

## CHAPTER 133

AN ACT establishing a maternal health care pilot program.

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

1. a. The Commissioner of Health, in consultation with the New Jersey Maternal Care Quality Collaborative established pursuant to section 3 of P.L.2019, c.75 (C.26:6C-3), shall develop a shared decision-making tool, which the commissioner shall make available to hospitals that provide inpatient maternity services and birthing centers licensed in the State pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.). Use of the shared decision-making tool shall be voluntary on the part of maternity care hospitals and licensed birthing centers. The purpose of the shared decision-making tool shall be to:

(1) improve knowledge of the benefits and risks of, and best practice standards for, the provision of maternity care;

(2) increase collaboration between a maternity care patient and the patient's health care provider to assist the patient in making informed decisions about the maternity care the patient receives;

(3) improve patient experiences during, and reduce adverse outcomes related to, or associated with, pregnancy;

(4) encourage maternity care patients to create a birth plan stating the patient's preferences during the stages of labor, delivery, and postpartum; and

(5) promote health literacy, encourage self-efficacy, empower women to voice their concerns and become active participants in their care, and foster healthy perinatal physiologic processes.

b. The shared decision-making tool may consist of patient decision aids including, but not limited to:

(1) evidence-based educational materials, consistent with national recommendations, in a form and manner as prescribed by the commissioner in consultation with the New Jersey Maternal Care Quality Collaborative established pursuant to section 3 of P.L.2019, c.75 (C.26:6C-3);

(2) educational fact sheets or digital resources containing information about:

(a) choosing a health care provider, hospital, or birthing center;

(b) early labor supportive care techniques and other non-pharmacologic methods that support the onset of active labor, reduce stress and anxiety for maternity care patients and their families, and improve coping and pain management;

(c) potential maternal and neonatal complications that may be associated with non-medically indicated pre-term labor inductions;

(d) the benefits of carrying pregnancies to full-term and the benefits of operative vaginal deliveries to reduce the risk of perinatal morbidity and mortality; and

(e) the risks associated with cesarean section procedures; and

(3) brochures and other multimedia tools that inform and educate maternity care patients about critical maternal conditions and the available treatment options and interventions for such events, and the advantages, disadvantages, and risk factors associated with each available treatment option and intervention.

2. a. The Commissioner of Health, in consultation with the New Jersey Maternal Quality Collaborative established pursuant to section 3 of P.L.2019, c.75 (C.26:6C:-3) shall implement a three-year pilot program under which a select number of maternity care hospitals and licensed birthing centers, as determined by the commissioner, will utilize and evaluate the shared decision-making tool developed pursuant to section 1 of this act. The

commissioner shall develop a process for maternity care hospitals and licensed birthing facilities that are interested in participating in the pilot program to apply or otherwise request to participate. The commissioner shall determine the total number of maternity care hospitals and licensed birthing centers to be included in the pilot program, except that, at a minimum, the commissioner shall select at least one hospital or birthing facility from each of the northern, central, and southern regions of the State for inclusion.

b. The hospitals or birthing centers that are selected by the commissioner to participate in the pilot program shall use a standardized, comprehensive evaluation process, to be designed by the New Jersey Maternal Care Quality Collaborative established pursuant to section 3 of P.L.2019, c.75 (C.26:6C-3) that assesses the effectiveness of the shared decision-making tool in improving maternity care

3. Within one year after the expiration of the pilot program established pursuant to section 2 of this act, the Department of Health, in consultation with the New Jersey Maternal Care Quality Collaborative established pursuant to section 3 of P.L.2019, c.75 (C.26:6C-3), shall prepare, and submit to the commissioner, to the Governor, and , pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), to the Legislature, a report on the effectiveness of the shared-decision making tool developed pursuant to section 1 of this act.

4. This act shall take effect 360 days after the date of enactment, and shall expire upon the final submission of the report required pursuant to section 3 of this act. The Commissioner of Health may take such anticipatory administrative action in advance of the effective date as shall be necessary for the implementation of this act.

Approved June 24, 2019.