

CHAPTER 109
CORRECTED COPY

AN ACT concerning maternal health care, supplementing Title 26 of the Revised Statutes, amending P.L.2019, c.75, and making an appropriation.

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

C.26:18-17 Short title.

1. This act shall be known and may be cited as the “New Jersey Maternal and Infant Health Innovation Center Act.”

C.26:18-18 Findings, declarations.

2. The Legislature finds and declares that:

a. In 2019, New Jersey Governor Philip D. Murphy and First Lady Tammy Snyder Murphy launched Nurture NJ, a Statewide campaign committed to both reducing maternal and infant mortality and morbidity and ensuring equitable access to and provision of care among women and children of all races and ethnicities.

b. At the time, New Jersey was ranked as low as 47th in the United States for maternal deaths and had one of the widest racial disparities for both maternal and infant mortality.

c. Such inequities are particularly evident in our capital city of Trenton, which experiences the highest maternal and infant health disparities among our Black and Hispanic communities. The City of Trenton is among the cities with the highest rates of Black and Hispanic infant mortality; and only 47 percent of mothers in Trenton receive prenatal care in their first trimester.

d. In January 2021, the Nurture NJ Strategic Plan included a recommendation to establish a center in the State capital, Trenton, that focuses on innovation and research in maternal and infant health through collaboration with the State’s academic, philanthropic, business, and faith communities in partnership with the New Jersey Economic Development Authority, the Departments of Health, Human Services, and Children and Families, and the Office of the Secretary of Higher Education.

e. In order to create, fund, and sustain such a facility, to ensure that substantial commitments are made to its related activities, and to position New Jersey to acknowledge and act upon the health disparities and harm wrought by racism and other forms of systemic oppression that have created a public health crisis for Black and Hispanic mothers and their babies, it is necessary to create an authority independent of any supervision or control by the principal departments of the Executive Branch of the State Government.

f. The authority will operate a Trenton-based New Jersey Maternal and Infant Health Innovation Center, and will collaborate with other State departments and agencies to advance maternal and infant health care and clinical services throughout the State, and lead the State’s coordination, promotion, and implementation of, among other things, education, policymaking, research, innovation, and perinatal workforce development, with a particular focus on eliminating racial disparities in maternal and infant health outcomes.

g. The New Jersey Maternal and Infant Health Innovation Center will serve as the first-of-its kind central hub to coordinate among national, State, and local agencies, as well as private organizations, to: promote equitable maternal and infant health care services; implement strategies related to health care and social service delivery, perinatal workforce development, community engagement, data collection, research, and analysis; and serve as an incubator of new enterprises, therapeutics, and technological innovations leading to better health outcomes and reduced mortality and morbidity rates for women and children.

h. The New Jersey Maternal and Infant Health Innovation Center will be at the forefront of serving maternal and infant health care needs, not only for families residing in the City of Trenton, but also for families throughout the State of New Jersey and the nation, and will enable collaborative partnerships for research and knowledge transfer within the global maternal and infant health communities.

C.26:18-19 Definitions.

3. As used in this act:

“Authority” means the New Jersey Maternal and Infant Health Innovation Authority established pursuant to section 4 of P.L.2023, c.109 (C.26:18-20).

“Board” means the board of the New Jersey Maternal and Infant Health Innovation Authority established pursuant to section 5 of P.L.2023, c.109 (C.26:18-21).

“Center” means the premises located in the City of Trenton used by the authority pursuant to the provisions of P.L.2023, c.109 (C.26:18-17 et al.).

“Community advisory committee” means the community advisory committee established pursuant to section 8 of P.L.2023, c.109 (C.26:18-24).

“New Jersey Maternal Care Quality Collaborative” or “NJMCQC” means the New Jersey Maternal Care Quality Collaborative, established pursuant to section 3 of P.L.2019, c.75 (C.26:18-3).

C.26:18-20 New Jersey Maternal and Infant Health Innovation Authority, established.

4. a. The New Jersey Maternal and Infant Health Innovation Authority is created and established in, but not of, the Department of the Treasury.

b. The authority shall:

(1) establish and oversee the New Jersey Maternal and Infant Health Innovation Center, which shall serve as a central hub to coordinate among national, State, and local agencies, as well as private organizations, to:

(a) provide perinatal, infant care, related health services, and other services as outlined in P.L.2023, c.109 (C.26:18-17 et al.) to the residents of the City of Trenton and others who are in need of such services;

(b) promote equitable maternal and infant health care services;

(c) implement strategies related to health care and social service delivery, perinatal workforce development, community engagement, data collection, research, and analysis; and

(d) serve as an incubator of new enterprises, therapeutics, and technological innovations leading to better health outcomes and reduced mortality and morbidity rates for women and children; and

(2) be responsible for overseeing the design and implementation of programs and services to improve the State’s maternal and infant health outcomes, address racial disparities in maternal and infant mortality rates, ensure infant and perinatal care is provided on an equitable basis, and eliminate disparities in access to care, including, but not limited to, health care and social service delivery, research and innovation, perinatal workforce development, education and public awareness, and other initiatives as may be undertaken by the authority.

c. The authority shall become the agency primarily responsible for coordinating efforts and strategies to reduce maternal mortality, morbidity, and racial and ethnic disparities in the State at such time as the members of the board are appointed pursuant to section 5 of P.L.2023, c.109 (C.26:18-21) and the board first organizes. At that time, and except as otherwise provided by this act, all powers, duties, and responsibilities authorized pursuant to P.L.2019, c.75 (C.26:18-1 et al.) shall be transferred from the NJMCQC to the authority. Thereafter, the

NJMCQC shall be reorganized within the authority and shall operate under the supervision and oversight of the board as provided in section 5 of P.L.2023, c.109 (C.26:18-21). The provisions of this subsection shall be carried out in accordance with the “State Agency Transfer Act,” P.L.1971, c.375 (C.52:14D-1 et seq.), and the transfer of oversight over the NJMCQC shall include transfer of all files, books, papers, records, equipment, and other property or resources held by the NJMCQC, including, but not limited to, any State funds that have been appropriated to the Department of Health for the exclusive use of the NJMCQC, which shall be deposited in accounts as may be permitted or required by law.

C.26:18-21 Governing Board, New Jersey Maternal and Infant Health Innovation Authority; duties, responsibilities.

5. a. The authority shall be governed by a board consisting of 15 members as follows:

(1) the Commissioner of Health, the Chief Executive Officer of the New Jersey Economic Development Authority, the Commissioner of Human Services, the Commissioner of Banking and Insurance, the Commissioner of Children and Families, the Secretary of Higher Education, and the Commissioner of Labor, or their designees, who shall serve ex officio; and

(2) eight public members to be appointed by the Governor as follows:

(a) one public member appointed upon the recommendation of the Mayor of Trenton;

(b) one public member appointed upon the recommendation of the Senate President in consultation with the New Jersey Black, Latino, and Asian-American Legislative Caucuses;

(c) one public member appointed upon the recommendation of the Speaker of the General Assembly in consultation with the New Jersey Black, Latino, and Asian-American Legislative Caucuses;

(d) five additional public members. Subject to the requirements of subsection d. of section 8 of P.L.2023, c.109 (C.26:18-24), the Governor shall select one of the public members appointed pursuant to this subparagraph to serve as the chairperson of the community advisory committee established pursuant to section 8 of P.L.2023, c.109 (C.26:18-24) and one of the public members appointed pursuant to this subparagraph to serve as the vice-chairperson of the community advisory committee.

b. In appointing public members to the board, the Governor shall seek to ensure that, to the extent possible, a majority of the public members have relevant experience in one or more of the following areas related to maternal, infant, and childhood health care, with the goal of ensuring the board includes representative experience in as many of these areas as is possible: obstetrics; neonatal care; perinatal clinical services; family planning; perinatal workforce development; education; research and innovation; community health work; social services; public health awareness; leadership; doula care; midwifery care; and other relevant experience, including lived experience, related to racial disparities affecting delivery of health care services and mortality and morbidity rates.

In addition, when appointing public members to the board, the Governor shall seek to appoint women and minorities who have been most acutely impacted by maternal and infant health disparities, with a particular focus on Black and Latina women and on women residing in Trenton, and with additional focus on Black and Latina women who have given birth within the last three years.

c. The public members initially appointed to the board shall be appointed no later than 120 days after the effective date of P.L.2023, c.109 (C.26:18-17 et al.). The public members shall serve for a term of five years or until their successors are appointed, except that, of the public members first appointed to the board, two shall serve for one year, three shall serve for two years, and three shall serve for five years. Vacancies in the public membership shall be

filled for the duration of the unexpired term. Public members shall be eligible for reappointment to the board. The public members of the board shall receive an annual salary of \$20,000. The ex officio members of the board and their designees, if any, shall serve without compensation but shall be reimbursed for reasonable expenses incurred in the performance of their official duties, within the limits of funds appropriated or otherwise made available to the authority for this purpose. The public members appointed to serve as chairperson and vice-chairperson of the community advisory committee pursuant to subparagraph (d) of paragraph (2) of subsection a. of this section shall be entitled to receive the stipend authorized pursuant to subsection e. of section 8 of P.L.2023, c.109 (C.26:18-24).

d. Public members appointed by the Governor may be removed from the board by the Governor. Each member, before entering upon the member's duties, shall take and subscribe an oath to perform the duties of the office faithfully, impartially, and justly to the best of the member's ability. A record of these oaths shall be filed in the office of the Secretary of State.

e. The Governor shall annually select a chairperson and vice-chairperson from among the members of the board, at least one of whom shall be the Commissioner of Health, the Commissioner of Human Services, or a designee. The chairperson shall coordinate the activities of the board. In the event that the chairperson position is vacant or the chairperson is absent from a meeting of the board, the vice-chairperson shall act as chairperson of the board.

f. No member of the board, or officer, employee, or agent of the authority, shall take any official action on any matter in which such person has a direct or indirect personal financial interest.

g. A majority of the board members shall constitute a quorum for the purposes of conducting official business. The board may take action upon the affirmative vote of a majority of the members present. No vacancy in the membership of the board shall impair the right of a quorum to exercise all the rights and perform all the duties of the board. A true copy of the minutes of every meeting of the board shall be delivered to the Governor. No action taken at such meeting by the board shall have force or effect until approved by the Governor or until 10 days after such copy of the minutes shall have been delivered. If, in this 10-day period, the Governor returns the copy of the minutes with a veto of any action taken by the board or any member thereof at the meeting, such action shall be null and of no effect. The Governor may approve all or part of the action taken at such meeting prior to the expiration of the 10-day period.

h. The board shall meet on a monthly basis and at the call of the chair, and shall additionally meet on a quarterly basis with the community advisory committee established pursuant to section 8 of P.L.2023, c.109 (C.26:18-24) for the purpose of receiving guidance and feedback related to the purposes of the authority and this act.

i. The board shall have the power to:

(1) engage with, collaborate, and coordinate efforts among maternal and infant health care stakeholders, including, but not limited to, State and federal agencies and public and private organizations, to advance the purposes of the authority and any of its programs and services, foster collective action, and review progress on improving health outcomes;

(2) promote, support, and fund perinatal workforce development, trainings, certifications, education, research, and innovation efforts, including, but not limited to, issuing requests for proposals or requests for qualifications for projects that advance the purposes of P.L.2023, c.109 (C.26:18-17 et al.); providing grants or extending credit, including, but not limited to, loans, to private companies, private and public organizations, or individuals for projects that advance the purposes of P.L.2023, c.109 (C.26:18-17 et al.); entering into agreements and contracts; and establishing a workforce hub to host research, trainings, and guidance;

(3) commission, publish, and collaborate on research studies within the State, national, and international maternal and infant health communities;

(4) collect, analyze, and disseminate data related to maternal and infant health, in collaboration with the New Jersey Maternal Data Center in the Department of Health, with a particular focus on racial disparities in outcomes, perinatal workforce needs, and development of resources;

(5) provide grants or competition prizes and host an innovation incubation space to encourage the development of solutions to problems facing the maternal and infant health care services industry;

(6) enter into the membership of other organizations or coalitions;

(7) oversee the community advisory committee established pursuant to section 8 of P.L.2023, c.109 (C.26:18-24) and to establish and oversee any other committees, which may include, but shall not be limited to, an executive committee or a nominating committee, as the board deems necessary;

(8) adopt, amend, and repeal bylaws for the regulation of its affairs and the conduct of its business, including, but not limited to, protections against undue influence or quid pro quo transactions relating to the receipt of contributions from private sources;

(9) adopt rules and regulations pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), to effectuate the provisions of P.L.2023, c.109 (C.26:18-17 et al.);

(10) adopt and have a seal and alter the same at its pleasure;

(11) sue and be sued;

(12) conduct meetings and public hearings in connection with the purposes of P.L.2023, c.109 (C.26:18-17 et al.);

(13) enter into contracts upon those terms and conditions as the authority determines to be reasonable to effectuate the purposes of P.L.2023, c.109 (C.26:18-17 et al.);

(14) hire staff as necessary to support the authority's operations;

(15) employ consultants, contractors and specialists in the perinatal workforce development, education, research, and innovation, and other fields as may be required in the judgment of the board to effectuate the purposes of P.L.2023, c.109 (C.26:18-17 et al.), and to fix and pay their compensation from funds available therefor, all without regard to the provisions of Title 11A of the New Jersey Statutes;

(16) contract for and to accept any gifts or grants or loans of funds or property or financial or other aid in any form from the United States of America or any agency or instrumentality thereof, or from the State or any agency, instrumentality, or political subdivision thereof, or from any beneficiary of a State or federal grant, or from any other public or private source, including private companies and individuals, and to comply with the terms and conditions thereof;

(17) solicit contributions from public and private entities for any of its corporate purposes;

(18) maintain an office located in the City of Trenton for the operations of the center, and any other satellite offices at such places within the State as the board may designate;

(19) acquire, purchase, develop, manage and operate, handle, and dispose of real and personal property or interests therein, acquire an equity interest in any corporation, and take assignments of rentals and leases and make and enter into all contracts, leases, agreements and arrangements necessary or incidental to the performance of its duties, including, but not limited to, the leasing of premises to tenants within the center's offices to licensed health care facilities and providers that offer maternal, infant and pediatric health care services, childbirth education, lactation education and support services, parenting and early childhood education institutions, county colleges, independent New Jersey-based public-mission institutions that receive State operating aid, food and nutrition consultants and support programs, family

planning services, behavioral health and other social service providers, and such other entities as the board deems appropriate;

(20) procure insurance against any losses in connection with its property, operations, or assets in such amounts and from such insurers as it deems desirable;

(21) enter into any agreements necessary to provide for its establishment, operation, and financial support, including memoranda of understanding with other State entities;

(22) establish or assume control over a nonprofit entity as authorized under section 9 of P.L.2023, c.109 (C.26:18-25); and

(23) do any and all things necessary or convenient to carry out its purposes and exercise the powers granted in P.L.2023, c.109 (C.26:18-17 et al.).

C.26:18-22 President, chief executive officer, responsibilities, recruitment, women, minorities, authority staff.

6 a. The authority shall employ a president and chief executive officer, who shall be responsible for the selection of properly qualified staff of the authority, without regard to the provisions of Title 11A of the New Jersey Statutes. In selecting staff for the authority, the president and chief executive officer shall seek to recruit women and minorities to serve as the authority's staff. Staff members shall receive compensation and be appointed and employed as provided by the president and chief executive officer, without regard to the provisions of Title 11A of the New Jersey Statutes. The president and chief executive officer and all staff members of the center and of the authority shall be deemed confidential employees for the purposes of the "New Jersey Employer-Employee Relations Act," P.L.1941, c.100 (C.34:13A-1 et seq.).

b. The president and chief executive officer of the authority shall be an individual selected by a majority vote of the members of the board; except that the Governor shall select the initial president and chief executive officer of the authority. The president and chief executive officer shall receive an annual salary as provided by the board. The board shall have the authority to consider, investigate, and evaluate any and all matters or issues relevant to the performance of the president and chief executive officer.

C.26:18-23 Purchases, contracts, agreements, awarded, made, public advertisement, bids.

7. a. Except as provided in subsection b. of this section, all purchases, contracts, or agreements made pursuant to P.L.2023, c.109 (C.26:18-17 et al.) shall be made or awarded directly by the authority after public advertisement for bids, which shall be submitted in the manner provided by the authority, notwithstanding the provisions of any other law to the contrary.

b. A purchase, contract, or agreement may be made, negotiated, or awarded by the authority without public bid or advertising under the following circumstances:

(1) When the aggregate amount involved does not exceed the amount set forth in, or the amount calculated by the Governor pursuant to, section 2 of P.L.1954, c.48 (C.52:34-7), unless other State law sets forth a lower bid threshold in a particular case, in which case the lower threshold shall apply. The authority may not divide a contract into multiple proposed contracts in order to take advantage of this exception and shall, if invoking this exception, certify that it has not done so and maintain a record of that certification;

(2) In cases of unforeseen life, safety, or health emergencies where the public exigency requires that services or products be purchased immediately;

(3) To acquire subject matter which is described in section 4 of P.L.1954, c.48 (C.52:34-9);

(4) To make a purchase or award or make a contract or agreement under the circumstances described in section 5 of P.L.1954, c.48 (C.52:34-10);

(5) When the contract to be entered into is for the furnishing or performance of services of a professional or technical nature, including legal services, provided that the contract shall be made or awarded directly by the authority;

(6) Where a firm has brought an innovative idea to the authority, a request for proposals cannot be constructed without communicating the new idea, and the procurement would not benefit from a competitive selection process;

(7) When the authority has advertised for bids and has received no bids in response to its advertisement, or received no responsive bids. Any purchase, contract, or agreement may then be negotiated and may be awarded to any contractor or supplier determined to be responsible, as "responsible" is defined in section 2 of P.L.1971, c.198 (C.40A:11-2), provided that the terms, conditions, restrictions, and specifications set forth in the negotiated contract or agreement are not substantially different from those which were the subject of competitive bidding; and

(8) When a purchase is to be made through or by the Director of the Division of Purchase and Property in the Department of the Treasury pursuant to section 1 of P.L.1959, c.40 (C.52:27B-56.1).

C.26:18-24 Board, coordinate, community advisory committee.

8. a. The board shall coordinate with a community advisory committee to support and inform the work of the authority. The community advisory committee shall consist of 11 members representing diverse community groups with relevant experience as providers of maternal, infant, and childhood health care services or as recipients of maternal health care services, with a preference for individuals who received maternal health care services within the past three years.

b. The members of the community advisory committee shall be appointed by the Governor, who shall consider any recommended candidates presented by the board. The board may solicit applications for candidates to the advisory committee in order to inform its recommendations to the Governor. Committee members shall serve for a term of three years, except that, of the committee members first appointed to the committee, five shall serve for a term of one year and six shall serve for a term of two years. The successors to the initially appointed members shall each be appointed for a term of three years, except that any person appointed to fill a vacancy shall serve only for the unexpired term. The members of the community advisory committee shall be eligible for reappointment to the committee.

c. The chairperson and vice-chairperson of the community advisory committee shall be annually selected by the Governor from among the public members of the board pursuant to subparagraph (d) of paragraph (2) of subsection a. of section 5 of P.L.2023, c.109 (C.26:18-21). The chairperson shall coordinate the activities of the community advisory committee. In the event that the chairperson position is vacant or the chairperson is absent from a meeting of the community advisory committee, the vice-chairperson shall act as chairperson of the committee.

d. Four members of the community advisory committee, including either the chairperson or vice-chairperson of the community advisory committee, shall be residents of the City of Trenton with background as either a mother with personal experience in receiving perinatal services in Trenton or as a community stakeholder. The remaining members of the community advisory committee shall be residents of municipalities in different geographic regions of the State with the highest rates of Black and Hispanic infant mortality, and shall have backgrounds as mothers with personal experience in receiving perinatal services or as community stakeholders.

e. The committee members shall receive an annual stipend of \$20,000, to be paid in increments as determined by the board.

C.26:18-25 Authorized purposes, form, assume control, nonprofit entities.

9. a. To effectuate any of its authorized purposes, either directly or indirectly, and in addition to any powers granted to it elsewhere in this act, the authority shall be authorized to form or assume control of one or more nonprofit entities, in the manner and for the purposes set forth in this section.

A nonprofit entity established pursuant to this section may be established pursuant to the provisions of the "New Jersey Nonprofit Corporation Act," N.J.S.15A:1-1 et seq.

b. A nonprofit entity established or over which control is assumed pursuant to this section shall have the power to:

(1) conduct fundraising activities to solicit funding from public and private organizations to be used in support of maternal and infant health services, social services, perinatal workforce development, education, research, and innovation in the State; and

(2) establish, sponsor, and operate membership, including the ability to generate revenue from members of the nonprofit entity.

c. The board and any nonprofit entities created or over which control is assumed by the board pursuant to this section may enter into any agreements necessary to provide for the establishment, operation, and financial support of the authority and each nonprofit entity.

d. A nonprofit entity established or over which control is assumed pursuant to this section may be organized and operated in such a manner as to be eligible under applicable federal law for tax-exempt status and for the receipt of tax-deductible contributions.

e. A nonprofit entity established or over which control is assumed pursuant to this section shall be authorized to sue and to be sued as a legal entity separate from the State of New Jersey.

f. No member or employee of a nonprofit established or over which control is assumed pursuant to this section shall engage in any for-profit business transaction or professional activity with the authority.

g. All funds received by a nonprofit entity formed or over which control is assumed pursuant to this section, other than those necessary to pay for the expenses of the nonprofit entity, shall be used exclusively for the support of the authority.

C.26:18-26 New Jersey Maternal and Infant Health Innovation Authority, call to assistance, State, county, municipal department, board, bureau, commission, agency employees.

10. a. The authority established pursuant to section 3 of P.L.2023, c.109 (C.26:18-19) shall be entitled to call to its assistance, and avail itself of, the services of employees of any State, county, or municipal department, board, bureau, commission, or agency as it may require and as may be available to it for its purposes. All departments, boards, bureaus, commissions, and agencies are authorized and directed, to the extent not inconsistent with law, to cooperate with the authority.

b. Notwithstanding the provisions of any State law, rule, or regulation to the contrary, the authority may direct State departments, boards, bureaus, commissions, and agencies to report any data collected or maintained by such entity related to maternal and infant health care, social determinants of health, clinical services, and any other information that may advance the purposes of the authority, as deemed necessary by the authority, and such data shall be provided by the reporting entity on an annual basis, or at such times as otherwise requested by the authority. Nothing in this section shall require the disclosure of information when such disclosure would violate any provision of federal law, rule, or regulation.

c. Except as provided in subsection d. of this section, the information required pursuant to subsection b. of this section shall be provided by the reporting entity in such manner as may

be necessary to protect against the disclosure of any confidential or personal identifying information of any individual.

d. In the event the authority requests that a reporting entity provide data that includes any confidential or personal identifying information of any individual, such data shall be kept confidential by the authority consistent with any applicable State and federal law, rule, or regulation.

11. Section 1 of P.L.2019, c.75 (C.26:18-1) is amended to read as follows:

C.26:18-1 Findings, declarations, relative to maternal mortality, morbidity; New Jersey Maternal Care Quality Collaborative, Maternal Data Center, established.

1. The Legislature finds and declares that:

a. Most nations across the globe have successfully reduced their maternal mortality rates over the past two and a half decades, in response to a United Nations' call to action; however, the U.S. is one of only a handful of countries where maternal mortality rates have continued to rise (increasing by 27 percent between 2000 and 2014);

b. The U.S. is currently ranked 50th in the world in maternal mortality, with a rate of maternal death that is nearly three times the rate that exists in the United Kingdom, and about six times the rate that exists in the Netherlands, Norway, and Sweden;

c. In New Jersey, there is currently a Maternal Mortality Case Review Team that operates out of the Department of Health (DOH), and periodically reviews and provides statistics on maternal deaths occurring in the State;

d. A document produced by Every Mother Counts shows that New Jersey is ranked 46th of the 50 states in total maternal mortality, with a rate of 37.3 maternal deaths per every 100,000 live births, and that African-American women in New Jersey are five times more likely than Caucasian women to die from pregnancy-related complications;

e. Although the DOH Maternal Mortality Case Review Team produces important statistical data, the team is not permanently established by statute, does not meet regularly, produces only periodic reports on maternal mortality, and uses varying datasets in those periodic reports, making the aggregation and comparison of data by interested parties more difficult;

f. There is a need to coordinate and expand the multiple, fractionalized maternal mortality and morbidity reduction efforts being conducted by caring and committed individuals and organizations across the State. Further, it is essential to house these myriad efforts in the DOH, the State-designated agency responsible for public health protection and services. The DOH can uniquely leverage the weight and power of the State to effectuate critical changes in the delivery of care and the implementation of Statewide strategies to reduce maternal mortality and morbidity and to eliminate the racial and ethnic disparities in maternal outcomes;

g. To coordinate and support a Statewide strategy to reduce maternal morbidity and mortality, the State hereby establishes a New Jersey Maternal Care Quality Collaborative (NJMCQC);

h. To improve data collection and to improve and assist quality improvement efforts by health care facilities and the State, a Maternal Data Center is hereby established within the Healthcare Quality and Informatics Unit in the DOH;

i. (Deleted by amendment, P.L.2023, c.109); and

j. In order to ensure that the entity reviewing maternal deaths in the State may operate permanently and sustainably, with full statutory authority, in adherence to certain specified powers and responsibilities, it is both reasonable and necessary for the Legislature to replace

the existing informal DOH Maternal Mortality Case Review Team with a statutorily established Maternal Mortality Review Committee situated in the Department of Health, which committee will incorporate the membership of the current Maternal Mortality Case Review Team, but will have formal statutory authority, broader powers, and specific goals and directives, as necessary to ensure that it is able to continuously engage in the comprehensive, regular, and uniform review and reporting of maternal deaths throughout the State.

12. Section 2 of P.L.2019, c.75 (C.26:18-2) is amended to read as follows:

C.26:18-2 Definitions relative to maternal mortality and morbidity.

2. As used in P.L.2019, c.75 (C.26:18-1 et al.):

“Authority” means the New Jersey Maternal and Infant Health Innovation Authority established pursuant to section 4 of P.L.2023, c.109 (C.26:18-20).

“Board” means the board of the New Jersey Maternal and Infant Health Innovation Authority established pursuant to section 5 of P.L.2023, c.109 (C.26:18-21).

"Committee" means the Maternal Mortality Review Committee, established pursuant to section 4 of P.L.2019, c.75 (C.26:18-4), which is responsible for annually reviewing and reporting on maternal death rates and the causes of maternal death in the State, and which is further responsible for providing recommendations to improve maternal care and reduce adverse maternal outcomes.

"Department" means the Department of Health.

"Maternal death" means a pregnancy-associated death.

"Maternal Mortality Case Review Team" means the interdisciplinary team of experts that is operating in the Department of Health as of the effective date of this act, and which is being replaced by the committee established pursuant to this act.

"NJMCQC" means the New Jersey Maternal Care Quality Collaborative, established pursuant to section 3 of P.L.2019, c.75 (C.26:18-3).

"Pregnancy-associated death" means the death of a woman, which occurs while the woman is pregnant, or during the one-year period following the date of the end of the pregnancy, irrespective of the cause of death.

"Pregnancy-related death" means the death of a woman, which occurs while the woman is pregnant, or during the one-year period following the date of the end of the pregnancy, regardless of the duration of the pregnancy, and which results from any cause related to, or aggravated by, the pregnancy or its management, but excluding any accidental or incidental cause.

“Regional Health Hub” means an entity designated as a Regional Health Hub as provided in P.L.2019, c.517 (C.30:4D-8.16 et seq.).

"Report of maternal death" means a report of a suspected maternal death, which is filed with the department, pursuant to the processes established under subsection a. of section 7 of P.L.2019, c.75 (C.26:18-7), and which is to be forwarded to the committee for the purposes of investigation, as provided by subsection b. of that section.

"Severe maternal morbidity" means the physical and psychological conditions that result from, or are aggravated by, pregnancy, and which have an adverse effect on the health of a woman.

"State registrar" means the State registrar of vital statistics, who is responsible for supervising the registration of, and maintaining, death records in the State, in accordance with the provisions of R.S.26:8-1 et seq.

13. Section 3 of P.L.2019, c.75 (C.26:18-3) is amended to read as follows:

C.26:18-3 New Jersey Maternal Care Quality Collaborative (NJMCQC).

3. a. There is hereby established in the Department of Health the New Jersey Maternal Care Quality Collaborative (NJMCQC). Until the conditions set forth in subsection c. of section 4 of P.L.2023, c.109 (C.26:18-20) are met, the NJMCQC shall work with the Governor's office to coordinate all efforts and strategies to reduce maternal mortality, morbidity, and racial and ethnic disparities in the State. At such time as the conditions set forth in subsection c. of section 4 of P.L.2023, c.109 (C.26:18-20) are met, the NJMCQC shall reorganize under the authority, and shall work under the supervision and oversight of the board established pursuant to section 5 of P.L.2023, c.109 (C.26:18-21) to coordinate efforts and strategies to reduce maternal mortality, morbidity, and racial and ethnic disparities in the State; however, notwithstanding this reorganization, at such time as the conditions set forth in subsection c. of section 4 of P.L.2023, c.109 (C.26:18-20) are met, oversight and supervision of the Maternal Mortality Review Committee shall be assumed by the Department of Health.

b. The NJMCQC shall work collaboratively with current organizations that are developing and implementing maternal mortality and morbidity reduction strategies, including the New Jersey Hospital Association's Perinatal Quality Care Collaborative.

c. The NJMCQC shall be composed of 39 members, including eight ex-officio members and 31 public members appointed by the Governor.

(1) The ex officio members shall include the following persons or their designees:

the Deputy Commissioner of Health Systems in the Department of Health;

the Deputy Commissioner of Public Health Services in the Department of Health;

the Director of the Office of Minority and Multicultural Health in the Department of Health;

the Director of the Division of Medical Assistance and Health Services in the Department of Human Services;

the Assistant Commissioner of Health and Life Insurance Plans in the Department of Banking and Insurance;

the Director of the Division of Consumer Affairs in the Department of Law and Public Safety;

the Director of the New Jersey Maternal Data Center in the Department of Health; and

the president and chief executive officer of the authority, who shall serve as chairperson of the NJMCQC.

(2) The public members appointed by the Governor shall include members representing each of the following groups:

the New Jersey Hospital Association;

the New Jersey Health Care Quality Institute;

the Catholic HealthCare Partnership of New Jersey;

the Hospital Alliance of New Jersey;

the Fair Share Hospitals Collaborative;

the New Jersey section of the American College of Obstetricians and Gynecologists;

the New Jersey Affiliate of the American College of Nurse Midwives;

the New Jersey Medical Society;

two medical directors of health plans in the State, as recommended to the commissioner by the President of the New Jersey Association of Health Plans;

the New Jersey Section of the Association of Women's Health Obstetric and Neonatal Nurses;

the New Jersey Chapter of the American College of Emergency Physicians;

a New Jersey affiliate of Planned Parenthood;

the New Jersey Association of Osteopathic Physicians and Surgeons;
the New Jersey Primary Care Association;
the Partnership for Maternal and Child Health of Northern New Jersey;
the Central Jersey Family Health Consortium;
the Southern New Jersey Perinatal Cooperative;
each of the four existing Regional Health Hubs or any successor organization to that Regional Health Hub;
the Perinatal Health Equity Initiative; and

eight additional public members appointed on the recommendation of the Governor, including: one member who is engaged in maternal health advocacy; one member who is engaged in health equity advocacy; one member who has personal experience in receiving perinatal services in one of the 10 New Jersey municipalities with the highest infant mortality rates in the State; one member who has expertise in maternal or infant health workforce development or graduate health education; one member who has expertise in behavioral health; one member who has expertise in providing doula services; one member who expertise in providing lactation services as an international board certified lactation consultant; and one member who is engaged in healthcare consumer advocacy.

d. The public members of the NJMCQC shall serve without compensation and shall each serve for a term of three years. Each public member shall serve for the term of appointment and shall serve until a successor is appointed and qualified, except that a public member may be reappointed to the NJMCQC upon the expiration of the member's term. Any vacancy in the membership shall be filled, for the unexpired term, in the same manner as the original appointment.

e. The board, in consultation with the NJMCQC, shall adopt and implement the strategic plan for the State of New Jersey to reduce maternal mortality, morbidity, and racial and ethnic disparities. The NJMCQC shall meet quarterly to develop recommendations to submit to the board for review and approval, which recommendations shall include, but shall not be limited to, proposed activities that forward the strategic plan, strategies on future activities, funding opportunities, action items based on the data generated and collected by the Maternal Data Center, the Healthcare Quality and Informatics Unit, the Maternal Mortality Review Committee, the Department of Health, and its partners, and strategies to communicate goals and achievement of these goals with stakeholders.

f. The board, in consultation with the NJMCQC, shall:

- (1) (Deleted by amendment, P.L.2023, c.109)
- (2) Apply for and accept any grant of money from the federal government, private foundations or other sources, which may be available for programs related to maternal mortality, morbidity, and racial and ethnic disparities;
- (3) Coordinate with the Department of Health to receive federal funds specifically designated for programs concerning maternal mortality, morbidity, and racial and ethnic disparities;
- (4) Enter into contracts with individuals, organizations, and institutions necessary for the performance of its duties under P.L.2019, c.75 (C.26:18-1 et al.); and
- (5) Establish and coordinate among subcommittees as necessary to achieve the purposes of the NJMCQC.

g. (Deleted by amendment, P.L.2023, c.109)

14. Section 12 of P.L.2019, c.75 (C.26:18-12) is amended to read as follows:

C.26:18-12 Annual compilation, statistics.

12. a. (1) On an annual basis, and using the death records that have been filed during the preceding year, the Maternal Mortality Review Committee shall work collaboratively with the Maternal Data Center in the Healthcare Quality and Informatics Unit and the Department of Health's Maternal Health epidemiologists and other staff to identify: (a) the total number of maternal deaths that have occurred in the State during the year, and during each quarter of the year; (b) the average Statewide rate of maternal death occurring during the year; (c) the number and percentage of maternal deaths that occurred during the year in each of the Northern, Central, and Southern regions of the State; (d) the number and percentage of maternal deaths, on a Statewide and regional basis, that constituted pregnancy-associated deaths, and the number and percentage of maternal deaths, on a Statewide and regional basis, that constituted pregnancy-related deaths; (e) the areas of the State where the rates of maternal death are significantly higher than the Statewide average; and (f) the rate of racial disparities in maternal deaths occurring on a Statewide and regional basis.

(2) The results of the annual analysis that is conducted pursuant to this subsection shall be posted at a publicly accessible location on the Internet website of the Department of Health, and shall also be promptly forwarded to the New Jersey Maternal and Infant Health Innovation Authority and the NJMCQC.

b. In order to accomplish its duties under this section, the Maternal Mortality Review Committee shall:

(1) for the purposes of determining the total number of pregnancy-associated deaths, review each woman's death record, and match the death record with a certificate of live birth, or with a fetal or infant death record, for the woman's child, in order to confirm whether the woman died during pregnancy, or within one year after the end of pregnancy; and

(2) for the purposes of determining the total number of pregnancy-related deaths, review each woman's death record, and identify each such death record in which the death is reported to have resulted from an underlying or contributing cause related to pregnancy, regardless of the amount of time that has passed between the end of the pregnancy and the death.

The Maternal Mortality Review Committee may also use any other appropriate means or methods to identify maternal deaths. Such means or methods may include, but need not be limited to, use of the case ascertainment system devised by the federal Centers for Disease Control and Prevention.

15. Section 14 of P.L.2019, c.75 (C.26:18-13) is amended to read as follows:

C.26:18-13 Maternal Data Center.

14. a. The Department of Health shall establish a Maternal Data Center in the Healthcare Quality and Informatics Unit that shall develop protocols and requirements for the submission of maternal mortality, morbidity and racial and ethnic disparity data indicators; collect this information from relevant health care facilities in the State; conduct rapid-cycle data analytics; develop reports and a public facing dashboard; and disseminate the information collected to the NJMCQC, the Maternal Mortality Review Committee, participating health care facilities, and other stakeholders as identified by the Department of Health. Each participating facility shall have full access to data reported to the Maternal Data Center, provided that any data accessible to participating facilities shall be de-identified, and further provided that nothing in this subsection shall authorize the disclosure of any confidential or personal identifying information for any patient.

b. The Maternal Data Center shall employ a director, three research scientists, a technical assistant, and other staff as necessary to implement the requirements set forth in subsection a. of this section.

C.26:18-27 Report to the Governor, Legislature.

16. No later than one year after the members of the board are appointed and the board first organizes, and annually thereafter, the authority shall prepare and submit a report to the Governor and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), to the Legislature, which report shall set forth a complete operating and financial statement covering the operations of the authority, provide details on programs, services, and initiatives established by the authority, and assess the contribution of those programs, services, and initiatives to the advancement of the State's maternal and infant health outcomes.

C.26:18-28 Rules, regulations.

17. a. Notwithstanding any provision of the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.) to the contrary, the board, in consultation with the State Treasurer, Commissioner of Health, and Chief Executive Officer of the Economic Development Authority, shall, immediately upon filing proper notice with the Office of Administrative Law, adopt rules and regulations necessary to enable the board to carry out its duties, functions, and powers pursuant to P.L.2023, c.109 (C.26:18-17 et al.).

b. The initial rules and regulations adopted pursuant to subsection a. of this section shall be in effect for a period not to exceed one year after the date of filing with the Office of Administrative Law. Thereafter, the rules and regulations shall be adopted, amended, or readopted, and any subsequent rules and regulations shall be adopted, amended, or readopted, by the board in accordance with the requirements of the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), in consultation with the State Treasurer, the Commissioner of Health, and the Chief Executive Officer of the Economic Development Authority, and such other departments, agencies, and authorities as the board deems appropriate.

C.26:18-29 "New Jersey Maternal and Infant Health Innovation Authority Fund" established, maintained.

18. a. The authority shall establish and maintain a special, nonlapsing fund to be known as the "New Jersey Maternal and Infant Health Innovation Authority Fund". The fund shall be operated in a manner determined by the board. The authority may deposit into the fund: (1) such monies as shall be appropriated by the State for the purpose of the fund; (2) such monies as shall be received by the authority from the repayment of loans or other extensions of credit made pursuant to this act; and (3) any other monies or funds of the authority.

b. All funds received by the authority, other than those necessary to pay the expenses of the authority, shall be used to advance the purposes of the authority.

19. There is hereby appropriated from the General Fund to the New Jersey Maternal and Infant Health Innovation Authority Fund established pursuant to section 18 of P.L.2023, c.109 (C.26:18-29) the sum of \$2,220,000, which sum shall be used by the authority to support the purposes of this act.

20. This act shall take effect immediately.

Approved July 17, 2023.