey as a national model for maternal and infant care, reduce fetal death, and better understand its causes. However, while I support the goals of this legislation, I am concerned that the approach adopted by the bill would generate confusion among those who need these services most, duplicate ongoing efforts, and splinter the funds and resources allocated to this very important cause.

For example, the bill creates disjointed hubs of information on reported fetal deaths. Although current law requires hospitals to collect relevant stillbirth data for use by the DOH in conducting research, the bill requires the DOH to establish a new Stillbirth Resource Center and forward this information to the Stillbirth Resource Center for its use in conducting research. The bill then directs the Stillbirth Resource Center to create a separate reporting mechanism through which families may report stillbirth cases to the Center.

The bill also creates multiple pathways for the same information to reach families, undermining previous efforts to create centralized resources that are easy for families in need to access. Under current law, hospital staff must provide families guidance in the bereavement process along with an informational pamphlet concerning bereavement; the bill also requires the Stillbirth Resource Center to perform these same functions. Similarly, the bill requires DOH to consult with the Stillbirth Resource Center to create a helpline with information on bereavement support services, requires the Center to maintain its own list of bereavement support services, requires the Center to itself provide bereavement support services, and allows the Center

to work with the maternal health consortia (yet another entity) to fulfill these duties. The bill also creates another hotline and directs the Commissioner of Health to consult with the Stillbirth Resource Center to develop training for health care professionals on the importance of autopsies despite the requirement in current law that the DOH develop protocols for health care professionals on this topic.

Perhaps most significantly, the bill requires the Commissioner of Health to establish the Stillbirth Resource Center in an educational institution and then requires the DOH to provide administrative staff support to it. Even under ordinary circumstances, the assignment of DOH staff in this way is administratively challenging; the impracticalities are exacerbated by a pandemic of historic proportions that has caused the DOH to reprioritize work and reassign staff in an unprecedented way.

For these reasons, I find it imperative to make recommendations that preserve the appropriate, targeted methods of addressing stillbirths in the bill, while at the same time strengthening and bolstering existing programs and databases to create synergies amongst taxpayer-funded resources. Although my recommendations eliminate the creation of the Stillbirth Resource Center, they maintain the bill's requirement to establish an educational program and would preserve the ability of the DOH to enter into contracts or consult with appropriate entities to further the purposes of the bill. I am proud to join the sponsors in creating the FIMRC, which I agree is absolutely critical. My recommendations strengthen the committee by explicitly allowing it to access information from certificates of fetal death and certificates of birth resulting in stillbirth contained in the New Jersey Vital Information Platform maintained by the DOH. My suggested revisions also streamline the reporting of stillbirth cases by enabling the FIMRC to create the voluntary stillbirth

reporting process for families that the bill envisions, but allow this reporting to exist within the DOH, through the FIMRC, where incidences of stillbirth and fetal death are currently reported.

Senate Bill No. 2078 (Third Reprint) is an important step toward making New Jersey a safer place to deliver a child and raise a family, and I look forward to continuing to work with my partners in the Legislature to achieve this goal that we all share.

Accordingly, I herewith return Senate Bill No. 2078 (Third Reprint) and recommend that it be amended as follows:

Page 2, Title, Line 1:	Delete "'Stillbirth Resource Center' and"
Page 2, Title, Line 2:	After "Fetal" insert "and"
Page 3, Section 1, Line 18:	Delete "Stillbirth Resource Center, in collaboration with" and insert "Fetal and Infant Mortality Review Committee to investigate incidences of fetal and infant deaths, including stillbirths, and to require"
Page 3, Section 1, Line 19:	Delete ","
Page 3, Section 1, Line 20:	Delete "to"
Page 3, Section 1, Line 21:	After "and" insert "maintain information concerning organizations that"
Page 3, Section 2, Line 31:	Delete "5" and insert "4"
Page 3, Section 2, Line 35:	After "provide" insert "labor, delivery, and"
Page 3, Section 2, Line 35:	Delete "and newborn care"
Page 5, Section 3, Lines 10-12:	Delete "the 'Stillbirth Resource Center' established pursuant to section 4 of P.L. , c. (C.) (pending before the Legislature as this bill),"
Page 5, Section 3, Lines 14-15:	Delete "and The 2 Degrees Foundation,"
Page 5, Section 3, Lines 15-17:	Delete ", no later than 180 days after the effective date of P.L. c. (C.) (pending before the Legislature as this bill),"
Page 5, Section 3, Line 19:	After "stillbirth." insert "The commissioner may consult or contract with entities that demonstrate appropriate expertise as necessary to carry out the purposes of this section."

Page 5, Section 3, Lines 21-23:	Delete "include a toll-free, peer support telephone helpline to respond to calls from families experiencing a stillbirth, and refer such families to, and"
Page 5, Section 3, Line 30:	After "b." insert "promote and encourage the"
Page 5, Section 3, Line 30:	After "study" insert "of"
Page 5, Section 3, Line 30:	Delete "conduct" and insert "the"
Page 5, Section 3, Line 31:	Delete "studies focusing on" and insert "of"
Page 5, Section 3, Line 37:	Delete "the preparation and dissemination of"
Page 6, Section 3, Line 1:	Delete "training" and insert "information"
Page 6, Section 4, Lines 17-45:	Delete in their entirety
Page 7, Section 4, Lines 1-47:	Delete in their entirety
Page 8, Section 4, Lines 1-22:	Delete in their entirety
Page 8, Section 5, Line 24:	Delete "5." and insert "4."
Page 9, Section 5, Line 5:	Delete "expressly"
Page 9, Section 5, Line 6:	Delete "by sections 5 through 9 of" and insert "pursuant to"
Page 9, Section 5, Lines 16-18:	Delete "under sections 5 through 9 of P.L. , c. (C.) (pending before the Legislature as this bill)"
Page 9, Section 5, Line 31:	After "papers" insert ", and access information from certificates of fetal death and certificates of birth resulting in stillbirth contained in the New Jersey Vital Information Platform maintained by the Department of Health"
Page 9, Section 6, Line 42:	Delete "6." and insert "5."
Page 10, Section 6, Lines 11:	Delete "under sections 5 through 9 of" and insert "."

Page 10, Section 6, Line 12:	Delete in its entirety and insert “c. The Fetal and Infant Mortality Review Committee may establish a voluntary stillbirth reporting process pursuant to which the gestational parent or family who has experienced a stillbirth, or such person’s designee, may report such stillbirth to the committee.”
Page 10, Section 7, Line 14:	Delete “7.” and insert “6.”
Page 11, Section 8, Line 31:	Delete “8.” and insert “7.”
Page 11, Section 8, Line 33:	After “Fetal” insert “and”
Page 12, Section 9, Line 14:	Delete “9.” and insert “8.”
Page 12, Section 9, Line 15:	After “Fetal” insert “and”
Page 12, Section 9, Line 16:	Delete “collaboratively with the”
Page 12, Section 9, Lines 17-19:	Delete in their entirety
Page 12, Section 9, Line 20:	Delete “or other appropriate Department of Health staff,”
Page 12, Section 9, Line 35-36:	Delete “, and shall also be promptly forwarded to the Stillbirth Resource Center”
Page 12, Section 10, Line 43:	Delete “10.” and insert “9.”
Page 12, Section 10, Line 43:	Delete “shall” and insert “may”
Page 13, Section 11, Line 1:	Delete “11.” and insert “10.”
Page 13, Section 11, Line 2:	Delete “sixth” and insert “tenth”

Respectfully,

[seal]

/s/ Philip D. Murphy

Governor

Attest:

/s/ Parimal Garg

Chief Counsel to the Governor