

SENATE HEALTH, HUMAN SERVICES AND SENIOR CITIZENS COMMITTEE

STATEMENT TO **SENATE, No. 3432**

with committee amendments

STATE OF NEW JERSEY

DATED: JUNE 10, 2021

The Senate Health, Human Services and Senior Citizens Committee reports favorably and with committee amendments Senate Bill No. 3432.

As amended by the committee, this bill directs the Commissioner of Health to require every hospital that provides inpatient maternity services in the State, every birthing center licensed in the State pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.), every federally qualified health center, and every physician or health care practitioner in the State providing care to a pregnant person or a person who has given birth, to screen the person for preeclampsia, if the person shows symptoms of the condition. Screening tools are to be based on industry best practices, as determined by the American College of Obstetricians and Gynecologists, the Preeclampsia Foundation, or another nationally-recognized body designated by the commissioner.

A hospital, licensed birthing center, or federally qualified health center providing care to, or a physician or other health care practitioner who is the primary caregiver for, a pregnant person or a person who seeks treatment within six weeks of giving birth, would, in accordance with guidelines developed by the commissioner: provide the person with information on preeclampsia; inform the person of the benefits of being screened for preeclampsia if the person shows symptoms of the condition, and that the person is required to be screened for preeclampsia unless the person provides a written refusal to be screened; screen the person for preeclampsia unless the person provides a written refusal to be screened; and encourage the person to engage in routine home blood pressure monitoring. The person would be required to acknowledge receipt of the information provided by the hospital, birthing center, federally qualified health center, physician, or health care practitioner, as applicable. The commissioner will be required to develop a standardized form to be used to acknowledge receipt of the information, which form may also be used to provide written refusal to be screened for preeclampsia.

Upon receipt of the results of a screening conducted pursuant to the bill, a hospital, licensed birthing center, federally qualified health

center, or physician or health care practitioner, as applicable, would discuss the results with the person and, if the person screens positive for preeclampsia, develop a treatment plan to minimize the person's risk from preeclampsia.

As reported by the committee with amendments, Senate Bill No. 3432 is identical to Assembly Bill No. 1073(1R) which was also amended and reported by the committee on this date.

COMMITTEE AMENDMENTS:

The committee amendments make the terminology used in the bill gender neutral.

The committee amendments replace the term "test" with "screen" throughout the bill, and provide that any screening tool is to be based on industry best practices and guidance, as determined by a nationally-recognized body designated by the Commissioner of Health.

The committee amendments revise the bill to make it applicable to all hospitals and federally qualified health centers, as well as licensed birthing centers and individual practitioners.

The committee amendments revise the provisions outlining which entities may promulgate guidelines for preeclampsia screenings to replace the American Academy of Family Physicians with the Preeclampsia Foundation and to clarify that the Commissioner of Human Services may designate another nationally-recognized body to promulgate guidelines.

The committee amendments provide that the requirements of the bill will apply to any person seeking treatment six weeks after giving birth. As introduced, the bill applied to people seeking treatment four weeks after giving birth.

The committee amendments add a requirement that pregnant persons and persons seeking treatment after giving birth will be encouraged to engage in home blood pressure monitoring.

The committee amendments clarify that the Commissioner of Human Services is to develop a standardized form for use in connection with the bill, and that a single form may be used for multiple purposes.

The committee amendments make various technical changes to update the title and synopsis of the bill and harmonize the terminology used within the bill, and to address certain grammatical issues.