

SENATE BILL NO. 3375
(Second Reprint)

To the Senate:

Pursuant to Article V, Section I, Paragraph 14 of the New Jersey Constitution, I am returning Senate Bill No. 3375 (Second Reprint) with my recommendations for reconsideration.

Earlier this month, I proudly signed into law five measures aimed at improving health outcomes for New Jersey's new mothers and infants. I commend my colleagues in the Legislature for their efforts to address New Jersey's maternal and infant health crisis. According to statistics released by the United Health Foundation, New Jersey is ranked 45th of the 50 states in total maternal mortality, with a rate of 37 maternal deaths per every 100,000 live births. African-American women in New Jersey are five times more likely than their white counterparts to die from pregnancy-related complications. This is unacceptable. We can and must do better.

Since taking office, my administration has made it a priority to reverse these appalling statistics. Earlier this year, we launched Nurture NJ, a Statewide awareness campaign that seeks to reduce the State's maternal and infant mortality rates and ensure equitable access to maternal and infant care for women and children of all races and ethnicities. Nurture NJ includes internal collaboration and programming between departments and agencies, an annual Black Maternal and Infant Health Leadership Summit, a Family Festival event series, and a robust social media strategy to inform and raise awareness about maternal and infant health.

The package of bills I recently signed into law support and strengthen my administration's ongoing efforts to improve maternal and infant health outcomes across the State and address racial disparities. The new laws expand Medicaid to include coverage for doula care, implement a perinatal episode of care pilot program to

promote coordination of care, improve quality and reduce costs and unnecessary procedures, and prohibit the State from covering early, non-medically necessary inductions and cesarean sections that needlessly increase health risks to mother and infant alike.

A critical component of the bill package, P.L.2019, c.75, coordinates and enhances the State's maternal and infant mortality and morbidity data collection, research and reporting efforts. To accomplish this, the law establishes three new entities in the Department of Health: the Maternal Data Center, which will collect and analyze data on maternal mortality, morbidity and racial and ethnic disparities; the Maternal Mortality Review Commission, which will review the statistical data prepared by the Maternal Data Center, identify Statewide and regional maternal death rates, trends, patterns, disparities and outcomes and annually report on its findings; and the Maternal Care Quality Collaborative ("NJMCQC"), which will serve as the epicenter of the State's maternal and infant health initiatives, translating and coordinating the efforts of the Maternal Data Center and the Maternal Mortality Review Committee, among others, and adopt and implement a State strategic plan to reduce maternal mortality, morbidity and racial and ethnic disparities.

Senate Bill No. 3375 (Second Reprint) would require the Department of Health to develop a shared decision-making tool aimed at improving best practices in the provision of maternity care, increasing collaboration between patients and providers, and improving maternity care patient experiences. Under the bill, the Commissioner of Health would be responsible for implementing a three-year pilot program to evaluate the shared decision-making tool. At least three hospitals or birthing facilities throughout the State would be required to participate in the pilot program.

I commend the bill's sponsors for recognizing the value of a shared decision-making tool and the potential that it has to improve an expectant mother's overall birth experience. Involving women in the medical decisions affecting their health and the health of their babies will foster a more collaborative and productive relationship between maternity care patients and their doctors and empower women to be active participants in their healthcare.

The shared decision-making tool will be even more effective at achieving these laudable goals if it is developed and implemented with the benefit of the statistical and analytical data that the State will soon have at its fingertips as a result of P.L.2019, c.75. I am therefore recommending revisions to require the Department of Health to work in collaboration with the NJMCQC in the development of the shared decision-making tool and the implementation of the three-year pilot program that will utilize and evaluate it. I am also recommending the elimination of language in the bill detailing the information to be collected and analyzed in the assessment of the shared-decision making tool to enable the evaluation criteria to be developed in collaboration with the NJMCQC. These modest revisions will ensure that the shared-decision making tool is developed and evaluated in a manner that is evidence-based and consistent with the State's other efforts to improve maternal and infant health.

Therefore, I herewith return Senate Bill No. 3375 (Second Reprint) and recommend that it be amended as follows:

Page 2, Section 1, Line 6: After "Health" insert ", in consultation with the New Jersey Maternal Care Quality Collaborative established pursuant to section 3 of P.L.2019, c.75 (C.),"

Page 2, Section 1, Line 8: Delete "provides" and insert "provide"

<u>Page 2, Section 1, Line 9:</u>	Delete "and"
<u>Page 2, Section 1, Line 22:</u>	Delete "and"
<u>Page 2, Section 1, Line 25:</u>	After "postpartum" insert "; 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"
<u>Page 2, Section 1, Line 26:</u>	Delete "shall" and insert "may"
<u>Page 2, Section 1, Line 28:</u>	Delete "electronic or printed standardized patient questionnaires" and insert "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.);"
<u>Page 2, Section 1, Lines 29-30:</u>	Delete in their entirety
<u>Page 2, Section 1, Line 31:</u>	After "sheets" insert "or digital resources"
<u>Page 3, Section 2, Line 6:</u>	After "Health" insert ", in consultation with the New Jersey Maternal Care Quality Collaborative established pursuant to section 3 of P.L.2019, c. 75 (C.),"
<u>Page 3, Section 2, Line 25:</u>	Delete "commissioner" and insert "New Jersey Maternal Care Quality Collaborative established pursuant to section 3 of P.L.2019, c.75 (C.)"
<u>Page 3, Section 2, Line 27:</u>	After "care" insert "."
<u>Page 3, Section 2, Line 27:</u>	Delete "and reducing adverse outcomes related to, or"
<u>Page 3, Section 2, Lines 28-47:</u>	Delete in their entirety
<u>Page 4, Section 2, Lines 1-6:</u>	Delete in their entirety
<u>Page 4, Section 3, Line 8:</u>	Delete "a."
<u>Page 4, Section 3, Line 10:</u>	After "act," insert "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.),"

Page 4, Section 3, Lines 11-13: Delete in their entirety
Page 4, Section 3, Lines 20-28: Delete in their entirety
Page 4, Section 4, Line 33: Delete "all of the reports that
are" and insert "the report"
Page 4, Section 4, Line 33: Delete "subsection a. of"

Respectfully,

[seal]

/s/ Philip D. Murphy

Governor

Attest:

/s/ Matthew J. Platkin

Chief Counsel to the Governor