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Matt Arco - For The Star-Ledger, 'New agency looks to reduce childbirth death Authority formed as state ranks
29thin infant mortality.', *Star-Ledger, The* (online), 19 Jul 2023 013

CL/JA

Title 26.
Chapter 6C.
(Recodify and
Rename)
Chapter 18.
Maternal and
Infant Care
C.26:18-1
to 26:18-16
(P.L.2019, c.75,
§§1-12, 14-17,
formerly
C.26:6C-1 to
26:6C-16)
§§1-10,16-18
C.26:18-17
to 26:18-29
§19
Approp.

P.L. 2023, CHAPTER 109, *approved July 17, 2023*
Senate, No. 3864 (*Second Reprint*)

1 AN ACT concerning maternal health care, supplementing Title 26 of
2 the Revised Statutes ²**[and]** ²,² amending P.L.2019, c.75 ², and
3 making an appropriation² .
4

5 **BE IT ENACTED** by the Senate and General Assembly of the State
6 of New Jersey:
7

8 1. (New section) This act shall be known and may be cited as
9 the “New Jersey Maternal and Infant Health Innovation Center
10 Act.”
11

12 2. (New section) The Legislature finds and declares that:

13 a. In 2019, New Jersey Governor Philip D. Murphy and First
14 Lady Tammy Snyder Murphy launched Nurture NJ, a Statewide
15 campaign committed to both reducing maternal and infant mortality
16 and morbidity and ensuring equitable ¹access to and provision of¹
17 care among women and children of all races and ethnicities.

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

EXPLANATION – Matter enclosed in bold-faced brackets **[thus]** in the above bill is
not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹Senate SHH committee amendments adopted June 15, 2023.

²Senate SBA committee amendments adopted June 27, 2023.

- 1 c. Such inequities are particularly evident in our capital city of
2 Trenton, which experiences the highest maternal and infant health
3 disparities among our Black and Hispanic communities. The City
4 of Trenton is among the cities with the highest rates of Black and
5 Hispanic infant mortality; ¹and¹ only 47 percent of mothers in
6 Trenton receive prenatal care in their first trimester.
- 7 d. In January 2021, the Nurture NJ Strategic Plan included a
8 recommendation to establish a ¹**Center** center¹ in the State
9 capital, Trenton, that focuses on innovation and research in
10 maternal and infant health through ¹**partnerships** collaboration¹
11 with the State's academic, ¹**funder** philanthropic¹, business, and
12 faith communities in partnership with the New Jersey Economic
13 Development Authority, the Departments of Health, Human
14 Services, and Children and Families, and the Office of the Secretary
15 of Higher Education.
- 16 e. In order to create, fund, and sustain such a facility, ¹**and**¹
17 to ensure that substantial commitments are made to its related
18 activities, ¹and to position New Jersey to acknowledge and act upon
19 the health disparities and harm wrought by racism and other forms
20 of systemic oppression that have created a public health crisis for
21 Black and Hispanic mothers and their babies,¹ it is necessary to
22 create an authority independent of any supervision or control by the
23 principal departments of the Executive Branch of the State
24 Government.
- 25 f. The authority will operate a Trenton-based New Jersey
26 Maternal and Infant Health Innovation Center, and will collaborate
27 with other State departments and agencies to advance maternal and
28 infant health care and clinical services throughout the State, and
29 lead the State's coordination, promotion, and implementation of ¹,
30 among other things,¹ education, policymaking, research, innovation,
31 ¹and¹ perinatal workforce development ¹**and more**¹, with a
32 particular focus on eliminating racial disparities in maternal and
33 infant health outcomes.
- 34 g. The New Jersey Maternal and Infant Health Innovation
35 Center will serve as the first-of-its kind central hub to coordinate
36 among national, State ¹,¹ and local agencies, ¹**and** as well as¹
37 private organizations ¹,¹ to ¹,¹ promote equitable maternal and
38 infant health care services; ¹**to**¹ implement strategies related to
39 health care and social service delivery, perinatal workforce
40 development, community engagement, data collection, research,
41 and analysis; and ¹**to**¹ serve as an incubator of new enterprises,
42 therapeutics, and technological innovations leading to better health
43 outcomes and reduced mortality and morbidity rates for women and
44 children.
- 45 h. The New Jersey Maternal and Infant Health Innovation
46 Center will be at the forefront of serving ¹**the**¹ maternal and

1 infant health care needs, not only ¹**[of the]** for¹ families ¹**[and]**
 2 residing in¹ the City of Trenton, but also ¹**[of]** for families
 3 throughout¹ the State of New Jersey and the nation, and will enable
 4 collaborative partnerships for research and knowledge transfer
 5 within the global maternal and infant health ¹**[community]**
 6 communities¹ .

7
 8 3. (New section) As used in this act:

9 “Authority” means the New Jersey Maternal and Infant Health
 10 Innovation Authority established pursuant to ¹section 4 of¹ P.L. ,
 11 c. (C.) (pending before the Legislature as this bill).

12 “Board” means the board of the New Jersey Maternal and Infant
 13 Health Innovation Authority established pursuant to ¹section 5 of¹
 14 P.L. , c. (C.) (pending before the Legislature as this bill).

15 “Center” means the ¹**[New Jersey Maternal and Infant Health**
 16 **Innovation Center for]** premises located in the City of Trenton used
 17 by¹ the authority ¹**[of this act]** pursuant to the provisions of P.L. ,
 18 c. (C.) (pending before the Legislature as this bill)¹ .

19 ¹“Community advisory committee” means the community
 20 advisory committee established pursuant to section 8 of P.L. ,
 21 c. (C.) (pending before the Legislature as this bill).

22 ¹“New Jersey Maternal Care Quality Collaborative” or
 23 “NJMCQC” means the New Jersey Maternal Care Quality
 24 Collaborative, established pursuant to section 3 of P.L.2019, c.75
 25 (C.26:6C-3).

26
 27 4. (New section) ¹a.¹ The New Jersey Maternal and Infant
 28 Health Innovation Authority is created and established in, but not
 29 of, the Department of the Treasury ¹**[**, to:

30 a. assume the role as ¹**]** .

31 b. The authority shall:

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

36 (a) provide perinatal, infant care, related health services, and
 37 other services as outlined in P.L. , c. (C.) (pending before
 38 the Legislature as this bill) to the residents of the City of Trenton
 39 and others who are in need of such services;

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

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

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

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

10 c. The authority shall become¹ the ¹【primary authority】
 11 agency primarily¹ responsible for coordinating ¹【all】¹ efforts and
 12 strategies to reduce maternal mortality, morbidity, and racial and
 13 ethnic disparities in the State ¹【pursuant to P.L. 2019, c.75
 14 (C.26:6C-1 et seq.) from the NJMCQC for the further development
 15 of equitable maternal and infant health care services, data
 16 collection, research, analysis, and innovation. Except】 at such time
 17 as the members of the board are appointed pursuant to section 5 of
 18 P.L. _____.

19 c. (C. _____) (pending before the Legislature as this bill) and the
 20 board first organizes. At that time, and except¹ as otherwise
 21 provided by this act, all powers, duties, and responsibilities
 22 authorized pursuant to P.L.2019, c.75 (C.26:6C-1 et ¹【seq.】 al.¹)
 23 shall be transferred from the NJMCQC to the authority ¹【at such
 24 time as the members of the board and its initial president and chief
 25 executive officer are appointed as provided in P.L. _____, c. (C. _____)
 26 (pending before the Legislature as this bill) and the board first
 27 organizes】¹ . Thereafter, the NJMCQC shall be reorganized within
 28 the authority and shall operate under the supervision and oversight
 29 of the board as ¹【set forth】 provided¹ in ¹section 5 of¹ P.L. _____,
 30 c. (C. _____) (pending before the Legislature as this bill). The
 31 provisions of this subsection shall be carried out in accordance with
 32 the “State Agency Transfer Act,” P.L.1971, c.375 (C.52:14D-1 et
 33 seq.) ¹,¹ and ¹the transfer of oversight over the NJMCQC¹ shall
 34 include ¹transfer of¹ all files, books, papers, records, equipment,
 35 and other property or resources held by the NJMCQC, including,
 36 ¹【without limitation】 but not limited to¹ , any State funds that have
 37 been appropriated to the Department of Health for the exclusive use
 38 of the NJMCQC, which shall be deposited in accounts as may be
 39 permitted or required by law ¹【; and

40 b. oversee the design and implementation of programs and
 41 services that advance the State’s maternal and infant health
 42 outcomes, address racial disparities for maternal and infant
 43 mortality rates, ensure equitable care, and fill gaps in access to care,
 44 including, but not limited to, health care and social service delivery,
 45 research and innovation, perinatal workforce development,
 46 education and public awareness, and other initiatives undertaken by
 47 the authority】¹ .

1 5. (New section) a. The authority shall be governed by a board
2 consisting of ¹【the following】¹ 15 members ¹【, including seven ex-
3 officio members and eight public members, who shall be appointed
4 by the Governor no later than the 120th day after the effective day
5 of P.L. , c. (C.) (pending before the Legislature as this
6 bill)】¹ as follows:

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

13 (2) eight¹ public members to be appointed by the Governor ¹【,
14 two of which shall be selected by the Governor to serve as the chair
15 and vice-chair of the community advisory committee set forth in
16 P.L. , c. (C.) (pending before the Legislature as this bill);

17 (2) one public member to be appointed by the Governor upon the
18 recommendation of the Mayor of Trenton;

19 (3) one public member appointed by the Governor upon the
20 recommendation of the Senate President;

21 (4) one public member appointed by the Governor upon the
22 recommendation of the Speaker of the General Assembly;

23 (5) the Commissioner of Health, ex officio;

24 (6) the Chief Executive Officer of the New Jersey Economic
25 Development Authority, ex officio;

26 (7) the Commissioner of Human Services, ex officio;

27 (8) the Commissioner of Banking and Insurance, ex officio;

28 (9) the Commissioner of Children and Families, ex officio;

29 (10) the Secretary of Higher Education, ex officio; and

30 (11) the Commissioner of Labor, ex officio】 as follows:

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

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

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

39 (d) five additional public members. Subject to the requirements
40 of subsection d. of section 8 of P.L. , c. (C.) (pending
41 before the Legislature as this bill), the Governor shall select one of
42 the public members appointed pursuant to this subparagraph to
43 serve as the chairperson of the community advisory committee
44 established pursuant to section 8 of P.L. , c. (C.) (pending
45 before the Legislature as this bill) and one of the public members
46 appointed pursuant to this subparagraph to serve as the vice-
47 chairperson of the community advisory committee¹ .

1 b. ¹Each ex officio member of the authority may designate an
 2 officer or employee of the member's department to represent the
 3 member at meetings of the authority, and each such designee may
 4 lawfully vote and otherwise act on behalf of the member for whom
 5 the person constitutes the designee. Any such designation shall be
 6 in writing delivered to the authority and shall continue in effect
 7 until revoked or amended by writing delivered to the authority.

8 c. A] In appointing public members to the board, the Governor
 9 shall seek to ensure that, to the extent possible, a¹ majority of the
 10 ¹board's public members ¹shall have relevant experience in
 11 one or more of the following areas related to maternal, infant ¹
 12 and childhood health care ¹, with the goal of ensuring the board
 13 includes representative experience in as many of these areas as is
 14 possible¹ : obstetrics ¹[.] ;¹ neonatal care ¹[.] ;¹ perinatal clinical
 15 services ¹[.] ;¹ family planning ¹[.] ;¹ perinatal workforce
 16 development ¹[.] ;¹ education ¹[.] ;¹ research and innovation ¹[.]
 17 ;¹ community health work ¹[.] ;¹ social services ¹[.] ;¹ public
 18 health awareness ¹[.] ;¹ leadership ¹[.] ;¹ doula care; midwifery
 19 care;¹ and other relevant experience ¹, including lived experience,¹
 20 related to racial disparities affecting delivery of health care services
 21 ¹[.]¹ and mortality and morbidity rates. ¹The public members
 22 shall have relevant experience in different areas.

23 d. In the selection of] In addition, when appointing¹ public
 24 members to the board¹ , ¹a strong effort shall be made to solicit]
 25 the Governor shall seek to appoint¹ women and minorities ¹[as
 26 candidates for appointment to the board] who have been most
 27 acutely impacted by maternal and infant health disparities, with a
 28 particular focus on Black and Latina women and on women residing
 29 in Trenton¹ , ¹[including] and with additional focus on Black and
 30 Latina¹ women who have given birth within the last three years.

31 ¹e. The terms of the public members of the board shall be for]
 32 c. The public members initially appointed to the board shall be
 33 appointed no later than 120 days after the effective date of P.L. ,
 34 c. (C.) (pending before the Legislature as this bill). The
 35 public members shall serve for a term of¹ five years or until their
 36 successors are appointed, except that ¹ of the ¹[appointments
 37 first made to the board] of the public members first appointed to the
 38 board¹ , two shall serve for one year, three shall serve for two years,
 39 and three shall serve for five years. ¹The successors to the initially
 40 appointed members shall each be appointed for a term of five years,
 41 except that any person appointed to fill a vacancy shall serve only
 42 for the unexpired term. Except for the two board members
 43 appointed to serve as chair and vice-chair of the community
 44 advisory committee, the board members] Vacancies in the public
 45 membership shall be filled for the duration of the unexpired term.

1 Public members shall be eligible for reappointment to the board.
2 The public members of the board shall receive an annual salary of
3 \$20,000. The ex officio members of the board and their designees,
4 if any,¹ shall serve without compensation but shall be reimbursed
5 for ¹**[necessary]** reasonable¹ expenses incurred in the performance
6 of their ¹official¹ duties, within the limits of funds appropriated or
7 otherwise made available to the ¹**[Authority for its purposes]**
8 authority for this purpose. The public members appointed to serve
9 as chairperson and vice-chairperson of the community advisory
10 committee pursuant to subparagraph (d) of paragraph (2) of
11 subsection a. of this section shall be entitled to receive the stipend
12 authorized pursuant to subsection e. of section 8 of P.L. _____,
13 c. (C. _____) (pending before the Legislature as this bill)¹ . ¹**[A**
14 member may be reappointed to a second or subsequent term.

15 f. Each member ¹**[** d. Public members¹ appointed by the
16 Governor may be removed from the ¹**[position]** board¹ by the
17 Governor. Each member, before entering upon the member's
18 duties, shall take and subscribe an oath to perform the duties of the
19 office faithfully, impartially, and justly to the best of the member's
20 ability. A record of these oaths shall be filed in the office of the
21 Secretary of State.

22 ¹**[g.] e.**¹ The Governor shall annually select a ¹**[chair]**
23 chairperson¹ and ¹**[vice-chair]** vice-chairperson¹ from among the
24 members of the board, at least one of ¹**[which]** whom¹ shall be the
25 Commissioner of Health ¹**[or]** the¹ Commissioner of Human
26 Services ¹₂¹ or ¹**[their]** a¹ designee. The ¹**[chair]** chairperson¹
27 shall coordinate the activities of the board. In the event that the
28 chairperson ¹position¹ is vacant ¹or the chairperson is absent from a
29 meeting of the board¹ , the ¹**[vice-chair]** vice-chairperson¹ shall act
30 as ¹**[chair]** chairperson¹ of the board ¹**[until the chair position is no**
31 longer vacant]¹ .

32 ¹**[h.] f.**¹ No member of the board, or officer, employee, or agent
33 of the ¹**[Authority]** authority¹ , shall take any official action on any
34 matter in which such person has a direct or indirect personal
35 financial interest.

36 ¹**[i.] g.**¹ A majority of the board members shall constitute a
37 quorum ¹**[at any meeting thereof]** for the purposes of conducting
38 official business¹ . The board may take action upon the affirmative
39 vote of a majority of ¹the¹ members present. No vacancy in the
40 membership of the board shall impair the right of a quorum to
41 exercise all the rights and perform all the duties of the board. A
42 true copy of the minutes of every meeting of the board shall be
43 delivered to the Governor. No action taken at such meeting by the
44 board shall have force or effect until approved by the Governor or
45 until 10 days after such copy of the minutes shall have been
46 delivered. If, in this 10-day period, the Governor returns the copy

1 of the minutes with a veto of any action taken by the board or any
 2 member thereof at the meeting, such action shall be null and of no
 3 effect. The Governor may approve all or part of the action taken at
 4 such meeting prior to the expiration of the 10 day period.

5 **1[j.] h.** The board shall **1[convene meetings including, but not**
 6 **limited to,] meet on a monthly basis and at the call of the chair, and**
 7 **shall additionally meet on a** quarterly **1[basis]** with the community
 8 advisory committee established pursuant to **1[section 8 of]** P.L. ,
 9 c. (C.) (pending before the Legislature as this bill) for
 10 **1[purposes] the purpose** of receiving guidance and feedback
 11 related to the purposes of the authority and this act.

12 **1[k.] i.** The board shall have the **1[following powers] power**
 13 **to** :

14 (1) **1[To]** engage with, collaborate, and coordinate efforts
 15 among maternal and infant health care stakeholders **1,** including,
 16 but not limited to, State and federal agencies **1[,]** and public and
 17 private organizations **1,** to advance the purposes of the authority
 18 and any of its programs and services **1[;]** **1** foster collective action
 19 **1[;]** **1** and review progress on improving health outcomes;

20 (2) **1[To]** promote, support, and fund perinatal workforce
 21 development, trainings, certifications, education, research, and
 22 innovation efforts, including **1,** but not limited to **1,** issuing
 23 requests for proposals or requests for qualifications for projects that
 24 advance the purposes of P.L. , c. (C.) (pending before the
 25 Legislature as this bill); providing grants or extending credit,
 26 including, but not limited to, loans, to private companies, private
 27 and public organizations, or individuals for projects that advance
 28 the purposes of P.L. , c. (C.) (pending before the
 29 Legislature as this bill); entering into agreements and contracts; and
 30 establishing a workforce hub to host research, trainings, and
 31 guidance;

32 (3) **1[To]** commission, publish, and collaborate on research
 33 studies within the State, **1[country] national** , and **1[in the global**
 34 **international** maternal and infant health **1[community]**
 35 **communities** ;

36 (4) **1[To]** collect, analyze, and disseminate data related to
 37 maternal and infant health, in collaboration with the New Jersey
 38 Maternal Data Center **1[at] in** the Department of Health, with a
 39 particular focus **1[upon] on** racial disparities in outcomes,
 40 perinatal workforce needs, and development of resources;

41 (5) **1[To]** provide grants or competition prizes and host an
 42 innovation incubation space to encourage the development of
 43 solutions to problems facing the maternal and infant health care
 44 services industry;

45 (6) **1[To]** enter into **1[the]** membership **1[in] of** other
 46 organizations or coalitions;

1 (7) **1[To]** oversee the community advisory committee
2 established pursuant to 1section 8 of¹ P.L. , c. (C.) (pending
3 before the Legislature as this bill) and to establish and oversee any
4 other committees ¹, which may include, but shall not be limited to,
5 an executive committee or a nominating committee,¹ as **1[**may be
6 deemed**]** the board deems¹ necessary;

7 (8) **1[To]** adopt, amend, and repeal bylaws for the regulation of
8 its affairs and the conduct of its business, including, but not limited
9 to, protections against undue influence or quid pro quo transactions
10 relating to the receipt of contributions from private sources;

11 (9) **1[To]** adopt rules and regulations pursuant to the
12 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et
13 seq.) ^{1,1} to effectuate the provisions of P.L. , c. (C.)
14 (pending before the Legislature as this bill);

15 (10) **1[To]** adopt and have a seal and alter the same at its
16 pleasure;

17 (11) **1[To]** sue and be sued;

18 (12) **1[To]** conduct meetings and public hearings in connection
19 with the purposes of P.L. , c. (C.) (pending before the
20 Legislature as this bill);

21 (13) **1[To]** enter into contracts upon those terms and conditions
22 as the authority determines to be reasonable to effectuate the
23 purposes of P.L. , c. (C.) (pending before the Legislature as
24 this bill);

25 (14) **1[To]** hire staff as necessary to support the authority's
26 operations;

27 (15)¹ employ consultants, contractors and specialists in the
28 perinatal workforce development, education, research, and
29 innovation, and other fields as may be required in the judgment of
30 the board to effectuate the purposes of **1[this act]** P.L. _____,
31 c. (C. _____) (pending before the Legislature as this bill)¹, and to
32 fix and pay their compensation from funds available therefor, all
33 without regard to the provisions of Title 11A of the New Jersey
34 Statutes;

35 **1[(15) To]** (16)¹ contract for and to accept any gifts or grants or
36 loans of funds or property or financial or other aid in any form from
37 the United States of America or any agency or instrumentality
38 thereof, or from the State or any agency, instrumentality ^{1,1} or
39 political subdivision thereof, or from any beneficiary of a State or
40 federal grant, or from any other public or private source, including
41 private companies and individuals, and to comply with the terms
42 and conditions thereof;

43 **1[(16) To]** (17)¹ solicit contributions from public and private
44 entities for any of its corporate purposes;

45 **1[(17) To]** (18)¹ maintain an office located in the City of
46 Trenton for the **1[Center of the authority]** operations of the center¹,

1 and any other satellite offices at such ~~1~~ **place or** ~~1~~ places within the
2 State as the board may designate;

3 ~~1~~ **[(18) To] (19)** ~~1~~ acquire, purchase, develop, manage and
4 operate, ~~1~~ **hand old** ~~1~~ handle, ~~1~~ and dispose of real and personal
5 property or interests therein, ~~1~~ **to** ~~1~~ acquire an equity interest in any
6 corporation, and take assignments of rentals and leases and make
7 and enter into all contracts, leases, agreements and arrangements
8 necessary or incidental to the performance of its duties, including,
9 but not limited to, the leasing of premises to tenants within the
10 ~~1~~ **center including, but not limited to,] center's offices to** ~~1~~ licensed
11 health care facilities and providers that offer maternal, infant and
12 pediatric health care services, childbirth education, ~~1~~ lactation
13 education and support services, ~~1~~ parenting and early childhood
14 education institutions, county colleges, independent New Jersey-
15 based public-mission institutions that receive State operating aid,
16 food and nutrition consultants and support programs, family
17 planning services, ~~1~~ **and** ~~1~~ behavioral health and other social
18 service providers ~~1~~, and such other entities as the board deems
19 appropriate ~~1~~ ;

20 ~~1~~ **[(19) To] (20)** ~~1~~ procure insurance against any losses in
21 connection with its property, operations ~~1~~, ~~1~~ or assets in such
22 amounts and from such insurers as it deems desirable;

23 ~~1~~ **[(20) To] (21)** ~~1~~ enter into any agreements necessary to provide
24 for its establishment, operation, and financial support, including
25 memoranda of understanding with other State entities;

26 ~~1~~ **[(21) To create] (22) establish or assume control over** ~~1~~ a
27 nonprofit entity as ~~1~~ **set forth in** ~~1~~ authorized under section 9 of
28 P.L. ~~1~~, c. (C. ~~1~~) (pending before the Legislature as this
29 bill); and

30 ~~1~~ **[(22) To] (23)** ~~1~~ do any and all things necessary or convenient
31 to carry out its purposes and exercise the powers granted in ~~1~~ **this**
32 **act** ~~1~~ P.L. ~~1~~, c. (C. ~~1~~) (pending before the Legislature as this
33 bill) ~~1~~ .
34

35 6. (New section) ~~1~~ **The** ~~1~~ a. The authority shall employ a
36 president and chief executive officer ~~1~~, who ~~1~~ shall be responsible
37 for the selection of properly qualified staff of the authority, without
38 regard to the provisions of Title 11A of the New Jersey Statutes.
39 ~~1~~ **A strong effort shall be made** ~~1~~ In selecting staff for the authority,
40 the president and chief executive officer shall seek ~~1~~ to recruit
41 women and minorities to serve as the authority's staff. Staff
42 members shall receive compensation and be appointed and
43 employed as provided by the president and chief executive officer,
44 without regard to the provisions of Title 11A of the New Jersey
45 Statutes. The president and chief executive officer and all staff
46 members of the center ~~1~~ and of the authority ~~1~~ shall be deemed

1 confidential employees for the purposes of the “New Jersey
2 Employer-Employee Relations Act,” P.L.1941, c.100 (C.34:13A-1
3 et seq.).

4 ¹b. The president and chief executive officer of the authority
5 shall be an individual selected by a majority vote of the members of
6 the board; except that the Governor shall select the initial president
7 and chief executive officer of the authority. The president and chief
8 executive officer shall receive an annual salary as provided by the
9 board. The board shall have the authority to consider, investigate,
10 and evaluate any and all matters or issues relevant to the
11 performance of the president and chief executive officer.¹

12
13 7. (New section) a. ¹~~【All】~~ Except as provided in subsection b. of
14 this section, all¹ purchases, contracts, or agreements made pursuant
15 to P.L. , c. (C.) (pending before the Legislature as this bill)
16 shall be made or awarded directly by the authority ¹~~【, only】~~¹ after
17 public advertisement for bids ¹~~【therefor】~~ , which shall be
18 submitted¹ in the manner provided by the authority ¹~~【and】~~ ¹
19 notwithstanding the provisions of any other ¹~~【laws】~~ law¹ to the
20 contrary.

21 b. ¹~~【Any】~~ A¹ purchase, contract, or agreement may be made,
22 negotiated, or awarded by the authority without public bid or
23 advertising under the following circumstances:

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

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

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

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

41 (5) When the contract to be entered into is for the furnishing or
42 ¹~~【performing】~~ performance¹ of services of a professional or
43 technical nature, including legal services, provided that the contract
44 shall be made or awarded directly by the authority;

45 (6) Where a firm has brought an innovative idea to the authority,
46 a request for proposals cannot be constructed without

1 communicating the new idea, and the procurement would not
2 benefit from a competitive selection process;

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

12 (8) When a purchase is to be made through or by the Director of
13 the Division of Purchase and Property in the Department of the
14 Treasury¹ pursuant to section 1 of P.L.1959, c.40 (C.52:27B-56.1).

15
16 8. (New section) a. The board shall coordinate with a
17 community advisory committee to support and inform the work of
18 the authority. The community advisory committee shall consist of
19 11 members ¹and shall be comprised of representatives of
20 representing¹ diverse community groups with relevant experience
21 as ¹either¹ providers ¹or recipients¹ of maternal, infant ¹and
22 childhood health care services ¹or as recipients of maternal health
23 care services, with a preference for individuals who received
24 maternal health care services within the past three years¹ .

25 b. The members of the community advisory committee shall be
26 appointed by the Governor ¹, who shall consider any recommended
27 candidates presented by the board. The board may solicit
28 applications for candidates to the advisory committee in order to
29 inform its recommendations to the Governor¹. ¹The term of the
30 committee¹ Committee¹ members shall ¹be¹ serve¹ for ¹a term of¹
31 three years, except that ¹of the¹ ¹appointments first made¹
32 committee members first appointed¹ to the committee, five shall
33 serve for ¹a term of¹ one year and six shall serve for ¹a term of¹ two
34 years. The successors to the initially appointed members shall each
35 be appointed for a term of three years, except that any person
36 appointed to fill a vacancy shall serve only for the unexpired term.
37 ¹The members of the community advisory committee shall be
38 eligible for reappointment to the committee.¹

39 c. The ¹chair and vice-chair¹ chairperson and vice-
40 chairperson¹ of the community advisory committee shall be
41 ¹annually¹ selected ¹by the Governor¹ from among the ¹public
42 members of the¹ board ¹of the Authority by the Governor¹
43 pursuant to ¹subparagraph (d) of paragraph (2) of subsection a. of
44 section 5 of¹ P.L. , c. (C.) (pending before the Legislature
45 as this bill). The ¹chair¹ chairperson¹ shall coordinate the
46 activities of the community advisory committee. In the event that

1 the **['chair] chairperson'** position is vacant **'or the chairperson is**
 2 **absent from a meeting of the community advisory committee'** , the
 3 **['vice-chair] vice-chairperson'** shall act as **['chair] chairperson'** of
 4 the committee **['until the chair position is no longer vacant']'** .

5 d. Four members of the community advisory committee,
 6 including either the **['chair or vice-chair] chairperson or vice-**
 7 **chairperson'** of the community advisory committee, shall be
 8 residents of the City of Trenton with **['backgrounds] background'**
 9 as either a mother with personal experience in receiving perinatal
 10 services in Trenton or **'as'** a community stakeholder. The remaining
 11 members of the community advisory committee shall be residents of
 12 municipalities in different geographic regions of the State with the
 13 highest rates of Black and Hispanic infant mortality, and shall have
 14 backgrounds as **['a mother] mothers'** with personal experience in
 15 receiving perinatal services or **['a] as'** community **['stakeholder]**
 16 **stakeholders.'**

17 e. The committee members shall receive an annual stipend of
 18 \$20,000, to be paid in increments as determined by the board.

19
 20 9. (New section) a. To effectuate any of its authorized purposes
 21 **' ,'** either directly or indirectly, **'and'** in addition to any powers
 22 granted to it elsewhere in this act, the **['board] authority'** shall
 23 **['have the authority] be authorized'** to form or assume control of
 24 one or more nonprofit entities, in the manner and for the purposes
 25 set forth in this section.

26 **['b.]'** A nonprofit entity **'established pursuant to this section'**
 27 may be **['formed] established'** pursuant to the **'provisions of the'**
 28 "New Jersey Nonprofit Corporation Act," N.J.S.15A:1-1 et seq.

29 **['c. The] b. A'** nonprofit entity **'established or over which**
 30 **control is assumed pursuant to this section'** shall have the power to:

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

35 (2) establish, sponsor, and operate membership, including the
 36 ability to generate revenue from members **[';] of the nonprofit**
 37 **entity.'**

38 **['d.] c.'** The **['authority] board'** and any nonprofit entities
 39 created or **'over which control is'** assumed by the **['authority]**
 40 **board pursuant to this section'** may enter into any agreements
 41 necessary to provide for the establishment, operation, and financial
 42 support of the authority and each nonprofit entity.

43 **['e. The] d. A'** nonprofit **['entities] entity established or over**
 44 **which control is assumed pursuant to this section'** may be organized
 45 and operated in such a manner as to be eligible under applicable

1 federal law for tax-exempt status and for the receipt of tax-
2 deductible contributions **1**[, and]**1** .

3 e. A nonprofit entity established or over which control is
4 assumed pursuant to this section**1** shall be authorized to sue and to
5 be sued as a legal entity separate from the State of New Jersey.

6 f. No member or employee of **1**[the] a**1** nonprofit established
7 or over which control is assumed pursuant to this section**1** shall
8 engage in any for profit**1** business transaction or professional
9 activity **1**[for profit]**1** with the authority.

10 g. All funds received by a nonprofit entity formed or over
11 which control is assumed**1** pursuant to this section, other than those
12 necessary to pay for the expenses of the nonprofit entity**1** , shall be
13 used exclusively for the support of the authority.

14

15 10. (New section) a. The authority **1**[is] established pursuant to
16 section 3 of P.L. , c. (C.) (pending before the Legislature
17 as this bill) shall be¹ entitled to call to its assistance, and avail itself
18 of, the services of employees of any State, county ^{1,1} or municipal
19 department, board, bureau, commission, or agency as it may require
20 and as may be available to it for its purposes. All departments,
21 boards, bureaus, commissions, and**1** agencies **1**[, and divisions]**1**
22 are authorized and directed, to the extent not inconsistent with law,
23 to cooperate with the authority.

24 b. Notwithstanding the provisions of any State law, rule, or
25 regulation to the contrary, the authority may direct State
26 departments, boards, bureaus, commissions, and**1** agencies **1**[or
27 authorities]**1** to report any data collected or maintained by such
28 **1**[agency] entity**1** related to maternal and infant health care, social
29 determinants of health, clinical services, and any other information
30 that may advance the purposes of the authority, as deemed
31 necessary by the authority, and such data shall be provided by the
32 reporting **1**[agency or authority] entity**1** on an annual basis, or at
33 such times as otherwise requested by the authority. Nothing in this
34 section shall require the disclosure of information when such
35 disclosure would violate any provision of federal law, rule, or
36 regulation.

37 c. Except as provided in subsection d. of this section, the
38 information required pursuant to subsection b. of this section shall
39 be provided by the reporting **1**[agency or authority] entity**1** in such
40 manner as may be necessary to protect against the disclosure of any
41 confidential or personal identifying information of any individual.

42 d. In the event the authority requests that a reporting **1**[agency]
43 entity**1** provide data that includes any confidential or personal
44 identifying information of any individual, such data shall be kept
45 confidential by the authority consistent with any applicable State
46 and federal law, rule, or regulation.

- 1 11. Section 1 of P.L.2019, c.75 (C.26:6C-1) is amended to read
2 as follows:
- 3 1. The Legislature finds and declares that:
- 4 a. Most nations across the globe have successfully reduced
5 their maternal mortality rates over the past two and a half decades,
6 in response to a United Nations' call to action; however, the U.S. is
7 one of only a handful of countries where maternal mortality rates
8 have continued to rise (increasing by 27 **1【%】 percent¹** between
9 2000 and 2014);
- 10 b. The U.S. is currently ranked 50th in the world in maternal
11 mortality, with a rate of maternal death that is nearly three times the
12 rate that exists in the United Kingdom, and about six times the rate
13 that exists in the Netherlands, Norway, and Sweden;
- 14 c. In New Jersey, there is currently a Maternal Mortality Case
15 Review Team that operates out of the Department of Health (DOH),
16 and **1【which】¹** periodically reviews and provides statistics on
17 maternal deaths occurring in the State;
- 18 d. A document produced by Every Mother Counts shows that
19 New Jersey is ranked 46th of the 50 states in total maternal
20 mortality, with a rate of 37.3 maternal deaths per every 100,000 live
21 births **1,¹** and **1that¹** African-American women in New Jersey are
22 five times more likely than **1【their white counterparts】 Caucasian**
23 **women¹** to die from pregnancy-related complications;
- 24 e. **1【While】 Although¹** the DOH Maternal Mortality Case
25 Review Team produces important statistical data, the team is not
26 permanently established by statute, does not meet regularly,
27 produces only periodic reports on maternal mortality, and uses
28 varying datasets in those periodic reports, making the aggregation
29 and comparison of data by interested parties more difficult;
- 30 f. There is a need to coordinate and expand the multiple,
31 fractionalized maternal mortality and morbidity reduction efforts
32 being conducted by caring and committed individuals and
33 organizations across the State. Further, it is essential to house these
34 myriad efforts in the **1【Department of Health】 DOH¹** , the State-
35 designated agency responsible for public health protection and
36 services. The DOH can uniquely leverage the weight and power of
37 the State to effectuate critical changes in the delivery of care and
38 the implementation of Statewide strategies to reduce maternal
39 mortality and morbidity and to eliminate the racial and ethnic
40 disparities in maternal outcomes;
- 41 g. To coordinate and support a Statewide strategy to reduce
42 maternal morbidity and mortality, the State **1【should establish】**
43 **hereby establishes¹** a New Jersey Maternal Care Quality
44 Collaborative (NJMCQC);
- 45 h. To improve data collection and to improve and assist quality
46 improvement efforts by health care facilities and the State, a

1 Maternal Data Center ¹**【should be】** is hereby¹ established within
2 the Healthcare Quality and Informatics Unit in the DOH;

3 i. ¹**【United States Senate Bill No. 1112, introduced in the**
4 115th Congress, would establish a federal grant program to assist
5 states in establishing and sustaining state-level maternal mortality
6 review committees; however, a state will only be eligible to obtain a
7 grant under this bill if the state's maternal mortality review
8 committee satisfies certain specific requirements, as articulated in
9 S.1112**】** (deleted by amendment, P.L. , c.) (pending before the
10 Legislature as this bill)¹ ; and

11 j. In order to ensure that the entity reviewing maternal deaths
12 in the State may operate permanently and sustainably, with full
13 statutory authority, in adherence to certain specified powers and
14 responsibilities ¹**【**, and in a manner that would enable the State to
15 obtain federal grant funds under S.1112 or other similar federal
16 legislation**】**¹ , it is both reasonable and necessary for the Legislature
17 to replace the existing informal DOH Maternal Mortality Case
18 Review Team with a statutorily-established Maternal Mortality
19 Review Committee ²situated in the Department of Health² ,
20 ¹**【situated in the Department of Health and overseen by the**
21 **【NJMCQC】** Department of Health,**】**¹ which committee will
22 incorporate the membership of the current Maternal Mortality Case
23 Review Team, but will have formal statutory authority, broader
24 powers, and specific goals and directives, as necessary to ensure
25 that it is able to continuously engage in the comprehensive, regular,
26 and uniform review and reporting of maternal deaths throughout the
27 State.

28 (cf: P.L.2019, c.75, s.1)

29

30 ¹12. Section 2 of P.L.2019, c.75 (C.26:6C-2) is amended to read
31 as follows:

32 2. As used in **【this act】** P.L.2019, c.75 (C.26:6C-1 et al.):

33 “Authority” means the New Jersey Maternal and Infant Health
34 Innovation Authority established pursuant to section 4 of P.L. ,
35 c. (C.) (pending before the Legislature as this bill).

36 “Board” means the board of the New Jersey Maternal and Infant
37 Health Innovation Authority established pursuant to section 5 of
38 P.L. , c. (C.) (pending before the Legislature as this bill).

39 "Committee" means the Maternal Mortality Review Committee,
40 established pursuant to section 4 of **【this act】** P.L.2019, c.75
41 (C.26:6C-4), which is responsible for annually reviewing and
42 reporting on maternal death rates and the causes of maternal death
43 in the State, and which is further responsible for providing
44 recommendations to improve maternal care and reduce adverse
45 maternal outcomes.

46 "Department" means the Department of Health.

47 "Maternal death" means a pregnancy-associated death.

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

5 "NJMCQC" means the New Jersey Maternal Care Quality
6 Collaborative, established pursuant to section 3 of P.L.2019, c.75
7 (C.26:6C-3).

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

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

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

20 "Report of maternal death" means a report of a suspected
21 maternal death, which is filed with the department, pursuant to the
22 processes established under subsection a. of section 7 of **[this act]**
23 P.L.2019, c.75 (C.26:6C-7), and which is to be forwarded to the
24 committee for the purposes of investigation, as provided by
25 subsection b. of that section.

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

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

34 (cf: P.L.2019, c.75, s.2)

35

36 ¹**[12.]** ¹13. ¹ Section 3 of P.L.2019, c.75 (C.26:6C-3) is amended
37 to read as follows:

38 3. a. There is hereby established in ²**[1, but not of,1]**² the
39 Department of Health ^{1,1} the New Jersey Maternal Care Quality
40 Collaborative (NJMCQC) ¹**[in]** . Until the conditions set forth in
41 subsection c. of section 4 of P.L. , c. (C.) (pending before
42 the Legislature as this bill) are met, the NJMCQC shall work with
43 the Governor's office to coordinate all efforts and strategies to
44 reduce maternal mortality, mobility, and racial and ethnic
45 disparities in the State. At such time as the conditions set forth in
46 subsection c. of section 4 of P.L. , c. (C.) (pending before
47 the Legislature as this bill) are met, the NJMCQC shall reorganize

1 under¹ the authority¹ [that] , and¹ shall work [with the Governor's
 2 office] under the supervision and oversight of the board¹ [, as]¹
 3 established pursuant to section 5 of P.L. , c. (C.) (pending
 4 before the Legislature as this bill) [,]¹ to coordinate [all] efforts
 5 and strategies to reduce maternal mortality, morbidity, and racial
 6 and ethnic disparities in the State [, including supervision and
 7 oversight of the Maternal Mortality Review Committee] ¹[at the
 8 direction of the board] ²[, including supervision and oversight of
 9 the Maternal Mortality Review Committee¹] ; however,
 10 notwithstanding this reorganization, at such time as the conditions
 11 set forth in subsection c. of section 4 of P.L. , c. (C.)
 12 (pending before the Legislature as this bill) are met, oversight and
 13 supervision of the Maternal Mortality Review Committee shall be
 14 assumed by the Department of Health² .

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

19 c. The NJMCQC shall be composed of [34] ¹[38] 39¹
 20 members, including [nine] eight ex-officio members and [25]
 21 ¹[30] 31¹ public members appointed by the Governor.

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

24 [the Commissioner of Health;
 25 the Commissioner of Human Services;
 26 the Commissioner of Banking and Insurance;
 27 the Commissioner of Children and Families;]
 28 the Deputy Commissioner of Health Systems in the Department
 29 of Health;
 30 the Deputy Commissioner of Public Health Services in the
 31 Department of Health;
 32 the Director of the Office of Minority and Multicultural Health
 33 in the Department of Health;
 34 the Director of the Division of Medical Assistance and Health
 35 Services in the Department of Human Services; [and]
 36 the Assistant Commissioner of Health and Life Insurance Plans
 37 in the Department of Banking and Insurance;
 38 the Director of the Division of Consumer Affairs in the
 39 Department of Law and Public Safety;
 40 the Director of the New Jersey Maternal Data Center in the
 41 Department of Health; and
 42 the president and chief executive officer of the authority, who
 43 shall serve as ¹[chair] chairperson¹ of the NJMCQC.

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

46 the New Jersey Hospital Association;

1 the New Jersey Health Care Quality Institute;
 2 the Catholic HealthCare Partnership of New Jersey;
 3 the Hospital Alliance of New Jersey;
 4 the Fair Share Hospitals Collaborative;
 5 the New Jersey section of the American College of Obstetricians
 6 and Gynecologists;
 7 the New Jersey Affiliate of the American College of Nurse
 8 Midwives;
 9 the New Jersey Medical Society;
 10 ¹~~three~~ two¹ medical directors of health plans in the State, as
 11 recommended to the commissioner by the President of the New
 12 Jersey Association of Health Plans;
 13 the New Jersey Section of the Association of Women's Health
 14 Obstetric and Neonatal Nurses;
 15 the New Jersey Chapter of the American College of Emergency
 16 Physicians;
 17 a New Jersey affiliate of Planned Parenthood [of New Jersey];
 18 the New Jersey Association of Osteopathic Physicians and
 19 Surgeons;
 20 the New Jersey Primary Care Association;
 21 the Partnership for Maternal and Child Health of Northern New
 22 Jersey;
 23 the Central Jersey Family Health Consortium;
 24 the Southern New Jersey Perinatal Cooperative;
 25 each of the ~~three~~ Accountable Care Organizations established
 26 pursuant to P.L.2011, c.114 ~~four existing Regional Health Hubs~~ or
 27 any successor organization to that ~~Accountable Care~~
 28 Organization Regional Health Hub;
 29 ¹the Perinatal Health Equity Initiative; ¹and
 30 ~~three~~ ¹~~seven~~ eight¹ additional public members appointed on
 31 the recommendation of the ~~Commissioner of Health~~ Governor,
 32 ¹including: ¹one member¹ who is engaged in maternal health
 33 advocacy; one member¹ who is engaged in health equity advocacy;
 34 one member who has personal experience in receiving perinatal
 35 services in one of the ~~ten~~ 10¹ New Jersey municipalities with the
 36 highest infant mortality rates in the State¹ ; one member who has
 37 expertise in maternal or infant health workforce development¹ or
 38 graduate health education¹ ; one member who has expertise
 39 in ~~graduate health education~~ behavioral health¹ ; one ~~with~~
 40 member who has¹ expertise in providing doula ~~or~~ services; one
 41 member who expertise in providing¹ lactation services ¹as an
 42 international board certified lactation consultant¹ ; and one
 43 member¹ who is engaged in healthcare consumer advocacy.
 44 d. The public members of the NJMCQC shall serve without
 45 compensation and shall each serve for a term of three years. Each
 46 public member shall serve for the term of appointment and shall

1 serve until a successor is appointed and qualified, except that a
 2 public member may be reappointed to the NJMCQC upon the
 3 expiration of ¹~~【their】~~ the member's¹ term. Any vacancy in the
 4 membership shall be filled, for the unexpired term, in the same
 5 manner as the original appointment.

6 e. The board, in consultation with the NJMCQC ^{1,1} shall adopt
 7 and implement the strategic plan for the State of New Jersey to
 8 reduce maternal mortality, morbidity ^{1,1} and racial and ethnic
 9 disparities. The NJMCQC shall meet quarterly to ~~【coordinate】~~
 10 develop recommendations to submit to the board for review and
 11 approval, which recommendations shall include, but shall not be
 12 limited to, proposed activities that forward the strategic plan,
 13 ~~【strategize】~~ strategies on future activities, ~~【solicit】~~ funding
 14 opportunities, ~~【focus on translating】~~ action items based on the data
 15 generated and collected by~~【,】~~ the Maternal Data Center, the
 16 Healthcare Quality and Informatics Unit, the Maternal Mortality
 17 Review Committee, the Department of Health, and its partners ~~【into~~
 18 action items】, and strategies to communicate goals and achievement
 19 of these goals with stakeholders.

20 f. The board, in consultation with the NJMCQC ^{1,1} shall:

21 (1) ~~【Employ an Executive Director, a Program Manager, and~~
 22 any other personnel as authorized by the Commissioner of Health.
 23 The Department of Health shall provide such administrative staff
 24 support to the NJMCQC as shall be necessary for the NJMCQC to
 25 carry out its duties. The director shall be appointed by the
 26 commissioner and shall serve at the pleasure of the commissioner
 27 during the commissioner's term of office and until the appointment
 28 and qualification of the director's successor;】 ~~(deleted by~~
 29 amendment, P.L. , c.) ~~(pending before the Legislature as this~~
 30 bill)

31 (2) ~~【(2)】~~¹ Apply for and accept any grant of money from the
 32 federal government, private foundations or other sources, which
 33 may be available for programs related to maternal mortality,
 34 morbidity ^{1,1} and racial and ethnic disparities;

35 ~~【(3) Serve as the designated State entity for receipt of】~~ ¹~~【(2)】~~
 36 ⁽³⁾¹ Coordinate with the Department of Health to receive federal
 37 funds specifically designated for programs concerning maternal
 38 mortality, morbidity ^{1,1} and racial and ethnic disparities;

39 ~~【(4)】~~ ¹~~【(3)】~~ ⁽⁴⁾¹ Enter into contracts with individuals,
 40 organizations, and institutions necessary for the performance of its
 41 duties under P.L.2019, c.75 (C.26:2C-1 et al.); and

42 ~~【(5)】~~ ⁽⁵⁾¹ Work with the Center for Healthcare Quality and Informatics
 43 to develop and publicize statistical information on maternal
 44 mortality, morbidity and racial and ethnic disparities and
 45 information as provided for pursuant to P.L.2018, c.82 (C.26:2H-

1 5j)] ~~[(4)] (5)~~¹ Establish and coordinate among subcommittees as
2 necessary to achieve the purposes of the NJMCQC.

3 ¹g.¹ [g. The NJMCQC is entitled to call to its assistance, and
4 avail itself of, the services of employees of any State, county or
5 municipal department, board, bureau, commission or agency as it
6 may require and as may be available to it for its purposes. All
7 departments, agencies and divisions are authorized and directed, to
8 the extent not inconsistent with law, to cooperate with the
9 NJMCQC.] ¹~~(deleted by amendment, P.L. , c.)~~ (pending before
10 the Legislature as this bill)¹

11 (cf: P.L.2019, c.75, s.3)

12

13 ¹[13.] 14.¹ Section 12 of P.L.2019, c.75 (C.26:6C-12) is
14 amended to read as follows:

15 12. a. (1) On an annual basis, and using the death records that
16 have been filed during the preceding year, the Maternal Mortality
17 Review Committee shall work collaboratively with the Maternal
18 Data Center in the Healthcare Quality and Informatics Unit~~[,] and~~
19 ~~[NJMCQC's]~~ the Department of Health's Maternal Health
20 epidemiologists and other staff to identify: (a) the total number of
21 maternal deaths that have occurred in the State during the year, and
22 during each quarter of the year; (b) the average Statewide rate of
23 maternal death occurring during the year; (c) the number and
24 percentage of maternal deaths that occurred during the year in each
25 of the Northern, Central, and Southern regions of the State; (d) the
26 number and percentage of maternal deaths, on a Statewide and
27 regional basis, that constituted pregnancy-associated deaths, and the
28 number and percentage of maternal deaths, on a Statewide and
29 regional basis, that constituted pregnancy-related deaths; (e) the
30 areas of the State where the rates of maternal death are significantly
31 higher than the Statewide average; and (f) the rate of racial
32 disparities in maternal deaths occurring on a Statewide and regional
33 basis.

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

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

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

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

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

12 (cf: P.L.2019, c.75, s.12)

13
14 ¹~~14.~~ 15.¹ Section 14 of P.L.2019, c.75 (C.26:6C-13) is
15 amended to read as follows:

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

31 b. The Maternal Data Center shall employ a director, three
32 research scientists ¹~~;~~ ¹ a technical assistant ¹~~;~~ ¹ and other staff
33 as necessary to implement the requirements ¹~~pursuant to~~ set forth
34 in¹ subsection a. of this section.

35 (cf: P.L.2019, c.75, s.14)

36
37 ¹~~15. a.~~ 16.¹ (New section) ¹~~The~~ No later than one year after
38 the members of the board are appointed and the board first
39 organizes, and annually thereafter, the¹ authority shall ¹prepare and
40 submit a¹ report to the Governor and, pursuant to section 2 of
41 P.L.1991, c.164 (C.52:14-19.1), to the Legislature ¹~~on or before~~
42 one year after the members of the board are appointed and the board
43 first organizes, and annually thereafter. Each ¹~~,~~ which¹ report shall
44 set forth a complete operating and financial statement covering the
45 operations of the authority ¹~~.~~

46 b. Within one year after the members of the board are
47 appointed and the board first organizes, and annually thereafter, the

1 authority shall report to the Governor and, pursuant to section 2 of
 2 P.L.1991, c.164 (C.52:14-19.1), to the Legislature on **]** provide
 3 details on¹ programs, services ¹ and initiatives established by the
 4 authority, and ¹assess the contribution of those programs, services
 5 ¹ and initiatives to the advancement of the State's maternal and
 6 infant health outcomes.

7
 8 **¹[16.] 17.**¹ (New section) a. Notwithstanding any provision of
 9 the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1
 10 et seq.) to the contrary, the board, **¹[after] in**¹ consultation with the
 11 **¹[Department of the Treasury] State Treasurer**¹, Commissioner of
 12 Health, and Chief Executive Officer of the Economic Development
 13 Authority, shall, immediately upon filing proper notice with the
 14 Office of Administrative Law, adopt rules and regulations
 15 **¹[prepared by the board]**¹ necessary **¹[or proper]**¹ to enable **¹[it]**
 16 **the board**¹ to carry out **¹[the board's] its**¹ duties, functions, and
 17 powers ¹pursuant to P.L. , c. (C.) (pending before the
 18 Legislature as this bill)¹.

19 b. The initial rules and regulations adopted pursuant to
 20 ¹subsection a. of¹ this ¹section¹ shall be in effect for a period not to
 21 exceed one year after the date of filing with the Office of
 22 Administrative Law. **¹[These] Thereafter, the**¹ rules and
 23 regulations shall **¹[thereafter]**¹ be adopted, amended, or readopted,
 24 and any subsequent rules and regulations ¹shall be¹ adopted,
 25 amended, or readopted, by the board in accordance with the
 26 requirements of the "Administrative Procedure Act," P.L.1968,
 27 c.410 (C.52:14B-1 et seq.), **¹[after] in**¹ consultation with ¹the State
 28 Treasurer, the Commissioner of Health, and the Chief Executive
 29 Officer of the Economic Development Authority¹, and **¹[any]**
 30 such¹ other departments, ¹agencies, and authorities¹ as the board
 31 deems appropriate.

32
 33 **¹[17.] 18.**¹ (New section) a. The authority shall establish and
 34 maintain a special ¹ nonlapsing fund to be known as **¹[New] the**
 35 ¹"New¹ Jersey Maternal and Infant Health Innovation Authority
 36 **¹[Fund] Fund"**¹. The fund shall be operated in a manner
 37 determined by the board. The authority may deposit into the fund
 38 **¹[such moneys] :**¹ (1) ¹such monies¹ as shall be appropriated by
 39 the State for the purpose of the fund; (2) ¹such monies¹ as shall be
 40 received by the authority from the repayment of loans or other
 41 extensions of credit made pursuant to this act; and (3) any other
 42 **¹[moneys] monies**¹ or funds of the authority **¹[which it determines**
 43 to deposit therein]¹.

1 b. All funds received by the authority, other than those
 2 necessary to pay the expenses of the authority, shall be used to
 3 advance the purposes of the ¹~~Authority~~ authority¹ .

4
 5 ¹~~18.~~ 19.¹ (New section) There is hereby appropriated from
 6 the General Fund to the New Jersey Maternal and Infant Health
 7 Innovation Authority Fund ¹~~established pursuant to section 18 of~~
 8 P.L. , c. (C.) (pending before the Legislature as this bill)¹
 9 the sum of ²~~23,220,000~~ to cover operational, administrative, and
 10 other expenses of the authority,² ¹~~with~~ ²~~of~~ \$2,220,000,²
 11 which sum¹ ²~~at least \$3,220,000~~² ¹~~of which~~¹ shall be
 12 ²~~allocated for the~~ ¹~~implementation of~~ used by the authority to
 13 support the purposes of² ¹~~the~~ this¹ act ²~~,~~ startup costs, staff,
 14 board member salaries,¹ and stipend compensation² .

15
 16 ¹~~19.~~ 20.¹ This act shall take effect immediately.

17
 18
 19
 20
 21 Establishes “New Jersey Maternal and Infant Health Innovation
 22 Center Act,” and appropriates \$2,220,000.

SENATE, No. 3864

STATE OF NEW JERSEY
220th LEGISLATURE

INTRODUCED MAY 15, 2023

Sponsored by:

Senator SHIRLEY K. TURNER

District 15 (Hunterdon and Mercer)

Senator M. TERESA RUIZ

District 29 (Essex)

SYNOPSIS

Establishes “New Jersey Maternal and Infant Health Innovation Center Act,” and appropriates \$23,220,000.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 5/18/2023)

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

3

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

6

7 1. (New section) This act shall be known and may be cited as
8 the “New Jersey Maternal and Infant Health Innovation Center
9 Act.”

10

11 2. (New section) The Legislature finds and declares that:

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

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

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

26 d. In January 2021, the Nurture NJ Strategic Plan included a
27 recommendation to establish a Center in the State capital, Trenton,
28 that focuses on innovation and research in maternal and infant
29 health through partnerships with the State’s academic, funder,
30 business, and faith communities in partnership with the New Jersey
31 Economic Development Authority, the Departments of Health,
32 Human Services, and Children and Families, and the Office of the
33 Secretary of Higher Education.

34 e. In order to create, fund, and sustain such a facility, and to
35 ensure that substantial commitments are made to its related
36 activities, it is necessary to create an authority independent of any
37 supervision or control by the principal departments of the Executive
38 Branch of the State Government.

39 f. The authority will operate a Trenton-based New Jersey
40 Maternal and Infant Health Innovation Center, and will collaborate
41 with other State departments and agencies to advance maternal and
42 infant health care and clinical services throughout the State, and
43 lead the State’s coordination, promotion, and implementation of
44 education, policymaking, research, innovation, perinatal workforce

EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

1 development and more, with a particular focus on eliminating racial
2 disparities in maternal and infant health outcomes.

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

13 h. The New Jersey Maternal and Infant Health Innovation Center
14 will be at the forefront of serving the maternal and infant health
15 care needs, not only of the families and the City of Trenton, but also
16 of the State of New Jersey and the nation, and will enable
17 collaborative partnerships for research and knowledge transfer
18 within the global maternal and infant health community.

19

20 3. (New section) As used in this act:

21 “Authority” means the New Jersey Maternal and Infant Health
22 Innovation Authority established pursuant to P.L. , c. (C.)
23 (pending before the Legislature as this bill).

24 “Board” means the board of the New Jersey Maternal and Infant
25 Health Innovation Authority established pursuant to P.L. , c.
26 (C.) (pending before the Legislature as this bill).

27 “Center” means the New Jersey Maternal and Infant Health
28 Innovation Center for the authority of this act.

29 “NJMCQC” means the New Jersey Maternal Care Quality
30 Collaborative, established pursuant to section 3 of P.L.2019, c.75
31 (C.26:6C-3).

32

33 4. (New section) The New Jersey Maternal and Infant Health
34 Innovation Authority is created and established in, but not of, the
35 Department of the Treasury, to:

36 a. assume the role as the primary authority responsible for
37 coordinating all efforts and strategies to reduce maternal mortality,
38 morbidity, and racial and ethnic disparities in the State pursuant to
39 P.L. 2019, c.75 (C.26:6C-1 et seq.) from the NJMCQC for the
40 further development of equitable maternal and infant health care
41 services, data collection, research, analysis, and innovation. Except
42 as otherwise provided by this act, all powers, duties, and
43 responsibilities authorized pursuant to P.L.2019, c.75 (C.26:6C-1 et
44 seq.) shall be transferred from the NJMCQC to the authority at such
45 time as the members of the board and its initial president and chief
46 executive officer are appointed as provided in P.L. , c. (C.)
47 (pending before the Legislature as this bill) and the board first
48 organizes. Thereafter, the NJMCQC shall be reorganized within the

1 authority and shall operate under the supervision and oversight of
2 the board as set forth in P.L. , c. (C.) (pending before the
3 Legislature as this bill). The provisions of this subsection shall be
4 carried out in accordance with the “State Agency Transfer Act,”
5 P.L.1971, c.375 (C.52:14D-1 et seq.) and shall include all files,
6 books, papers, records, equipment, and other property or resources
7 held by the NJMCQC, including, without limitation, any State funds
8 that have been appropriated to the Department of Health for the
9 exclusive use of the NJMCQC, which shall be deposited in accounts
10 as may be permitted or required by law; and

11 b. oversee the design and implementation of programs and
12 services that advance the State’s maternal and infant health
13 outcomes, address racial disparities for maternal and infant
14 mortality rates, ensure equitable care, and fill gaps in access to care,
15 including, but not limited to, health care and social service delivery,
16 research and innovation, perinatal workforce development,
17 education and public awareness, and other initiatives undertaken by
18 the authority.

19

20 5. (New section) a. The authority shall be governed by a board
21 consisting of the following 15 members, including seven ex-officio
22 members and eight public members, who shall be appointed by the
23 Governor no later than the 120th day after the effective day of
24 P.L. , c. (C.) (pending before the Legislature as this bill) as
25 follows:

26 (1) five public members to be appointed by the Governor, two of
27 which shall be selected by the Governor to serve as the chair and
28 vice-chair of the community advisory committee set forth in
29 P.L. , c. (C.) (pending before the Legislature as this bill);

30 (2) one public member to be appointed by the Governor upon
31 the recommendation of the Mayor of Trenton;

32 (3) one public member appointed by the Governor upon the
33 recommendation of the Senate President;

34 (4) one public member appointed by the Governor upon the
35 recommendation of the Speaker of the General Assembly;

36 (5) the Commissioner of Health, ex officio;

37 (6) the Chief Executive Officer of the New Jersey Economic
38 Development Authority, ex officio;

39 (7) the Commissioner of Human Services, ex officio;

40 (8) the Commissioner of Banking and Insurance, ex officio;

41 (9) the Commissioner of Children and Families, ex officio;

42 (10) the Secretary of Higher Education, ex officio; and

43 (11) the Commissioner of Labor, ex officio.

44 b. Each ex officio member of the authority may designate an
45 officer or employee of the member’s department to represent the
46 member at meetings of the authority, and each such designee may
47 lawfully vote and otherwise act on behalf of the member for whom
48 the person constitutes the designee. Any such designation shall be

1 in writing delivered to the authority and shall continue in effect
2 until revoked or amended by writing delivered to the authority.

3 c. A majority of the board's public members shall have relevant
4 experience in one or more of the following areas related to
5 maternal, infant and childhood health care: obstetrics, neonatal care,
6 perinatal clinical services, family planning, perinatal workforce
7 development, education, research and innovation, community health
8 work, social services, public health awareness, leadership and other
9 relevant experience related to racial disparities affecting delivery of
10 health care services, and mortality and morbidity rates. The public
11 members shall have relevant experience in different areas.

12 d. In the selection of public members, a strong effort shall be
13 made to solicit women and minorities as candidates for appointment
14 to the board, including women who have given birth within the last
15 three years.

16 e. The terms of the public members of the board shall be for five
17 years or until their successors are appointed, except that of the
18 appointments first made to the board, two shall serve for one year,
19 three shall serve for two years, and three shall serve for five years.
20 The successors to the initially appointed members shall each be
21 appointed for a term of five years, except that any person appointed
22 to fill a vacancy shall serve only for the unexpired term. Except for
23 the two board members appointed to serve as chair and vice-chair of
24 the community advisory committee, the board members shall serve
25 without compensation but shall be reimbursed for necessary
26 expenses incurred in the performance of their duties, within the
27 limits of funds appropriated or otherwise made available to the
28 Authority for its purposes. A member may be reappointed to a
29 second or subsequent term.

30 f. Each member appointed by the Governor may be removed
31 from the position by the Governor. Each member, before entering
32 upon the member's duties, shall take and subscribe an oath to
33 perform the duties of the office faithfully, impartially, and justly to
34 the best of the member's ability. A record of these oaths shall be
35 filed in the office of the Secretary of State.

36 g. The Governor shall annually select a chair and vice-chair
37 from among the members of the board, at least one of which shall
38 be the Commissioner of Health or Commissioner of Human
39 Services or their designee. The chair shall coordinate the activities
40 of the board. In the event that the chairperson is vacant, the vice-
41 chair shall act as chair of the board until the chair position is no
42 longer vacant.

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

46 i. A majority of the board members shall constitute a quorum at
47 any meeting thereof. The board may take action upon the
48 affirmative vote of a majority of members present. No vacancy in

1 the membership of the board shall impair the right of a quorum to
2 exercise all the rights and perform all the duties of the board. A
3 true copy of the minutes of every meeting of the board shall be
4 delivered to the Governor. No action taken at such meeting by the
5 board shall have force or effect until approved by the Governor or
6 until 10 days after such copy of the minutes shall have been
7 delivered. If, in this 10-day period, the Governor returns the copy
8 of the minutes with a veto of any action taken by the board or any
9 member thereof at the meeting, such action shall be null and of no
10 effect. The Governor may approve all or part of the action taken at
11 such meeting prior to the expiration of the 10 day period.

12 j. The board shall convene meetings including, but not limited to,
13 quarterly with the community advisory committee established
14 pursuant to P.L. , c. (C.) (pending before the Legislature as
15 this bill) for purposes of receiving guidance and feedback related to
16 the purposes of the authority and this act.

17 k. The board shall have the following powers:

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

24 (2) To promote, support, and fund perinatal workforce
25 development, trainings, certifications, education, research, and
26 innovation efforts, including but not limited to issuing requests for
27 proposals or requests for qualifications for projects that advance the
28 purposes of P.L. , c. (C.) (pending before the Legislature as
29 this bill); providing grants or extending credit, including, but not
30 limited to, loans, to private companies, private and public
31 organizations, or individuals for projects that advance the purposes
32 of P.L. , c. (C.) (pending before the Legislature as this bill);
33 entering into agreements and contracts; and establishing a
34 workforce hub to host research, trainings, and guidance;

35 (3) To commission, publish, and collaborate on research studies
36 within the State, country, and in the global maternal and infant
37 health community;

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

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

47 (6) To enter into membership in other organizations or
48 coalitions;

- 1 (7) To oversee the community advisory committee established
2 pursuant to P.L. , c. (C.) (pending before the Legislature as
3 this bill) and to establish and oversee any other committees as may
4 be deemed necessary;
- 5 (8) To adopt, amend, and repeal bylaws for the regulation of its
6 affairs and the conduct of its business, including, but not limited to,
7 protections against undue influence or quid pro quo transactions
8 relating to the receipt of contributions from private sources;
- 9 (9) To adopt rules and regulations pursuant to the
10 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et
11 seq.) to effectuate the provisions of P.L. , c. (C.) (pending
12 before the Legislature as this bill);
- 13 (10) To adopt and have a seal and alter the same at its pleasure;
- 14 (11) To sue and be sued;
- 15 (12) To conduct meetings and public hearings in connection
16 with the purposes of P.L. , c. (C.) (pending before the
17 Legislature as this bill);
- 18 (13) To enter into contracts upon those terms and conditions as
19 the authority determines to be reasonable to effectuate the purposes
20 of P.L. , c. (C.) (pending before the Legislature as this bill);
- 21 (14) To employ consultants, contractors and specialists in the
22 perinatal workforce development, education, research, and
23 innovation, and other fields as may be required in the judgment of
24 the board to effectuate the purposes of this act, and to fix and pay
25 their compensation from funds available therefor, all without regard
26 to the provisions of Title 11A of the New Jersey Statutes;
- 27 (15) To contract for and to accept any gifts or grants or loans of
28 funds or property or financial or other aid in any form from the
29 United States of America or any agency or instrumentality thereof,
30 or from the State or any agency, instrumentality or political
31 subdivision thereof, or from any beneficiary of a State or federal
32 grant, or from any other public or private source, including private
33 companies and individuals, and to comply with the terms and
34 conditions thereof;
- 35 (16) To solicit contributions from public and private entities for
36 any of its corporate purposes;
- 37 (17) To maintain an office located in the City of Trenton for the
38 Center of the authority, and any other satellite offices at such place
39 or places within the State as the board may designate;
- 40 (18) To acquire, purchase, develop, manage and operate, hand
41 old and dispose of real and personal property or interests therein, to
42 acquire an equity interest in any corporation, and take assignments
43 of rentals and leases and make and enter into all contracts, leases,
44 agreements and arrangements necessary or incidental to the
45 performance of its duties, including, but not limited to, the leasing
46 of premises to tenants within the center including, but not limited
47 to, licensed health care facilities and providers that offer maternal,
48 infant and pediatric health care services, childbirth education,

1 parenting and early childhood education institutions, county
2 colleges, independent New Jersey-based public-mission institutions
3 that receive State operating aid, food and nutrition consultants and
4 support programs, family planning services, and behavioral health
5 and other social service providers;

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

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

12 (21) To create a nonprofit entity as set forth in
13 P.L. , c. (C.) (pending before the Legislature as this
14 bill); and

15 (22) To do any and all things necessary or convenient to carry
16 out its purposes and exercise the powers granted in this act.

17

18 6. (New section) The president and chief executive officer shall
19 be responsible for the selection of properly qualified staff of the
20 authority, without regard to the provisions of Title 11A of the New
21 Jersey Statutes. A strong effort shall be made to recruit women and
22 minorities to serve as the authority's staff. Staff members shall
23 receive compensation and be appointed and employed as provided
24 by the president and chief executive officer, without regard to the
25 provisions of Title 11A of the New Jersey Statutes. The president
26 and chief executive officer and all staff members of the center shall
27 be deemed confidential employees for the purposes of the "New
28 Jersey Employer-Employee Relations Act," P.L.1941, c.100
29 (C.34:13A-1 et seq.).

30

31 7. (New section) a. All purchases, contracts, or agreements made
32 pursuant to P.L. , c. (C.) (pending before the Legislature as
33 this bill) shall be made or awarded directly by the authority, only
34 after public advertisement for bids therefor in the manner provided
35 by the authority and notwithstanding the provisions of any other
36 laws to the contrary.

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

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

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

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

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

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

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

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

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

29

30 8. (New section) a. The board shall coordinate with a
31 community advisory committee to support and inform the work of
32 the authority. The community advisory committee shall consist of
33 11 members and shall be comprised of representatives of diverse
34 community groups with relevant experience as either providers or
35 recipients of maternal, infant and childhood health care services.

36 b. The members of the community advisory committee shall be
37 appointed by the Governor. The term of the committee members
38 shall be for three years, except that of the appointments first made
39 to the committee , five shall serve for one year and six shall serve
40 for two years. The successors to the initially appointed members
41 shall each be appointed for a term of three years, except that any
42 person appointed to fill a vacancy shall serve only for the unexpired
43 term.

44 c. The chair and vice-chair of the community advisory
45 committee shall be selected from among the board of the Authority
46 by the Governor pursuant to P.L. , c. (C.) (pending before the
47 Legislature as this bill). The chair shall coordinate the activities of
48 the community advisory committee. In the event that the chair

1 position is vacant, the vice-chair shall act as chair of the committee
2 until the chair position is no longer vacant.

3 d. Four members of the community advisory committee,
4 including either the chair or vice-chair of the community advisory
5 committee, shall be residents of the City of Trenton with
6 backgrounds as either a mother with personal experience in
7 receiving perinatal services in Trenton or a community stakeholder.
8 The remaining members of the community advisory committee shall
9 be residents of municipalities in different geographic regions of the
10 State with the highest rates of Black and Hispanic infant mortality,
11 and shall have backgrounds as a mother with personal experience in
12 receiving perinatal services or a community stakeholder

13 e. The committee members shall receive an annual stipend of
14 \$20,000, to be paid in increments as determined by the board.

15

16 9. (New section) a. To effectuate any of its authorized purposes
17 either directly or indirectly, in addition to any powers granted to it
18 elsewhere in this act, the board shall have the authority to form or
19 assume control of one or more nonprofit entities, in the manner and
20 for the purposes set forth in this section.

21 b. A nonprofit entity may be formed pursuant to the "New
22 Jersey Nonprofit Corporation Act," N.J.S.15A:1-1 et seq.

23 c. The nonprofit entity shall have the power to:

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

28 (2) establish, sponsor, and operate membership, including the
29 ability to generate revenue from members;

30 d. The authority and any nonprofit entities created or assumed
31 by the authority may enter into any agreements necessary to provide
32 for the establishment, operation, and financial support of the
33 authority and each nonprofit entity.

34 e. The nonprofit entities may be organized and operated in such
35 a manner as to be eligible under applicable federal law for tax-
36 exempt status and for the receipt of tax-deductible contributions,
37 and shall be authorized to sue and to be sued as a legal entity
38 separate from the State of New Jersey.

39 f. No member or employee of the nonprofit shall engage in any
40 business transaction or professional activity for profit with the
41 authority.

42 g. All funds received by a nonprofit entity formed pursuant to
43 this section, other than those necessary to pay for the expenses of
44 the nonprofit, shall be used exclusively for the support of the
45 authority.

46

47 10. (New section) a. The authority is entitled to call to its
48 assistance, and avail itself of, the services of employees of any

1 State, county or municipal department, board, bureau, commission,
2 or agency as it may require and as may be available to it for its
3 purposes. All departments, agencies, and divisions are authorized
4 and directed, to the extent not inconsistent with law, to cooperate
5 with the authority.

6 b. Notwithstanding the provisions of any State law, rule, or
7 regulation to the contrary, the authority may direct State agencies or
8 authorities to report any data collected or maintained by such
9 agency related to maternal and infant health care, social
10 determinants of health, clinical services, and any other information
11 that may advance the purposes of the authority, as deemed
12 necessary by the authority, and such data shall be provided by the
13 reporting agency or authority on an annual basis, or at such times as
14 otherwise requested by the authority. Nothing in this section shall
15 require the disclosure of information when such disclosure would
16 violate any provision of federal law, rule, or regulation.

17 c. Except as provided in subsection d. of this section, the
18 information required pursuant to subsection b. of this section shall
19 be provided by the reporting agency or authority in such manner as
20 may be necessary to protect against the disclosure of any
21 confidential or personal identifying information of any individual.

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

27

28 11. Section 1 of P.L.2019, c.75 (C.26:6C-1) is amended to read
29 as follows:

30 1. The Legislature finds and declares that:

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

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

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

44 d. A document produced by Every Mother Counts shows that
45 New Jersey is ranked 46th of the 50 states in total maternal
46 mortality, with a rate of 37.3 maternal deaths per every 100,000 live
47 births and African-American women in New Jersey are five times

- 1 more likely than their white counterparts to die from pregnancy-
2 related complications;
- 3 e. While the DOH Maternal Mortality Case Review Team
4 produces important statistical data, the team is not permanently
5 established by statute, does not meet regularly, produces only
6 periodic reports on maternal mortality, and uses varying datasets in
7 those periodic reports, making the aggregation and comparison of
8 data by interested parties more difficult;
- 9 f. There is a need to coordinate and expand the multiple,
10 fractionalized maternal mortality and morbidity reduction efforts
11 being conducted by caring and committed individuals and
12 organizations across the State. Further, it is essential to house these
13 myriad efforts in the Department of Health, the State-designated
14 agency responsible for public health protection and services. The
15 DOH can uniquely leverage the weight and power of the State to
16 effectuate critical changes in the delivery of care and the
17 implementation of Statewide strategies to reduce maternal mortality
18 and morbidity and to eliminate the racial and ethnic disparities in
19 maternal outcomes;
- 20 g. To coordinate and support a Statewide strategy to reduce
21 maternal morbidity and mortality, the State should establish a New
22 Jersey Maternal Care Quality Collaborative (NJMCQC);
- 23 h. To improve data collection and to improve and assist quality
24 improvement efforts by health care facilities and the State, a
25 Maternal Data Center should be established within the Healthcare
26 Quality and Informatics Unit in the DOH;
- 27 i. United States Senate Bill No. 1112, introduced in the 115th
28 Congress, would establish a federal grant program to assist states in
29 establishing and sustaining state-level maternal mortality review
30 committees; however, a state will only be eligible to obtain a grant
31 under this bill if the state's maternal mortality review committee
32 satisfies certain specific requirements, as articulated in S.1112; and
- 33 j. In order to ensure that the entity reviewing maternal deaths
34 in the State may operate permanently and sustainably, with full
35 statutory authority, in adherence to certain specified powers and
36 responsibilities, and in a manner that would enable the State to
37 obtain federal grant funds under S.1112 or other similar federal
38 legislation, it is both reasonable and necessary for the Legislature to
39 replace the existing informal DOH Maternal Mortality Case Review
40 Team with a statutorily-established Maternal Mortality Review
41 Committee, situated in the Department of Health and overseen by
42 the **【NJMCQC】** Department of Health, which committee will
43 incorporate the membership of the current Maternal Mortality Case
44 Review Team, but will have formal statutory authority, broader
45 powers, and specific goals and directives, as necessary to ensure
46 that it is able to continuously engage in the comprehensive, regular,

1 and uniform review and reporting of maternal deaths throughout the
2 State.

3 (cf: P.L.2019, c.75, s.1)
4

5 12. Section 3 of P.L.2019, c.75 (C.26:6C-3) is amended to read
6 as follows:

7 3. a. There is hereby established in the Department of Health the
8 New Jersey Maternal Care Quality Collaborative (NJMCQC) in the
9 authority that shall work **【with the Governor's office】** under the
10 supervision and oversight of the board, as established pursuant to
11 section 5 of P.L. , c. (C.) (pending before the Legislature as
12 this bill),to coordinate **【all】** efforts and strategies to reduce
13 maternal mortality, morbidity, and racial and ethnic disparities in
14 the State**【, including supervision and oversight of the Maternal**
15 **Mortality Review Committee】** at the direction of the board.

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

20 c. The NJMCQC shall be composed of **【34】** 38 members,
21 including **【nine】** eight ex-officio members and **【25】** 30 public
22 members appointed by the Governor.

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

25 **【the Commissioner of Health;**

26 the Commissioner of Human Services;

27 the Commissioner of Banking and Insurance;

28 the Commissioner of Children and Families;**】**

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

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

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

35 the Director of the Division of Medical Assistance and Health
36 Services in the Department of Human Services; **【and】**

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

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

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

43 the president and chief executive officer of the authority, who
44 shall serve as chair of the NJMCQC.

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

47 the New Jersey Hospital Association;

1 the New Jersey Health Care Quality Institute;
2 the Catholic HealthCare Partnership of New Jersey;
3 the Hospital Alliance of New Jersey;
4 the Fair Share Hospitals Collaborative;
5 the New Jersey section of the American College of Obstetricians
6 and Gynecologists;
7 the New Jersey Affiliate of the American College of Nurse
8 Midwives;
9 the New Jersey Medical Society;
10 three medical directors of health plans in the State, as
11 recommended to the commissioner by the President of the New
12 Jersey Association of Health Plans;
13 the New Jersey Section of the Association of Women's Health
14 Obstetric and Neonatal Nurses;
15 the New Jersey Chapter of the American College of Emergency
16 Physicians;
17 a New Jersey affiliate of Planned Parenthood **[of New Jersey]**;
18 the New Jersey Association of Osteopathic Physicians and
19 Surgeons;
20 the New Jersey Primary Care Association;
21 the Partnership for Maternal and Child Health of Northern New
22 Jersey;
23 the Central Jersey Family Health Consortium;
24 the Southern New Jersey Perinatal Cooperative;
25 each of the **[three Accountable Care Organizations established**
26 **pursuant to P.L.2011, c.114]** four existing Regional Health Hubs or
27 any successor organization to that **[Accountable Care**
28 **Organization]** Regional Health Hub; and
29 **[three]** seven additional public members appointed on the
30 recommendation of the **[Commissioner of Health]** Governor, one
31 who is engaged in maternal health advocacy; one who is engaged in
32 health equity advocacy; one who has personal experience in
33 receiving perinatal services in one of the ten New Jersey
34 municipalities with the highest infant mortality rates; one who has
35 expertise in maternal or infant health workforce development; one
36 who has expertise in graduate health education; one with expertise
37 in providing doula or lactation services; and one who is engaged in
38 healthcare consumer advocacy.
39 d. The public members of the NJMCQC shall serve without
40 compensation and shall each serve for a term of three years. Each
41 public member shall serve for the term of appointment and shall
42 serve until a successor is appointed and qualified, except that a
43 public member may be reappointed to the NJMCQC upon the
44 expiration of their term. Any vacancy in the membership shall be
45 filled, for the unexpired term, in the same manner as the original
46 appointment.

1 e. The board, in consultation with the NJMCQC shall adopt
2 and implement the strategic plan for the State of New Jersey to
3 reduce maternal mortality, morbidity and racial and ethnic
4 disparities. The NJMCQC shall meet quarterly to **【coordinate】**
5 develop recommendations to submit to the board for review and
6 approval, which recommendations shall include, but shall not be
7 limited to, proposed activities that forward the strategic plan,
8 **【strategize】** strategies on future activities, **【solicit】** funding
9 opportunities, **【focus on translating】** action items based on the data
10 generated and collected by**【,】** the Maternal Data Center, the
11 Healthcare Quality and Informatics Unit, the Maternal Mortality
12 Review Committee, the Department of Health, and its partners **【into**
13 **action items】**, and strategies to communicate goals and achievement
14 of these goals with stakeholders.

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

16 (1) **【Employ an Executive Director, a Program Manager, and**
17 **any other personnel as authorized by the Commissioner of Health.**
18 **The Department of Health shall provide such administrative staff**
19 **support to the NJMCQC as shall be necessary for the NJMCQC to**
20 **carry out its duties. The director shall be appointed by the**
21 **commissioner and shall serve at the pleasure of the commissioner**
22 **during the commissioner's term of office and until the appointment**
23 **and qualification of the director's successor;**

24 (2)**【Apply for and accept any grant of money from the federal**
25 **government, private foundations or other sources, which may be**
26 **available for programs related to maternal mortality, morbidity and**
27 **racial and ethnic disparities;**

28 **【(3) Serve as the designated State entity for receipt of】** (2)
29 Coordinate with the Department of Health to receive federal funds
30 specifically designated for programs concerning maternal mortality,
31 morbidity and racial and ethnic disparities;

32 **【(4)】** (3) Enter into contracts with individuals, organizations,
33 and institutions necessary for the performance of its duties under
34 P.L.2019, c.75 (C.26:2C-1 et al.); and

35 **【(5)Work with the Center for Healthcare Quality and Informatics**
36 **to develop and publicize statistical information on maternal**
37 **mortality, morbidity and racial and ethnic disparities and**
38 **information as provided for pursuant to P.L.2018, c.82 (C.26:2H-**
39 **5j)】** (4) Establish and coordinate among subcommittees as
40 necessary to achieve the purposes of the NJMCQC.

41 **【g. The NJMCQC is entitled to call to its assistance, and avail**
42 **itself of, the services of employees of any State, county or**
43 **municipal department, board, bureau, commission or agency as it**
44 **may require and as may be available to it for its purposes. All**
45 **departments, agencies and divisions are authorized and directed, to**

1 the extent not inconsistent with law, to cooperate with the
2 NJMCQC.】

3 (cf: P.L.2019, c.75, s.3)

4

5 13. Section 12 of P.L.2019, c.75 (C.26:6C-12) is amended to
6 read as follows:

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

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

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

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

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

45 The Maternal Mortality Review Committee may also use any
46 other appropriate means or methods to identify maternal deaths.
47 Such means or methods may include, but need not be limited to, use

1 of the case ascertainment system devised by the federal Centers for
2 Disease Control and Prevention.

3 (cf: P.L.2019, c.75, s.12)

4

5 14. Section 14 of P.L.2019, c.75 (C.26:6C-13) is amended to
6 read as follows:

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

22 b. The Maternal Data Center shall employ a director, three
23 research scientists; a technical assistant; and other staff as necessary
24 to implement the requirements pursuant to subsection a. of this
25 section.

26 (cf: P.L.2019, c.75, s.14)

27

28 15. a. (New section) The authority shall report to the Governor
29 and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), to the
30 Legislature on or before one year after the members of the board are
31 appointed and the board first organizes, and annually thereafter.
32 Each report shall set forth a complete operating and financial
33 statement covering the operations of the authority.

34 b. Within one year after the members of the board are appointed
35 and the board first organizes, and annually thereafter, the authority
36 shall report to the Governor and, pursuant to section 2 of P.L.1991,
37 c.164 (C.52:14-19.1), to the Legislature on programs, services and
38 initiatives established by the authority, and the contribution of those
39 programs, services and initiatives to the advancement of the State's
40 maternal and infant health outcomes.

41

42 16. (New section) a. Notwithstanding any provision of the
43 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et
44 seq.) to the contrary, the board, after consultation with the
45 Department of the Treasury, Commissioner of Health, and Chief
46 Executive Officer of the Economic Development Authority, shall,
47 immediately upon filing proper notice with the Office of
48 Administrative Law, adopt rules and regulations prepared by the

1 board necessary or proper to enable it to carry out the board's
2 duties, functions, and powers.

3 b. The initial rules and regulations adopted pursuant to this shall
4 be in effect for a period not to exceed one year after the date of
5 filing with the Office of Administrative Law. These rules and
6 regulations shall thereafter be adopted, amended, or readopted, and
7 any subsequent rules and regulations adopted, amended, or
8 readopted, by the board in accordance with the requirements of the
9 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et
10 seq.), after consultation with other departments, as the board deems
11 appropriate.

12

13 17. (New section) a. The authority shall establish and maintain a
14 special nonlapsing fund to be known as New Jersey Maternal and
15 Infant Health Innovation Authority Fund. The fund shall be
16 operated in a manner determined by the board. The authority may
17 deposit into the fund such moneys (1) as shall be appropriated by
18 the State for the purpose of the fund; (2) as shall be received by the
19 authority from the repayment of loans or other extensions of credit
20 made pursuant to this act; and (3) any other moneys or funds of the
21 authority which it determines to deposit therein.

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

25

26 18. (New section) There is hereby appropriated from the
27 General Fund to the New Jersey Maternal and Infant Health
28 Innovation Authority Fund the sum of \$23,220,000 to cover
29 operational, administrative, and other expenses of the authority,
30 with at least \$3,220,000 of which shall be allocated for
31 implementation of the act, startup costs, staff, and stipend
32 compensation.

33

34 19. This act shall take effect immediately.

35

36

37

STATEMENT

38

39 This bill establishes the "New Jersey Maternal and Infant Health
40 Innovation Center Act," and appropriates \$23,220,000.

41 The bill creates the New Jersey Maternal and Infant Health
42 Innovation Authority (authority) to assume the role as the primary
43 authority responsible for coordinating all efforts and strategies to
44 reduce maternal mortality, morbidity, and racial and ethnic
45 disparities in the State. All powers, duties, and responsibilities are
46 to shall be transferred from the New Jersey Maternal Care Quality
47 Collaborative (NJMCQC), as defined in the bill to the authority.

1 The authority is to be governed by a board consisting of the 15
2 members, with the powers and duties provide for in the bill.

3 Under the bill, the president and chief executive officer shall be
4 responsible for the selection of properly qualified staff of the
5 authority.

6 All purchases, contracts, or agreements made pursuant to this bill
7 are to be made or awarded directly by the authority, only after
8 public advertisement for bids therefor in the manner provided by
9 the authority and notwithstanding the provisions of any other laws
10 to the contrary.

11 Under the bill, the board is to coordinate with a community
12 advisory committee to support and inform the work of the authority.
13 The community advisory committee is to consist of 11members and
14 is to be comprised of representatives of diverse community groups
15 with relevant experience as either providers or recipients of
16 maternal, infant and childhood health care services. The committee
17 members are to receive an annual stipend of \$20,000, to be paid in
18 increments as determined by the board.

19 The bill makes various revisions to P.L.2019, c.75, which
20 governs the operation of NJMCQC.

21 The bill provides that the authority is to establish and maintain a
22 special nonlapsing fund to be known as New Jersey Maternal and
23 Infant Health Innovation Authority Fund.

24 Finally, the bill appropriates from the General Fund to the New
25 Jersey Maternal and Infant Health Innovation Authority Fund the
26 sum of \$23,220,000 to cover operational, administrative, and other
27 expenses of the authority, with at least \$3,220,000 of which is to be
28 allocated for implementation of the act, startup costs, staff, and
29 stipend compensation.

SENATE HEALTH, HUMAN SERVICES AND SENIOR
CITIZENS COMMITTEE

STATEMENT TO

SENATE, No. 3864

with committee amendments

STATE OF NEW JERSEY

DATED: JUNE 15, 2023

The Senate Health, Human Services and Senior Citizens Committee reports favorably and with committee amendments Senate Bill No. 3864.

As amended by the committee, this bill establishes the “New Jersey Maternal and Infant Health Innovation Center Act” and appropriates \$23,220,000.

As amended, the bill creates the New Jersey Maternal and Infant Health Innovation Center (center), which will be a Trenton-based health center serving as a central hub to provide maternal and infant care and other services as outlined in the bill, 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.

The center will be overseen by the New Jersey Maternal and Infant Health Innovation Authority (authority). All powers, duties, and responsibilities currently exercised by the New Jersey Maternal Care Quality Collaborative (NJMCQC) will be transferred to the authority. The authority is to be governed by a board consisting of 15 members, which will have certain powers and duties as provided for in the bill. Board members will receive an annual salary of \$20,000.

The board will appoint a president and a chief executive officer for the authority, who will be responsible for the selection of authority staff. The president and chief executive officer, and center and authority staff, will be exempt from civil service requirements.

As amended, the bill requires the board to coordinate with a community advisory committee to support and inform the work of the authority. The community advisory committee is to consist of 11 members comprising representatives of diverse community groups with relevant experience as providers of maternal, infant, and

childhood health care services or as recipients of maternal health care services. The committee members will receive an annual stipend of \$20,000.

The authority will be required to establish and maintain a special, nonlapsing fund to be known as the “New Jersey Maternal and Infant Health Innovation Authority Fund.” The bill appropriates from the General Fund to the New Jersey Maternal and Infant Health Innovation Authority Fund the sum of \$23,220,000 to cover the authority’s operational, administrative, and other expenses, with at least \$3,220,000 of that sum allocated for implementation of the bill, startup costs, staff, and stipends.

COMMITTEE AMENDMENTS:

The committee amendments revise the bill to more clearly outline the role, responsibilities, and mandate of the New Jersey Maternal and Infant Health Innovation Center.

The committee amendments add language expressly creating the position of president and chief executive officer of the New Jersey Maternal and Infant Health Innovation Authority and identifying how that individual is to be appointed.

The committee amendments add examples of committees the board may establish, and expressly authorize the board to hire support staff.

The committee amendments revise the requirements to appoint certain public members to the authority to require that the members appointed upon recommendation of the Senate President and the Speaker of the General Assembly be made in consultation with the Black, Latino, and Asian-American Legislative Caucuses.

The committee amendments expand the list of representative experience the board is to seek to include among its members, to require the board additionally have members with experience in doula care and midwifery, as well as individuals with particular experience, including lived experience, related to racial disparities affecting delivery of health care services and mortality and morbidity rates.

The committee amendments revise the bill to provide that board members will receive an annual salary of \$20,000. The amendments clarify that the board members who are serving as chairperson and vice-chairperson of the community advisory committee may receive both this salary and the \$20,000 stipend authorized under the bill for community advisory committee members.

The committee amendments add language providing that the center may provide lactation support services.

The committee amendments add a provision authorizing the board to recommend candidates for appointment to the community advisory committee, and to require the Governor to consider the board’s recommendations when making appointment to the committee.

The committee amendments remove certain references in the current statutes to a federal bill that was never enacted.

The committee amendments add various definitions established under the bill to the law establishing the New Jersey Maternal Care Quality Collaborative (NJMCQC).

The committee amendments further revise the membership of the NJMCQC, including adding an additional public member.

The committee amendments make various technical changes to improve the overall clarity of the bill, harmonize internal terminology, make certain formatting corrections, and make certain grammatical corrections.

SENATE BUDGET AND APPROPRIATIONS COMMITTEE

STATEMENT TO

[First Reprint]

SENATE, No. 3864

with committee amendments

STATE OF NEW JERSEY

DATED: JUNE 27, 2023

The Senate Budget and Appropriations Committee reports favorably and with committee amendments Senate Bill No. 3864 (1R).

As amended by the committee, this bill establishes the “New Jersey Maternal and Infant Health Innovation Center Act” and appropriates \$2,220,000.

As amended, the bill creates the New Jersey Maternal and Infant Health Innovation Center (center), which will be a Trenton-based health center serving as a central hub to provide maternal and infant care and other services as outlined in the bill, 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.

The center will be overseen by the New Jersey Maternal and Infant Health Innovation Authority (authority). All powers, duties, and responsibilities currently exercised by the New Jersey Maternal Care Quality Collaborative (NJMCQC) will be transferred to the authority. The authority is to be governed by a board consisting of 15 members, which will have certain powers and duties as provided for in the bill. Board members will receive an annual salary of \$20,000.

The board will appoint a president and a chief executive officer for the authority, who will be responsible for the selection of authority staff. The president and chief executive officer, and center and authority staff, will be exempt from civil service requirements.

The board will be required to coordinate with a community advisory committee to support and inform the work of the authority. The community advisory committee is to consist of 11 members comprising representatives of diverse community groups with

relevant experience as providers of maternal, infant, and childhood health care services or as recipients of maternal health care services. The committee members will receive an annual stipend of \$20,000.

The authority will be required to establish and maintain a special, nonlapsing fund to be known as the “New Jersey Maternal and Infant Health Innovation Authority Fund.” As amended, the bill appropriates from the General Fund to the New Jersey Maternal and Infant Health Innovation Authority Fund the sum of \$2,220,000 to support the purposes of the bill.

COMMITTEE AMENDMENTS:

The committee amendments remove language that would have temporarily established the NJMCQC in, but not of, the Department of Health.

The committee amendments clarify that, when the NJMCQC, which currently oversees and supervises the Maternal Mortality Review Committee, is reorganized under the authority pursuant to the bill, supervision and oversight over the Maternal Mortality Review Committee will transfer to the Department of Health.

The committee amendments reduce the appropriation under the bill from \$23.2 million to \$2.2 million, and replace language specifying certain purposes for which the appropriated funds were to be used with language providing that the funds are to be used to support the purposes of the bill.

The committee amendments revise the title and synopsis of the bill to reflect these changes.

FISCAL IMPACT:

Fiscal information for this bill is currently unavailable.

LEGISLATIVE FISCAL ESTIMATE

[First Reprint]

SENATE, No. 3864

STATE OF NEW JERSEY 220th LEGISLATURE

DATED: JUNE 28, 2023

SUMMARY

- Synopsis:** Establishes "New Jersey Maternal and Infant Health Innovation Center Act," and appropriates \$23,220,000.
- Type of Impact:** Annual State cost increase; annual State revenue increase.
- Agencies Affected:** New Jersey Maternal and Infant Health Innovation Authority; Department of Health

Office of Legislative Services Estimate

Fiscal Impact	<u>Year 1</u>	<u>Year 2 and Thereafter</u>
State Cost Increase	Minimum of \$23.2 million	Indeterminate
State Revenue Increase	Indeterminate	Indeterminate

- The Office of Legislative Services (OLS) determines that State costs will increase by a minimum of \$23.2 million in the first year in order to establish the New Jersey Maternal and Infant Health Innovation Authority.
- The bill appropriates \$23.2 million to cover the operational, administrative, and other expenses of the authority. At least \$3.2 million of this amount is to be allocated for startup costs, staffing, and to provide annual salaries to the public members of the authority's board and annual stipends to community advisory committee members.
- State expenditures in subsequent years will depend on any additional State appropriation that may be deemed necessary to support the activities of the authority as well as by the authority's own operating activities, including the awarding of grants and the extension of credit, including loans, to private companies and public organizations.
- Annual revenue will accrue to the State from the repayment of these loans and other extensions of credit, the receipt of donations from public and private sources, the receipt of federal funds, and potentially from other sources.

BILL DESCRIPTION

This bill creates the New Jersey Maternal and Infant Health Innovation Authority to assume primary responsibility for coordinating the State's efforts to reduce maternal mortality, morbidity, and racial and ethnic disparities in maternal health care in the State, and to expand the State's perinatal workforce. The bill directs that all powers, duties, and State appropriations for the New Jersey Maternal Care Quality Collaborative will transfer to the authority. The collaborative, which was established within the Department of Health, coordinates State initiatives to reduce severe maternal morbidity and mortality, and racial and ethnic disparities in the provision of maternal health care.

The bill provides that the authority will be governed by a 15-member board, which is empowered to: fund perinatal workforce development and certifications; provide grants or extend credit, including loans, to private companies, and private and public entities for projects that further the authority's mission and goals; award grants or competitive prizes; enter into contracts; employ consultants, contractors, and specialists in relevant fields; contract for and accept grants, loans, or other aid from the federal government, State agencies, a recipient of a State or federal grant, or from any other public or private source; and solicit contributions from public and private entities. The public members of the board will receive an annual salary of \$20,000, while the ex officio members of the board will serve without compensation, but will be reimbursed for any reasonable expenses incurred in the performance of their official duties.

The board is also required to maintain offices in a center, which will be located in the City of Trenton. The bill authorizes the board to purchase, acquire, develop, and manage property, and enter into contracts or leases necessary or related to the performance of its duties, including the leasing of space to tenants within the center, which tenants may include licensed health care facilities or providers that offer maternal, infant, and pediatric-related care and services.

The bill also provides that the board will coordinate with a community advisory committee to support and inform the work of the authority; the 11 members of the advisory committee will receive an annual stipend of \$20,000.

The board is also authorized to form or assume control of one or more nonprofit entities, which entities may engage in fundraising activities to solicit funds from public and private organizations to support maternal and infant health services, perinatal workforce development, research, and innovation in the State. The bill additionally empowers the nonprofit entities, under the board's purview, to operate as membership-based organizations, with the ability to generate revenues from members. The bill stipulates that any funds received by such nonprofit entities, beyond those necessary to pay for the entities' expenses, must be used for the support of the authority and its activities.

The bill provides that the authority will establish and maintain a special non-lapsing fund, which will be known as the New Jersey Maternal and Infant Health Innovation Authority Fund. The fund will be the repository for: 1) any State appropriations for the purpose of the fund; 2) any funds received by the authority from the repayment of loans or other extensions of credit authorized under the bill; and 3) any other moneys that the authority determines to be appropriate to deposit into the fund.

The bill appropriates \$23.2 million from the General Fund to the New Jersey Maternal and Infant Health Innovation Authority Fund for the operational, administrative, and other expenses of the authority. Of this total amount, the bill specifies that at least \$3.2 million will be allocated specifically for the implementation of the act, startup costs, staff, and stipend compensation.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS determines that State costs will increase by a minimum of \$23.2 million in the first year in order to establish the New Jersey Maternal and Infant Health Innovation Authority. The bill appropriates \$23.2 million to cover the operational, administrative, and other expenses of the authority. At least \$3.2 million of this amount is to be allocated for startup costs, staffing, and to provide an annual salary to public members of the authority's board and an annual stipend to community advisory committee members.

State expenditures in subsequent years will depend on any additional State appropriation that may be deemed necessary to support the activities of the authority as well as by the authority's own operating activities, including the awarding of grants and the extension of credit, including loans, to private companies and public organizations.

Annual revenue will accrue to the State from the repayment of these loans and other extensions of credit, the receipt of donations from public and private sources, the receipt of federal funds, and potentially from other sources.

Section: Human Services

*Analyst: Anne Cappabianca
Senior Fiscal Analyst*

*Approved: Thomas Koenig
Legislative Budget and Finance Officer*

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

LEGISLATIVE FISCAL ESTIMATE

[Second Reprint]

SENATE, No. 3864

STATE OF NEW JERSEY 220th LEGISLATURE

DATED: JULY 5, 2023

SUMMARY

- Synopsis:** Establishes "New Jersey Maternal and Infant Health Innovation Center Act," and appropriates \$2,220,000.
- Type of Impact:** Annual State cost increase; annual State revenue increase.
- Agencies Affected:** New Jersey Maternal and Infant Health Innovation Authority; Department of Health

Office of Legislative Services Estimate

Fiscal Impact	<u>Year 1</u>	<u>Year 2 and Thereafter</u>
State Cost Increase	Minimum of \$2.2 million	Indeterminate
State Revenue Increase	Indeterminate	Indeterminate

- The Office of Legislative Services (OLS) determines that State costs will increase by a minimum of \$2.2 million, which is the amount appropriated under the bill, in the first year in order to establish the New Jersey Maternal and Infant Health Innovation Authority.
- State expenditures in subsequent years will depend on any additional State appropriation that may be deemed necessary to support the activities of the authority and the authority's own operating activities, including the awarding of grants and the extension of credit, including loans, to private companies and public organizations.
- Annual revenue will accrue to the State from the repayment of these loans and other extensions of credit, the receipt of donations from public and private sources, the receipt of federal funds, and potentially from other sources.

BILL DESCRIPTION

This bill creates the New Jersey Maternal and Infant Health Innovation Authority to assume primary responsibility for coordinating the State's efforts to reduce maternal and infant

mortality, morbidity, and racial and ethnic disparities in maternal health care in the State, and to expand the State's perinatal workforce. The bill directs that all powers, duties, and State appropriations for the New Jersey Maternal Care Quality Collaborative will transfer to the authority, upon the appointment of the authority's board and the board's first organizational meeting. The collaborative, which was established within the Department of Health, currently coordinates State initiatives to reduce severe maternal morbidity and mortality, and racial and ethnic disparities, in the provision of maternal health care.

The bill provides that the authority will be governed by a 15-member board, which is empowered to: fund perinatal workforce development and certifications; provide grants or extend credit, including loans, to private companies, and private and public entities for projects that further the authority's mission and goals; award grants or competitive prizes; enter into contracts; employ consultants, contractors, and specialists in relevant fields; contract for and accept grants, loans, or other aid from the federal government, State agencies, a recipient of a State or federal grant, or from any other public or private source; and solicit contributions from public and private entities. Pursuant to the bill, the public members of the authority's board will receive an annual salary of \$20,000, while the ex officio members of the board will serve without compensation, but will be reimbursed for any reasonable expenses incurred in the performance of their official duties.

The board is also required to maintain offices in a center, which will be located in the City of Trenton. The bill authorizes the board to purchase, acquire, develop, and manage property, and enter into contracts or leases necessary or related to the performance of its duties, including the leasing of space to tenants within the center, which tenants may include licensed health care facilities or providers that offer maternal, infant, and pediatric-related care and services.

The bill also provides that the board will coordinate with a community advisory committee to support and inform the work of the authority; the 11 members of the advisory committee will receive an annual stipend of \$20,000.

The board is also authorized to form or assume control of one or more nonprofit entities, which entities may engage in fundraising activities to solicit funds from public and private organizations to support maternal and infant health services, perinatal workforce development, research, and innovation in the State. The bill additionally empowers the nonprofit entities, under the board's purview, to operate as membership-based organizations, with the ability to generate revenues from members. The bill stipulates that any funds received by such nonprofit entities, beyond those necessary to pay for the entities' expenses, must be used for the support of the authority and its activities.

The bill provides that the authority will establish and maintain a special non-lapsing fund, which will be known as the New Jersey Maternal and Infant Health Innovation Authority Fund. The fund will be the repository for: 1) any State appropriations for the purpose of the fund; 2) any funds received by the authority from the repayment of loans or other extensions of credit authorized under the bill; and 3) any other moneys that the authority determines to be appropriate to deposit into the fund.

The bill appropriates \$2.2 million from the General Fund to the New Jersey Maternal and Infant Health Innovation Authority Fund to implement the provisions of the bill.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS determines that State costs will increase by a minimum of \$2.2 million in the first year in order to establish the New Jersey Maternal and Infant Health Innovation Authority. State expenditures in subsequent years will depend on any additional State appropriation that may be deemed necessary to support the activities of the authority and the authority's own operating activities, including the awarding of grants and the extension of credit, including loans, to private companies and public organizations.

Annual revenue will accrue to the State from the repayment of these loans and other extensions of credit, the receipt of donations from public and private sources, the receipt of federal funds, and potentially from other sources.

Section: Human Services

*Analyst: Anne Cappabianca
Senior Fiscal Analyst*

*Approved: Thomas Koenig
Legislative Budget and Finance Officer*

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

ASSEMBLY, No. 5472

STATE OF NEW JERSEY 220th LEGISLATURE

INTRODUCED MAY 18, 2023

Sponsored by:

Assemblywoman VERLINA REYNOLDS-JACKSON

District 15 (Hunterdon and Mercer)

Assemblywoman SHANIQUE SPEIGHT

District 29 (Essex)

Assemblyman ANTHONY S. VERRELLI

District 15 (Hunterdon and Mercer)

Assemblyman HERB CONAWAY, JR.

District 7 (Burlington)

Co-Sponsored by:

Assemblyman Atkins, Assemblywomen Jaffer and McKnight

SYNOPSIS

Establishes “New Jersey Maternal and Infant Health Innovation Center Act,” and appropriates \$23,220,000.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 6/15/2023)

A5472 REYNOLDS-JACKSON, SPEIGHT

2

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

3

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

6

7 1. (New section) This act shall be known and may be cited as
8 the “New Jersey Maternal and Infant Health Innovation Center
9 Act.”

10

11 2. (New section) The Legislature finds and declares that:

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

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

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

26 d. In January 2021, the Nurture NJ Strategic Plan included a
27 recommendation to establish a Center in the State capital, Trenton,
28 that focuses on innovation and research in maternal and infant
29 health through partnerships with the State’s academic, funder,
30 business, and faith communities in partnership with the New Jersey
31 Economic Development Authority, the Departments of Health,
32 Human Services, and Children and Families, and the Office of the
33 Secretary of Higher Education.

34 e. In order to create, fund, and sustain such a facility, and to
35 ensure that substantial commitments are made to its related
36 activities, it is necessary to create an authority independent of any
37 supervision or control by the principal departments of the Executive
38 Branch of the State Government.

39 f. The authority will operate a Trenton-based New Jersey
40 Maternal and Infant Health Innovation Center, and will collaborate
41 with other State departments and agencies to advance maternal and
42 infant health care and clinical services throughout the State, and
43 lead the State’s coordination, promotion, and implementation of
44 education, policymaking, research, innovation, perinatal workforce

EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

1 development and more, with a particular focus on eliminating racial
2 disparities in maternal and infant health outcomes.

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

13 h. The New Jersey Maternal and Infant Health Innovation Center
14 will be at the forefront of serving the maternal and infant health
15 care needs, not only of the families and the City of Trenton, but also
16 of the State of New Jersey and the nation, and will enable
17 collaborative partnerships for research and knowledge transfer
18 within the global maternal and infant health community.

19

20 3. (New section) As used in this act:

21 “Authority” means the New Jersey Maternal and Infant Health
22 Innovation Authority established pursuant to P.L. , c. (C.)
23 (pending before the Legislature as this bill).

24 “Board” means the board of the New Jersey Maternal and Infant
25 Health Innovation Authority established pursuant to
26 P.L. , c. (C.) (pending before the Legislature as this bill).

27 “Center” means the New Jersey Maternal and Infant Health
28 Innovation Center for the authority of this act.

29 “NJMCQC” means the New Jersey Maternal Care Quality
30 Collaborative, established pursuant to section 3 of P.L.2019, c.75
31 (C.26:6C-3).

32

33 4. (New section) The New Jersey Maternal and Infant Health
34 Innovation Authority is created and established in, but not of, the
35 Department of the Treasury, to:

36 a. assume the role as the primary authority responsible for
37 coordinating all efforts and strategies to reduce maternal mortality,
38 morbidity, and racial and ethnic disparities in the State pursuant to
39 P.L.2019, c.75 (C.26:6C-1 et seq.) from the NJMCQC for the further
40 development of equitable maternal and infant health care services,
41 data collection, research, analysis, and innovation. Except as
42 otherwise provided by this act, all powers, duties, and
43 responsibilities authorized pursuant to P.L.2019, c.75 (C.26:6C-1 et
44 seq.) shall be transferred from the NJMCQC to the authority at such
45 time as the members of the board and its initial president and chief
46 executive officer are appointed as provided in P.L. , c. (C.)
47 (pending before the Legislature as this bill) and the board first
48 organizes. Thereafter, the NJMCQC shall be reorganized within the

1 authority and shall operate under the supervision and oversight of
2 the board as set forth in P.L. , c. (C.) (pending before the
3 Legislature as this bill). The provisions of this subsection shall be
4 carried out in accordance with the “State Agency Transfer Act,”
5 P.L.1971, c.375 (C.52:14D-1 et seq.) and shall include all files,
6 books, papers, records, equipment, and other property or resources
7 held by the NJMCQC, including, without limitation, any State funds
8 that have been appropriated to the Department of Health for the
9 exclusive use of the NJMCQC, which shall be deposited in accounts
10 as may be permitted or required by law; and

11 b. oversee the design and implementation of programs and
12 services that advance the State’s maternal and infant health
13 outcomes, address racial disparities for maternal and infant
14 mortality rates, ensure equitable care, and fill gaps in access to care,
15 including, but not limited to, health care and social service delivery,
16 research and innovation, perinatal workforce development,
17 education and public awareness, and other initiatives undertaken by
18 the authority.

19

20 5. (New section) a. The authority shall be governed by a board
21 consisting of the following 15 members, including seven ex-officio
22 members and eight public members, who shall be appointed by the
23 Governor no later than the 120th day after the effective day
24 of P.L. , c. (C.) (pending before the Legislature as this bill)
25 as follows:

26 (1) five public members to be appointed by the Governor, two of
27 which shall be selected by the Governor to serve as the chair and
28 vice-chair of the community advisory committee set forth in
29 P.L. , c. (C.) (pending before the Legislature as this bill);

30 (2) one public member to be appointed by the Governor upon the
31 recommendation of the Mayor of Trenton;

32 (3) one public member appointed by the Governor upon the
33 recommendation of the Senate President;

34 (4) one public member appointed by the Governor upon the
35 recommendation of the Speaker of the General Assembly;

36 (5) the Commissioner of Health, ex officio;

37 (6) the Chief Executive Officer of the New Jersey Economic
38 Development Authority, ex officio;

39 (7) the Commissioner of Human Services, ex officio;

40 (8) the Commissioner of Banking and Insurance, ex officio;

41 (9) the Commissioner of Children and Families, ex officio;

42 (10) the Secretary of Higher Education, ex officio; and

43 (11) the Commissioner of Labor, ex officio.

44 b. Each ex officio member of the authority may designate an
45 officer or employee of the member’s department to represent the
46 member at meetings of the authority, and each such designee may
47 lawfully vote and otherwise act on behalf of the member for whom
48 the person constitutes the designee. Any such designation shall be

1 in writing delivered to the authority and shall continue in effect
2 until revoked or amended by writing delivered to the authority.

3 c. A majority of the board's public members shall have relevant
4 experience in one or more of the following areas related to
5 maternal, infant and childhood health care: obstetrics, neonatal care,
6 perinatal clinical services, family planning, perinatal workforce
7 development, education, research and innovation, community health
8 work, social services, public health awareness, leadership and other
9 relevant experience related to racial disparities affecting delivery of
10 health care services, and mortality and morbidity rates. The public
11 members shall have relevant experience in different areas.

12 d. In the selection of public members, a strong effort shall be
13 made to solicit women and minorities as candidates for appointment
14 to the board, including women who have given birth within the last
15 three years.

16 e. The terms of the public members of the board shall be for five
17 years or until their successors are appointed, except that of the
18 appointments first made to the board, two shall serve for one year,
19 three shall serve for two years, and three shall serve for five years.
20 The successors to the initially appointed members shall each be
21 appointed for a term of five years, except that any person appointed
22 to fill a vacancy shall serve only for the unexpired term. Except for
23 the two board members appointed to serve as chair and vice-chair of
24 the community advisory committee, the board members shall serve
25 without compensation but shall be reimbursed for necessary
26 expenses incurred in the performance of their duties, within the
27 limits of funds appropriated or otherwise made available to the
28 Authority for its purposes. A member may be reappointed to a
29 second or subsequent term.

30 f. Each member appointed by the Governor may be removed
31 from the position by the Governor. Each member, before entering
32 upon the member's duties, shall take and subscribe an oath to
33 perform the duties of the office faithfully, impartially, and justly to
34 the best of the member's ability. A record of these oaths shall be
35 filed in the office of the Secretary of State.

36 g. The Governor shall annually select a chair and vice-chair
37 from among the members of the board, at least one of which shall
38 be the Commissioner of Health or Commissioner of Human
39 Services or their designee. The chair shall coordinate the activities
40 of the board. In the event that the chairperson is vacant, the vice-
41 chair shall act as chair of the board until the chair position is no
42 longer vacant.

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

46 i. A majority of the board members shall constitute a quorum at
47 any meeting thereof. The board may take action upon the
48 affirmative vote of a majority of members present. No vacancy in

1 the membership of the board shall impair the right of a quorum to
2 exercise all the rights and perform all the duties of the board. A
3 true copy of the minutes of every meeting of the board shall be
4 delivered to the Governor. No action taken at such meeting by the
5 board shall have force or effect until approved by the Governor or
6 until 10 days after such copy of the minutes shall have been
7 delivered. If, in this 10-day period, the Governor returns the copy
8 of the minutes with a veto of any action taken by the board or any
9 member thereof at the meeting, such action shall be null and of no
10 effect. The Governor may approve all or part of the action taken at
11 such meeting prior to the expiration of the 10 day period.

12 j. The board shall convene meetings including, but not limited to,
13 quarterly with the community advisory committee established
14 pursuant to P.L. , c. (C.) (pending before the Legislature as
15 this bill) for purposes of receiving guidance and feedback related to
16 the purposes of the authority and this act.

17 k. The board shall have the following powers:

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

24 (2) To promote, support, and fund perinatal workforce
25 development, trainings, certifications, education, research, and
26 innovation efforts, including but not limited to issuing requests for
27 proposals or requests for qualifications for projects that advance the
28 purposes of P.L. , c. (C.) (pending before the Legislature as
29 this bill); providing grants or extending credit, including, but not
30 limited to, loans, to private companies, private and public
31 organizations, or individuals for projects that advance the purposes
32 of P.L. , c. (C.) (pending before the Legislature as this bill);
33 entering into agreements and contracts; and establishing a
34 workforce hub to host research, trainings, and guidance;

35 (3) To commission, publish, and collaborate on research studies
36 within the State, country, and in the global maternal and infant
37 health community;

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

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

47 (6) To enter into membership in other organizations or
48 coalitions;

A5472 REYNOLDS-JACKSON, SPEIGHT

7

- 1 (7) To oversee the community advisory committee established
2 pursuant to P.L. , c. (C.) (pending before the Legislature as
3 this bill) and to establish and oversee any other committees as may
4 be deemed necessary;
- 5 (8) To adopt, amend, and repeal bylaws for the regulation of its
6 affairs and the conduct of its business, including, but not limited to,
7 protections against undue influence or quid pro quo transactions
8 relating to the receipt of contributions from private sources;
- 9 (9) To adopt rules and regulations pursuant to the
10 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et
11 seq.) to effectuate the provisions of P.L. , c. (C.) (pending
12 before the Legislature as this bill);
- 13 (10) To adopt and have a seal and alter the same at its pleasure;
- 14 (11) To sue and be sued;
- 15 (12) To conduct meetings and public hearings in connection
16 with the purposes of P.L. , c. (C.) (pending before the
17 Legislature as this bill);
- 18 (13) To enter into contracts upon those terms and conditions as
19 the authority determines to be reasonable to effectuate the purposes
20 of P.L. , c. (C.) (pending before the Legislature as this bill);
- 21 (14) To employ consultants, contractors and specialists in the
22 perinatal workforce development, education, research, and
23 innovation, and other fields as may be required in the judgment of
24 the board to effectuate the purposes of this act, and to fix and pay
25 their compensation from funds available therefor, all without regard
26 to the provisions of Title 11A of the New Jersey Statutes;
- 27 (15) To contract for and to accept any gifts or grants or loans of
28 funds or property or financial or other aid in any form from the
29 United States of America or any agency or instrumentality thereof,
30 or from the State or any agency, instrumentality or political
31 subdivision thereof, or from any beneficiary of a State or federal
32 grant, or from any other public or private source, including private
33 companies and individuals, and to comply with the terms and
34 conditions thereof;
- 35 (16) To solicit contributions from public and private entities for
36 any of its corporate purposes;
- 37 (17) To maintain an office located in the City of Trenton for the
38 Center of the authority, and any other satellite offices at such place
39 or places within the State as the board may designate;
- 40 (18) To acquire, purchase, develop, manage and operate, hand
41 old and dispose of real and personal property or interests therein, to
42 acquire an equity interest in any corporation, and take assignments
43 of rentals and leases and make and enter into all contracts, leases,
44 agreements and arrangements necessary or incidental to the
45 performance of its duties, including, but not limited to, the leasing
46 of premises to tenants within the center including, but not limited
47 to, licensed health care facilities and providers that offer maternal,
48 infant and pediatric health care services, childbirth education,

1 parenting and early childhood education institutions, county
2 colleges, independent New Jersey-based public-mission institutions
3 that receive State operating aid, food and nutrition consultants and
4 support programs, family planning services, and behavioral health
5 and other social service providers;

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

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

12 (21) To create a nonprofit entity as set forth in
13 P.L. , c. (C.) (pending before the Legislature as this bill);
14 and

15 (22) To do any and all things necessary or convenient to carry
16 out its purposes and exercise the powers granted in this act.

17

18 6. (New section) The president and chief executive officer shall
19 be responsible for the selection of properly qualified staff of the
20 authority, without regard to the provisions of Title 11A of the New
21 Jersey Statutes. A strong effort shall be made to recruit women and
22 minorities to serve as the authority's staff. Staff members shall
23 receive compensation and be appointed and employed as provided
24 by the president and chief executive officer, without regard to the
25 provisions of Title 11A of the New Jersey Statutes. The president
26 and chief executive officer and all staff members of the center shall
27 be deemed confidential employees for the purposes of the "New
28 Jersey Employer-Employee Relations Act," P.L.1941, c.100
29 (C.34:13A-1 et seq.).

30

31 7. (New section) a. All purchases, contracts, or agreements made
32 pursuant to P.L. , c. (C.) (pending before the Legislature as
33 this bill) shall be made or awarded directly by the authority, only
34 after public advertisement for bids therefor in the manner provided
35 by the authority and notwithstanding the provisions of any other
36 laws to the contrary.

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

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

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

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

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

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

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

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

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

29

30 8. (New section) a. The board shall coordinate with a
31 community advisory committee to support and inform the work of
32 the authority. The community advisory committee shall consist of
33 11 members and shall be comprised of representatives of diverse
34 community groups with relevant experience as either providers or
35 recipients of maternal, infant and childhood health care services.

36 b. The members of the community advisory committee shall be
37 appointed by the Governor. The term of the committee members
38 shall be for three years, except that of the appointments first made
39 to the committee, five shall serve for one year and six shall serve
40 for two years. The successors to the initially appointed members
41 shall each be appointed for a term of three years, except that any
42 person appointed to fill a vacancy shall serve only for the unexpired
43 term.

44 c. The chair and vice-chair of the community advisory
45 committee shall be selected from among the board of the Authority
46 by the Governor pursuant to P.L. , c. (C.) (pending before the
47 Legislature as this bill). The chair shall coordinate the activities of
48 the community advisory committee. In the event that the chair

1 position is vacant, the vice-chair shall act as chair of the committee
2 until the chair position is no longer vacant.

3 d. Four members of the community advisory committee,
4 including either the chair or vice-chair of the community advisory
5 committee, shall be residents of the City of Trenton with
6 backgrounds as either a mother with personal experience in
7 receiving perinatal services in Trenton or a community stakeholder.
8 The remaining members of the community advisory committee shall
9 be residents of municipalities in different geographic regions of the
10 State with the highest rates of Black and Hispanic infant mortality,
11 and shall have backgrounds as a mother with personal experience in
12 receiving perinatal services or a community stakeholder

13 e. The committee members shall receive an annual stipend of
14 \$20,000, to be paid in increments as determined by the board.

15

16 9. (New section) a. To effectuate any of its authorized purposes
17 either directly or indirectly, in addition to any powers granted to it
18 elsewhere in this act, the board shall have the authority to form or
19 assume control of one or more nonprofit entities, in the manner and
20 for the purposes set forth in this section.

21 b. A nonprofit entity may be formed pursuant to the "New
22 Jersey Nonprofit Corporation Act," N.J.S.15A:1-1 et seq.

23 c. The nonprofit entity shall have the power to:

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

28 (2) establish, sponsor, and operate membership, including the
29 ability to generate revenue from members;

30 d. The authority and any nonprofit entities created or assumed
31 by the authority may enter into any agreements necessary to provide
32 for the establishment, operation, and financial support of the
33 authority and each nonprofit entity.

34 e. The nonprofit entities may be organized and operated in such
35 a manner as to be eligible under applicable federal law for tax-
36 exempt status and for the receipt of tax-deductible contributions,
37 and shall be authorized to sue and to be sued as a legal entity
38 separate from the State of New Jersey.

39 f. No member or employee of the nonprofit shall engage in any
40 business transaction or professional activity for profit with the
41 authority.

42 g. All funds received by a nonprofit entity formed pursuant to
43 this section, other than those necessary to pay for the expenses of
44 the nonprofit, shall be used exclusively for the support of the
45 authority.

46

47 10. (New section) a. The authority is entitled to call to its
48 assistance, and avail itself of, the services of employees of any

1 State, county or municipal department, board, bureau, commission,
2 or agency as it may require and as may be available to it for its
3 purposes. All departments, agencies, and divisions are authorized
4 and directed, to the extent not inconsistent with law, to cooperate
5 with the authority.

6 b. Notwithstanding the provisions of any State law, rule, or
7 regulation to the contrary, the authority may direct State agencies or
8 authorities to report any data collected or maintained by such
9 agency related to maternal and infant health care, social
10 determinants of health, clinical services, and any other information
11 that may advance the purposes of the authority, as deemed
12 necessary by the authority, and such data shall be provided by the
13 reporting agency or authority on an annual basis, or at such times as
14 otherwise requested by the authority. Nothing in this section shall
15 require the disclosure of information when such disclosure would
16 violate any provision of federal law, rule, or regulation.

17 c. Except as provided in subsection d. of this section, the
18 information required pursuant to subsection b. of this section shall
19 be provided by the reporting agency or authority in such manner as
20 may be necessary to protect against the disclosure of any
21 confidential or personal identifying information of any individual.

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

27
28 11. Section 1 of P.L.2019, c.75 (C.26:6C-1) is amended to read
29 as follows:

30 1. The Legislature finds and declares that:

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

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

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

44 d. A document produced by Every Mother Counts shows that
45 New Jersey is ranked 46th of the 50 states in total maternal
46 mortality, with a rate of 37.3 maternal deaths per every 100,000 live
47 births and African-American women in New Jersey are five times

- 1 more likely than their white counterparts to die from pregnancy-
2 related complications;
- 3 e. While the DOH Maternal Mortality Case Review Team
4 produces important statistical data, the team is not permanently
5 established by statute, does not meet regularly, produces only
6 periodic reports on maternal mortality, and uses varying datasets in
7 those periodic reports, making the aggregation and comparison of
8 data by interested parties more difficult;
- 9 f. There is a need to coordinate and expand the multiple,
10 fractionalized maternal mortality and morbidity reduction efforts
11 being conducted by caring and committed individuals and
12 organizations across the State. Further, it is essential to house these
13 myriad efforts in the Department of Health, the State-designated
14 agency responsible for public health protection and services. The
15 DOH can uniquely leverage the weight and power of the State to
16 effectuate critical changes in the delivery of care and the
17 implementation of Statewide strategies to reduce maternal mortality
18 and morbidity and to eliminate the racial and ethnic disparities in
19 maternal outcomes;
- 20 g. To coordinate and support a Statewide strategy to reduce
21 maternal morbidity and mortality, the State should establish a New
22 Jersey Maternal Care Quality Collaborative (NJMCQC);
- 23 h. To improve data collection and to improve and assist quality
24 improvement efforts by health care facilities and the State, a
25 Maternal Data Center should be established within the Healthcare
26 Quality and Informatics Unit in the DOH;
- 27 i. United States Senate Bill No. 1112, introduced in the 115th
28 Congress, would establish a federal grant program to assist states in
29 establishing and sustaining state-level maternal mortality review
30 committees; however, a state will only be eligible to obtain a grant
31 under this bill if the state's maternal mortality review committee
32 satisfies certain specific requirements, as articulated in S.1112; and
- 33 j. In order to ensure that the entity reviewing maternal deaths
34 in the State may operate permanently and sustainably, with full
35 statutory authority, in adherence to certain specified powers and
36 responsibilities, and in a manner that would enable the State to
37 obtain federal grant funds under S.1112 or other similar federal
38 legislation, it is both reasonable and necessary for the Legislature to
39 replace the existing informal DOH Maternal Mortality Case Review
40 Team with a statutorily-established Maternal Mortality Review
41 Committee, situated in the Department of Health and overseen by
42 the **【NJMCQC】** Department of Health, which committee will
43 incorporate the membership of the current Maternal Mortality Case
44 Review Team, but will have formal statutory authority, broader
45 powers, and specific goals and directives, as necessary to ensure
46 that it is able to continuously engage in the comprehensive, regular,

1 and uniform review and reporting of maternal deaths throughout the
2 State.

3 (cf: P.L.2019, c.75, s.1)

4

5 12. Section 3 of P.L.2019, c.75 (C.26:6C-3) is amended to read
6 as follows:

7 3. a. There is hereby established in the Department of Health the
8 New Jersey Maternal Care Quality Collaborative (NJMCQC) in the
9 authority that shall work **【with the Governor's office】** under the
10 supervision and oversight of the board, as established pursuant to
11 section 5 of P.L. , c. (C.) (pending before the Legislature as
12 this bill),to coordinate **【all】** efforts and strategies to reduce
13 maternal mortality, morbidity, and racial and ethnic disparities in
14 the State**【,** including supervision and oversight of the Maternal
15 Mortality Review Committee**】** at the direction of the board.

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

20 c. The NJMCQC shall be composed of **【34】** 38 members,
21 including **【nine】** eight ex-officio members and **【25】** 30 public
22 members appointed by the Governor.

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

25 **【**the Commissioner of Health;

26 the Commissioner of Human Services;

27 the Commissioner of Banking and Insurance;

28 the Commissioner of Children and Families;**】**

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

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

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

35 the Director of the Division of Medical Assistance and Health
36 Services in the Department of Human Services; **【and】**

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

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

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

43 the president and chief executive officer of the authority, who
44 shall serve as chair of the NJMCQC.

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

47 the New Jersey Hospital Association;

1 the New Jersey Health Care Quality Institute;
2 the Catholic HealthCare Partnership of New Jersey;
3 the Hospital Alliance of New Jersey;
4 the Fair Share Hospitals Collaborative;
5 the New Jersey section of the American College of Obstetricians
6 and Gynecologists;
7 the New Jersey Affiliate of the American College of Nurse
8 Midwives;
9 the New Jersey Medical Society;
10 three medical directors of health plans in the State, as
11 recommended to the commissioner by the President of the New
12 Jersey Association of Health Plans;
13 the New Jersey Section of the Association of Women's Health
14 Obstetric and Neonatal Nurses;
15 the New Jersey Chapter of the American College of Emergency
16 Physicians;
17 a New Jersey affiliate of Planned Parenthood **[of New Jersey]**;
18 the New Jersey Association of Osteopathic Physicians and
19 Surgeons;
20 the New Jersey Primary Care Association;
21 the Partnership for Maternal and Child Health of Northern New
22 Jersey;
23 the Central Jersey Family Health Consortium;
24 the Southern New Jersey Perinatal Cooperative;
25 each of the **[three Accountable Care Organizations established**
26 **pursuant to P.L.2011, c.114]** four existing Regional Health Hubs or
27 any successor organization to that **[Accountable Care**
28 **Organization]** Regional Health Hub; and
29 **[three]** seven additional public members appointed on the
30 recommendation of the **[Commissioner of Health]** Governor, one
31 who is engaged in maternal health advocacy; one who is engaged in
32 health equity advocacy; one who has personal experience in
33 receiving perinatal services in one of the ten New Jersey
34 municipalities with the highest infant mortality rates; one who has
35 expertise in maternal or infant health workforce development; one
36 who has expertise in graduate health education; one with expertise
37 in providing doula or lactation services; and one who is engaged in
38 healthcare consumer advocacy.

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

1 e. The board, in consultation with the NJMCQC shall adopt
2 and implement the strategic plan for the State of New Jersey to
3 reduce maternal mortality, morbidity and racial and ethnic
4 disparities. The NJMCQC shall meet quarterly to **【coordinate】**
5 develop recommendations to submit to the board for review and
6 approval, which recommendations shall include, but shall not be
7 limited to, proposed activities that forward the strategic plan,
8 **【strategize】** strategies on future activities, **【solicit】** funding
9 opportunities, **【focus on translating】** action items based on the data
10 generated and collected by**【,】** the Maternal Data Center, the
11 Healthcare Quality and Informatics Unit, the Maternal Mortality
12 Review Committee, the Department of Health, and its partners **【into**
13 **action items】**, and strategies to communicate goals and achievement
14 of these goals with stakeholders.

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

16 (1) **【Employ an Executive Director, a Program Manager, and**
17 **any other personnel as authorized by the Commissioner of Health.**
18 **The Department of Health shall provide such administrative staff**
19 **support to the NJMCQC as shall be necessary for the NJMCQC to**
20 **carry out its duties. The director shall be appointed by the**
21 **commissioner and shall serve at the pleasure of the commissioner**
22 **during the commissioner's term of office and until the appointment**
23 **and qualification of the director's successor;**

24 (2)**【Apply for and accept any grant of money from the federal**
25 **government, private foundations or other sources, which may be**
26 **available for programs related to maternal mortality, morbidity and**
27 **racial and ethnic disparities;**

28 **【(3) Serve as the designated State entity for receipt of】** (2)
29 Coordinate with the Department of Health to receive federal funds
30 specifically designated for programs concerning maternal mortality,
31 morbidity and racial and ethnic disparities;

32 **【(4)】** (3) Enter into contracts with individuals, organizations,
33 and institutions necessary for the performance of its duties under
34 P.L.2019, c.75 (C.26:2C-1 et al.); and

35 **【(5)Work with the Center for Healthcare Quality and Informatics**
36 **to develop and publicize statistical information on maternal**
37 **mortality, morbidity and racial and ethnic disparities and**
38 **information as provided for pursuant to P.L.2018, c.82 (C.26:2H-**
39 **5j)】** (4) Establish and coordinate among subcommittees as
40 necessary to achieve the purposes of the NJMCQC.

41 **【g. The NJMCQC is entitled to call to its assistance, and avail**
42 **itself of, the services of employees of any State, county or**
43 **municipal department, board, bureau, commission or agency as it**
44 **may require and as may be available to it for its purposes. All**
45 **departments, agencies and divisions are authorized and directed, to**

1 the extent not inconsistent with law, to cooperate with the
2 NJMCQC.】

3 (cf: P.L.2019, c.75, s.3)

4

5 13. Section 12 of P.L.2019, c.75 (C.26:6C-12) is amended to
6 read as follows:

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

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

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

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

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

45 The Maternal Mortality Review Committee may also use any
46 other appropriate means or methods to identify maternal deaths.
47 Such means or methods may include, but need not be limited to, use

1 of the case ascertainment system devised by the federal Centers for
2 Disease Control and Prevention.

3 (cf: P.L.2019, c.75, s.12)

4

5 14. Section 14 of P.L.2019, c.75 (C.26:6C-13) is amended to
6 read as follows:

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

22 b. The Maternal Data Center shall employ a director, three
23 research scientists; a technical assistant; and other staff as necessary
24 to implement the requirements pursuant to subsection a. of this
25 section.

26 (cf: P.L.2019, c.75, s.14)

27

28 15. a. (New section) The authority shall report to the Governor
29 and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), to the
30 Legislature on or before one year after the members of the board are
31 appointed and the board first organizes, and annually thereafter.
32 Each report shall set forth a complete operating and financial
33 statement covering the operations of the authority.

34 b. Within one year after the members of the board are appointed
35 and the board first organizes, and annually thereafter, the authority
36 shall report to the Governor and, pursuant to section 2 of P.L.1991,
37 c.164 (C.52:14-19.1), to the Legislature on programs, services and
38 initiatives established by the authority, and the contribution of those
39 programs, services and initiatives to the advancement of the State's
40 maternal and infant health outcomes.

41

42 16. (New section) a. Notwithstanding any provision of the
43 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et
44 seq.) to the contrary, the board, after consultation with the
45 Department of the Treasury, Commissioner of Health, and Chief
46 Executive Officer of the Economic Development Authority, shall,
47 immediately upon filing proper notice with the Office of
48 Administrative Law, adopt rules and regulations prepared by the

1 board necessary or proper to enable it to carry out the board's
2 duties, functions, and powers.

3 b. The initial rules and regulations adopted pursuant to this shall
4 be in effect for a period not to exceed one year after the date of
5 filing with the Office of Administrative Law. These rules and
6 regulations shall thereafter be adopted, amended, or readopted, and
7 any subsequent rules and regulations adopted, amended, or
8 readopted, by the board in accordance with the requirements of the
9 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et
10 seq.), after consultation with other departments, as the board deems
11 appropriate.

12

13 17. (New section) a. The authority shall establish and maintain a
14 special nonlapsing fund to be known as New Jersey Maternal and
15 Infant Health Innovation Authority Fund. The fund shall be
16 operated in a manner determined by the board. The authority may
17 deposit into the fund such moneys (1) as shall be appropriated by
18 the State for the purpose of the fund; (2) as shall be received by the
19 authority from the repayment of loans or other extensions of credit
20 made pursuant to this act; and (3) any other moneys or funds of the
21 authority which it determines to deposit therein.

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

25

26 18. (New section) There is hereby appropriated from the
27 General Fund to the New Jersey Maternal and Infant Health
28 Innovation Authority Fund the sum of \$23,220,000 to cover
29 operational, administrative, and other expenses of the authority,
30 with at least \$3,220,000 of which shall be allocated for
31 implementation of the act, startup costs, staff, and stipend
32 compensation.

33

34 19. This act shall take effect immediately.

35

36

37

STATEMENT

38

39 This bill establishes the "New Jersey Maternal and Infant Health
40 Innovation Center Act," and appropriates \$23,220,000.

41 The bill creates the New Jersey Maternal and Infant Health
42 Innovation Authority (authority) to assume the role as the primary
43 authority responsible for coordinating all efforts and strategies to
44 reduce maternal mortality, morbidity, and racial and ethnic
45 disparities in the State. All powers, duties, and responsibilities are
46 to shall be transferred from the New Jersey Maternal Care Quality
47 Collaborative (NJMCQC), as defined in the bill to the authority.

1 The authority is to be governed by a board consisting of the 15
2 members, with the powers and duties provide for in the bill.

3 Under the bill, the president and chief executive officer shall be
4 responsible for the selection of properly qualified staff of the
5 authority.

6 All purchases, contracts, or agreements made pursuant to this bill
7 are to be made or awarded directly by the authority, only after
8 public advertisement for bids therefor in the manner provided by
9 the authority and notwithstanding the provisions of any other laws
10 to the contrary.

11 Under the bill, the board is to coordinate with a community
12 advisory committee to support and inform the work of the authority.
13 The community advisory committee is to consist of 11members and
14 is to be comprised of representatives of diverse community groups
15 with relevant experience as either providers or recipients of
16 maternal, infant and childhood health care services. The committee
17 members are to receive an annual stipend of \$20,000, to be paid in
18 increments as determined by the board.

19 The bill makes various revisions to P.L.2019, c.75, which
20 governs the operation of NJMCQC.

21 The bill provides that the authority is to establish and maintain a
22 special nonlapsing fund to be known as New Jersey Maternal and
23 Infant Health Innovation Authority Fund.

24 Finally, the bill appropriates from the General Fund to the New
25 Jersey Maternal and Infant Health Innovation Authority Fund the
26 sum of \$23,220,000 to cover operational, administrative, and other
27 expenses of the authority, with at least \$3,220,000 of which is to be
28 allocated for implementation of the act, startup costs, staff, and
29 stipend compensation.

ASSEMBLY HEALTH COMMITTEE

STATEMENT TO

ASSEMBLY, No. 5472

STATE OF NEW JERSEY

DATED: JUNE 5, 2023

The Assembly Health Committee reports favorably Assembly Bill No. 5472.

This bill establishes the “New Jersey Maternal and Infant Health Innovation Center Act,” and appropriates \$23,220,000.

The bill creates the New Jersey Maternal and Infant Health Innovation Authority (authority) to assume the role as the primary authority responsible for coordinating all efforts and strategies to reduce maternal mortality, morbidity, and racial and ethnic disparities in the State. All powers, duties, and responsibilities are to be transferred from the New Jersey Maternal Care Quality Collaborative (NJMCQC), as defined in the bill, to the authority.

The authority is to be governed by a board consisting of 15 members, with the powers and duties provided for in the bill.

Under the bill, the president and chief executive officer are to be responsible for the selection of properly qualified staff of the authority.

All purchases, contracts, or agreements made pursuant to this bill are to be made or awarded directly by the authority, only after public advertisement for bids therefor in the manner provided by the authority and notwithstanding the provisions of any other laws to the contrary.

Under the bill, the board is to coordinate with a community advisory committee to support and inform the work of the authority. The community advisory committee is to consist of 11 members and is to be comprised of representatives of diverse community groups with relevant experience as either providers or recipients of maternal, infant, and childhood health care services. The committee members are to receive an annual stipend of \$20,000 to be paid in increments as determined by the board.

The bill makes various revisions to P.L.2019, c.75, which governs the operation of the NJMCQC.

The bill provides that the authority is to establish and maintain a special nonlapsing fund to be known as New Jersey Maternal and Infant Health Innovation Authority Fund.

Finally, the bill appropriates from the General Fund to the New Jersey Maternal and Infant Health Innovation Authority Fund the sum of \$23,220,000 to cover operational, administrative, and other expenses of the authority, with at least \$3,220,000 of which is to be allocated for implementation of the act, startup costs, staff, and stipend compensation.

ASSEMBLY APPROPRIATIONS COMMITTEE

STATEMENT TO

ASSEMBLY, No. 5472

with committee amendments

STATE OF NEW JERSEY

DATED: JUNE 22, 2023

The Assembly Appropriations Committee reports favorably and with committee amendments Assembly Bill No. 5472.

As amended by the committee, this bill establishes the “New Jersey Maternal and Infant Health Innovation Center Act” and appropriates \$23,220,000.

As amended, the bill creates the New Jersey Maternal and Infant Health Innovation Center (center), which will be a Trenton-based health center serving as a central hub to provide maternal and infant care and other services as outlined in the bill, 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.

The center will be overseen by the New Jersey Maternal and Infant Health Innovation Authority (authority). All powers, duties, and responsibilities currently exercised by the New Jersey Maternal Care Quality Collaborative (NJMCQC) will be transferred to the authority. The authority is to be governed by a board consisting of 15 members, which will have certain powers and duties as provided for in the bill. Board members will receive an annual salary of \$20,000.

The board will appoint a president and a chief executive officer for the authority, who will be responsible for the selection of authority staff. The president and chief executive officer, and center and authority staff, will be exempt from civil service requirements.

As amended, the bill requires the board to coordinate with a community advisory committee to support and inform the work of the authority. The community advisory committee is to consist of 11 members comprising representatives of diverse community groups with relevant experience as providers of maternal, infant, and childhood health care services or as recipients of maternal

health care services. The committee members will receive an annual stipend of \$20,000.

The authority will be required to establish and maintain a special, nonlapsing fund to be known as the “New Jersey Maternal and Infant Health Innovation Authority Fund.” The bill appropriates from the General Fund to the New Jersey Maternal and Infant Health Innovation Authority Fund the sum of \$23,220,000 to cover the authority’s operational, administrative, and other expenses, with at least \$3,220,000 of that sum allocated for implementation of the bill, startup costs, staff, and stipends.

COMMITTEE AMENDMENTS:

The committee amendments revise the bill to more clearly outline the role, responsibilities, and mandate of the New Jersey Maternal and Infant Health Innovation Center.

The committee amendments add language expressly creating the position of president and chief executive officer of the New Jersey Maternal and Infant Health Innovation Authority and identifying how that individual is to be appointed.

The committee amendments add examples of committees the board may establish, and expressly authorize the board to hire support staff.

The committee amendments revise the requirements to appoint certain public members to the authority to require that the members appointed upon recommendation of the Senate President and the Speaker of the General Assembly be made in consultation with the Black, Latino, and Asian-American Legislative Caucuses.

The committee amendments expand the list of representative experience the board is to seek to include among its members, to require the board additionally have members with experience in doula care and midwifery, as well as individuals with particular experience, including lived experience, related to racial disparities affecting delivery of health care services and mortality and morbidity rates.

The committee amendments revise the bill to provide that board members will receive an annual salary of \$20,000. The amendments clarify that the board members who are serving as chairperson and vice-chairperson of the community advisory committee may receive both this salary and the \$20,000 stipend authorized under the bill for community advisory committee members.

The committee amendments add language providing that the center may provide lactation support services.

The committee amendments add a provision authorizing the board to recommend candidates for appointment to the community advisory committee, and to require the Governor to consider the board’s recommendations when making appointment to the committee.

The committee amendments remove certain references in the current statutes to a federal bill that was never enacted.

The committee amendments add various definitions established under the bill to the law establishing the New Jersey Maternal Care Quality Collaborative (NJMCQC).

The committee amendments further revise the membership of the NJMCQC, including adding an additional public member.

The committee amendments make various technical changes to improve the overall clarity of the bill, harmonize internal terminology, make certain formatting corrections, and make certain grammatical corrections.

FISCAL IMPACT:

The Office of Legislative Services (OLS) determines that State costs will increase by a minimum of \$23.2 million in the first year in order to establish the New Jersey Maternal and Infant Health Innovation Authority. The bill appropriates \$23.2 million to cover the operational, administrative, and other expenses of the authority. At least \$3.2 million of this amount is to be allocated for startup costs, staffing, and to provide stipends to members of the authority's board and to community advisory committee members. State expenditures in subsequent years will depend on any additional State appropriation that may be deemed necessary to support the activities of the authority as well as by the authority's own operating activities, including the awarding of grants and the extension of credit, including loans, to private companies and public organizations. Annual revenue will accrue to the State from the repayment of these loans and other extensions of credit, the receipt of donations from public and private sources, the receipt of federal funds, and potentially from other sources.

ASSEMBLY BUDGET COMMITTEE

STATEMENT TO

[First Reprint]

ASSEMBLY, No. 5472

with committee amendments

STATE OF NEW JERSEY

DATED: JUNE 27, 2023

The Assembly Budget Committee reports favorably and with committee amendments Assembly Bill No. 5472 (1R).

As amended by the committee, this bill establishes the “New Jersey Maternal and Infant Health Innovation Center Act” and appropriates \$2,220,000.

As amended, the bill creates the New Jersey Maternal and Infant Health Innovation Center (center), which will be a Trenton-based health center serving as a central hub to provide maternal and infant care and other services as outlined in the bill, 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.

The center will be overseen by the New Jersey Maternal and Infant Health Innovation Authority (authority). All powers, duties, and responsibilities currently exercised by the New Jersey Maternal Care Quality Collaborative (NJMCQC) will be transferred to the authority. The authority is to be governed by a board consisting of 15 members, which will have certain powers and duties as provided for in the bill. Board members will receive an annual salary of \$20,000.

The board will appoint a president and a chief executive officer for the authority, who will be responsible for the selection of authority staff. The president and chief executive officer, and center and authority staff, will be exempt from civil service requirements.

The board will be required to coordinate with a community advisory committee to support and inform the work of the authority. The community advisory committee is to consist of 11 members comprising representatives of diverse community groups with

relevant experience as providers of maternal, infant, and childhood health care services or as recipients of maternal health care services. The committee members will receive an annual stipend of \$20,000.

The authority will be required to establish and maintain a special, nonlapsing fund to be known as the “New Jersey Maternal and Infant Health Innovation Authority Fund.” As amended, the bill appropriates from the General Fund to the New Jersey Maternal and Infant Health Innovation Authority Fund the sum of \$2,220,000 to support the purposes of the bill.

COMMITTEE AMENDMENTS:

The committee amendments remove language that would have temporarily established the NJMCQC in, but not of, the Department of Health.

The committee amendments clarify that, when the NJMCQC, which currently oversees and supervises the Maternal Mortality Review Committee, is reorganized under the authority pursuant to the bill, supervision and oversight over the Maternal Mortality Review Committee will transfer to the Department of Health.

The committee amendments reduce the appropriation under the bill from \$23.2 million to \$2.2 million, and replace language specifying certain purposes for which the appropriated funds were to be used with language providing that the funds are to be used to support the purposes of the bill.

The committee amendments revise the title and synopsis of the bill to reflect these changes.

FISCAL IMPACT:

Fiscal information is currently unavailable.

LEGISLATIVE FISCAL ESTIMATE
ASSEMBLY, No. 5472
STATE OF NEW JERSEY
220th LEGISLATURE

DATED: JUNE 26, 2023

SUMMARY

Synopsis: Establishes "New Jersey Maternal and Infant Health Innovation Center Act," and appropriates \$23,220,000.

Type of Impact: Annual State cost increase; annual State revenue increase.

Agencies Affected: New Jersey Maternal and Infant Health Innovation Authority; Department of Health.

Office of Legislative Services Estimate

Fiscal Impact	<u>Year 1</u>	<u>Year 2 and Thereafter</u>
State Cost Increase	Minimum of \$23.2 million	Indeterminate
State Revenue Increase	Indeterminate	Indeterminate

- The Office of Legislative Services (OLS) determines that State costs will increase by a minimum of \$23.2 million in the first year in order to establish the New Jersey Maternal and Infant Health Innovation Authority.
- The bill appropriates \$23.2 million to cover the operational, administrative, and other expenses of the authority. At least \$3.2 million of this amount is to be allocated for startup costs, staffing, and to provide stipends to community advisory committee members.
- State expenditures in subsequent years will depend on any additional State appropriation that may be deemed necessary to support the activities of the authority as well as by the authority's own operating activities, including the awarding of grants and the extension of credit, including loans, to private companies and public organizations.
- Annual revenue will accrue to the State from the repayment of these loans and other extensions of credit, the receipt of donations from public and private sources, the receipt of federal funds, and potentially from other sources.

BILL DESCRIPTION

This bill creates the New Jersey Maternal and Infant Health Innovation Authority to assume primary responsibility for coordinating the State's efforts to reduce maternal mortality, morbidity, and racial and ethnic disparities in maternal health care in the State, and to expand the State's perinatal workforce. The bill directs that all powers, duties, and State appropriations for the New Jersey Maternal Care Quality Collaborative will transfer to the authority. The collaborative, which was established within the Department of Health, coordinates State initiatives to reduce severe maternal morbidity and mortality, and racial and ethnic disparities in the provision of maternal health care.

The bill provides that the authority will be governed by a 15-member board, which is empowered to: fund perinatal workforce development and certifications; provide grants or extend credit, including loans, to private companies, and private and public entities for projects that further the authority's mission and goals; award grants or competitive prizes; enter into contracts; employ consultants, contractors, and specialists in relevant fields; contract for and accept grants, loans, or other aid from the federal government, State agencies, a recipient of a State or federal grant, or from any other public or private source; and solicit contributions from public and private entities.

The board is also required to maintain offices in a center, which will be located in the City of Trenton. The bill authorizes the board to purchase, acquire, develop, and manage property, and enter into contracts or leases necessary or related to the performance of its duties, including the leasing of space to tenants within the center, which tenants may include licensed health care facilities or providers that offer maternal, infant, and pediatric-related care and services.

The bill also provides that the board will coordinate with a community advisory committee to support and inform the work of the authority; the 11 members of the advisory committee will receive an annual stipend of \$20,000.

The board is also authorized to form or assume control of one or more nonprofit entities, which entities may engage in fundraising activities to solicit funds from public and private organizations to support maternal and infant health services, perinatal workforce development, research, and innovation in the State. The bill additionally empowers the nonprofit entities, under the board's purview, to operate as membership-based organizations, with the ability to generate revenues from members. The bill stipulates that any funds received by such nonprofit entities, beyond those necessary to pay for the entities' expenses, must be used for the support of the authority and its activities.

The bill provides that the authority will establish and maintain a special non-lapsing fund, which will be known as the New Jersey Maternal and Infant Health Innovation Authority Fund. The fund will be the repository for: 1) any State appropriations for the purpose of the fund; 2) any funds received by the authority from the repayment of loans or other extensions of credit authorized under the bill; and 3) any other moneys that the authority determines to be appropriate to deposit into the fund.

The bill appropriates \$23.2 million from the General Fund to the New Jersey Maternal and Infant Health Innovation Authority Fund for the operational, administrative, and other expenses of the authority. Of this total amount, the bill specifies that at least \$3.2 million will be allocated specifically for the implementation of the act, startup costs, staff, and stipend compensation.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS determines that State costs will increase by a minimum of \$23.2 million in the first year in order to establish the New Jersey Maternal and Infant Health Innovation Authority. The bill appropriates \$23.2 million to cover the operational, administrative, and other expenses of the authority. At least \$3.2 million of this amount is to be allocated for startup costs, staffing, and to provide stipends to community advisory committee members.

State expenditures in subsequent years will depend on any additional State appropriation that may be deemed necessary to support the activities of the authority as well as by the authority's own operating activities, including the awarding of grants and the extension of credit, including loans, to private companies and public organizations.

Annual revenue will accrue to the State from the repayment of these loans and other extensions of credit, the receipt of donations from public and private sources, the receipt of federal funds, and potentially from other sources.

Section: Human Services

*Analyst: Anne Cappabianca
Senior Fiscal Analyst*

*Approved: Thomas Koenig
Legislative Budget and Finance Officer*

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

LEGISLATIVE FISCAL ESTIMATE

[First Reprint]

ASSEMBLY, No. 5472

**STATE OF NEW JERSEY
220th LEGISLATURE**

DATED: JUNE 29, 2023

SUMMARY

- Synopsis:** Establishes "New Jersey Maternal and Infant Health Innovation Center Act," and appropriates \$23,220,000.
- Type of Impact:** Annual State cost increase; annual State revenue increase.
- Agencies Affected:** New Jersey Maternal and Infant Health Innovation Authority; Department of Health.

Office of Legislative Services Estimate

Fiscal Impact	<u>Year 1</u>	<u>Year 2 and Thereafter</u>
State Cost Increase	Minimum of \$23.2 million	Indeterminate
State Revenue Increase	Indeterminate	Indeterminate

- The Office of Legislative Services (OLS) determines that State costs will increase by a minimum of \$23.2 million in the first year in order to establish the New Jersey Maternal and Infant Health Innovation Authority.
- The bill appropriates \$23.2 million to cover the operational, administrative, and other expenses of the authority. At least \$3.2 million of this amount is to be allocated for startup costs, staffing, and to provide annual salaries to the public members of the authority's board and annual stipends to community advisory committee members.
- State expenditures in subsequent years will depend on any additional State appropriation that may be deemed necessary to support the activities of the authority as well as by the authority's own operating activities, including the awarding of grants and the extension of credit, including loans, to private companies and public organizations.
- Annual revenue will accrue to the State from the repayment of these loans and other extensions of credit, the receipt of donations from public and private sources, the receipt of federal funds, and potentially from other sources.

BILL DESCRIPTION

This bill creates the New Jersey Maternal and Infant Health Innovation Authority to assume primary responsibility for coordinating the State's efforts to reduce maternal mortality, morbidity, and racial and ethnic disparities in maternal health care in the State, and to expand the State's perinatal workforce. The bill directs that all powers, duties, and State appropriations for the New Jersey Maternal Care Quality Collaborative will transfer to the authority, upon the appointment of the authority's board. The collaborative, which was established within the Department of Health, currently coordinates State initiatives to reduce severe maternal morbidity and mortality, and racial and ethnic disparities in the provision of maternal health care.

The bill provides that the authority will be governed by a 15-member board, which is empowered to: fund perinatal workforce development and certifications; provide grants or extend credit, including loans, to private companies, and private and public entities for projects that further the authority's mission and goals; award grants or competitive prizes; enter into contracts; employ consultants, contractors, and specialists in relevant fields; contract for and accept grants, loans, or other aid from the federal government, State agencies, a recipient of a State or federal grant, or from any other public or private source; and solicit contributions from public and private entities. Pursuant to the bill, the public members of the authority's board will receive an annual salary of \$20,000, while the ex officio members of the board will serve without compensation, but will be reimbursed for any reasonable expenses incurred in the performance of their official duties.

The board is also required to maintain offices in a center, which will be located in the City of Trenton. The bill authorizes the board to purchase, acquire, develop, and manage property, and enter into contracts or leases necessary or related to the performance of its duties, including the leasing of space to tenants within the center, which tenants may include licensed health care facilities or providers that offer maternal, infant, and pediatric-related care and services.

The bill also provides that the board will coordinate with a community advisory committee to support and inform the work of the authority; the 11 members of the advisory committee will receive an annual stipend of \$20,000.

The board is also authorized to form or assume control of one or more nonprofit entities, which entities may engage in fundraising activities to solicit funds from public and private organizations to support maternal and infant health services, perinatal workforce development, research, and innovation in the State. The bill additionally empowers the nonprofit entities, under the board's purview, to operate as membership-based organizations, with the ability to generate revenues from members. The bill stipulates that any funds received by such nonprofit entities, beyond those necessary to pay for the entities' expenses, must be used for the support of the authority and its activities.

The bill provides that the authority will establish and maintain a special non-lapsing fund, which will be known as the New Jersey Maternal and Infant Health Innovation Authority Fund. The fund will be the repository for: 1) any State appropriations for the purpose of the fund; 2) any funds received by the authority from the repayment of loans or other extensions of credit authorized under the bill; and 3) any other moneys that the authority determines to be appropriate to deposit into the fund.

The bill appropriates \$23.2 million from the General Fund to the New Jersey Maternal and Infant Health Innovation Authority Fund for the operational, administrative, and other expenses of the authority. Of this total amount, the bill specifies that at least \$3.2 million will be allocated specifically for the implementation of the act, startup costs, staff, annual salaries for the public members of the board, and annual stipends for community advisory committee members.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS determines that State costs will increase by a minimum of \$23.2 million in the first year in order to establish the New Jersey Maternal and Infant Health Innovation Authority. The bill appropriates \$23.2 million to cover the operational, administrative, and other expenses of the authority. At least \$3.2 million of this amount is to be allocated for startup costs, staffing, and to provide an annual salary to public members of the authority's board and an annual stipend to community advisory committee members.

State expenditures in subsequent years will depend on any additional State appropriation that may be deemed necessary to support the activities of the authority as well as by the authority's own operating activities, including the awarding of grants and the extension of credit, including loans, to private companies and public organizations.

Annual revenue will accrue to the State from the repayment of these loans and other extensions of credit, the receipt of donations from public and private sources, the receipt of federal funds, and potentially from other sources.

Section: Human Services

*Analyst: Anne Cappabianca
Senior Fiscal Analyst*

*Approved: Thomas Koenig
Legislative Budget and Finance Officer*

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

LEGISLATIVE FISCAL ESTIMATE

[Second Reprint]

ASSEMBLY, No. 5472

STATE OF NEW JERSEY 220th LEGISLATURE

DATED: JULY 3, 2023

SUMMARY

- Synopsis:** Establishes "New Jersey Maternal and Infant Health Innovation Center Act," and appropriates \$2,220,000.
- Type of Impact:** Annual State cost increase; annual State revenue increase.
- Agencies Affected:** New Jersey Maternal and Infant Health Innovation Authority; Department of Health.

Office of Legislative Services Estimate

Fiscal Impact	<u>Year 1</u>	<u>Year 2 and Thereafter</u>
State Cost Increase	Minimum of \$2.2 million	Indeterminate
State Revenue Increase	Indeterminate	Indeterminate

- The Office of Legislative Services (OLS) determines that State costs will increase by a minimum of \$2.2 million, which is the amount appropriated under the bill, in the first year in order to establish the New Jersey Maternal and Infant Health Innovation Authority.
- State expenditures in subsequent years will depend on any additional State appropriation that may be deemed necessary to support the activities of the authority and the authority's own operating activities, including the awarding of grants and the extension of credit, including loans, to private companies and public organizations.
- Annual revenue will accrue to the State from the repayment of these loans and other extensions of credit, the receipt of donations from public and private sources, the receipt of federal funds, and potentially from other sources.

BILL DESCRIPTION

This bill creates the New Jersey Maternal and Infant Health Innovation Authority to assume primary responsibility for coordinating the State's efforts to reduce maternal and infant

mortality, morbidity, and racial and ethnic disparities in maternal health care in the State, and to expand the State's perinatal workforce. The bill directs that all powers, duties, and State appropriations for the New Jersey Maternal Care Quality Collaborative will transfer to the authority, upon the appointment of the authority's board and the board's first organizational meeting. The collaborative, which was established within the Department of Health, currently coordinates State initiatives to reduce severe maternal morbidity and mortality, and racial and ethnic disparities, in the provision of maternal health care.

The bill provides that the authority will be governed by a 15-member board, which is empowered to: fund perinatal workforce development and certifications; provide grants or extend credit, including loans, to private companies, and private and public entities for projects that further the authority's mission and goals; award grants or competitive prizes; enter into contracts; employ consultants, contractors, and specialists in relevant fields; contract for and accept grants, loans, or other aid from the federal government, State agencies, a recipient of a State or federal grant, or from any other public or private source; and solicit contributions from public and private entities. Pursuant to the bill, the public members of the authority's board will receive an annual salary of \$20,000, while the ex officio members of the board will serve without compensation, but will be reimbursed for any reasonable expenses incurred in the performance of their official duties.

The board is also required to maintain offices in a center, which will be located in the City of Trenton. The bill authorizes the board to purchase, acquire, develop, and manage property, and enter into contracts or leases necessary or related to the performance of its duties, including the leasing of space to tenants within the center, which tenants may include licensed health care facilities or providers that offer maternal, infant, and pediatric-related care and services.

The bill also provides that the board will coordinate with a community advisory committee to support and inform the work of the authority; the 11 members of the advisory committee will receive an annual stipend of \$20,000.

The board is also authorized to form or assume control of one or more nonprofit entities, which entities may engage in fundraising activities to solicit funds from public and private organizations to support maternal and infant health services, perinatal workforce development, research, and innovation in the State. The bill additionally empowers the nonprofit entities, under the board's purview, to operate as membership-based organizations, with the ability to generate revenues from members. The bill stipulates that any funds received by such nonprofit entities, beyond those necessary to pay for the entities' expenses, must be used for the support of the authority and its activities.

The bill provides that the authority will establish and maintain a special non-lapsing fund, which will be known as the New Jersey Maternal and Infant Health Innovation Authority Fund. The fund will be the repository for: 1) any State appropriations for the purpose of the fund; 2) any funds received by the authority from the repayment of loans or other extensions of credit authorized under the bill; and 3) any other moneys that the authority determines to be appropriate to deposit into the fund.

The bill appropriates \$2.2 million from the General Fund to the New Jersey Maternal and Infant Health Innovation Authority Fund to implement the provisions of the bill.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS determines that State costs will increase by a minimum of \$2.2 million in the first year in order to establish the New Jersey Maternal and Infant Health Innovation Authority. State expenditures in subsequent years will depend on any additional State appropriation that may be deemed necessary to support the activities of the authority and the authority's own operating activities, including the awarding of grants and the extension of credit, including loans, to private companies and public organizations.

Annual revenue will accrue to the State from the repayment of these loans and other extensions of credit, the receipt of donations from public and private sources, the receipt of federal funds, and potentially from other sources.

Section: Human Services

*Analyst: Anne Cappabianca
Senior Fiscal Analyst*

*Approved: Thomas Koenig
Legislative Budget and Finance Officer*

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

Governor Murphy Signs Bill Establishing Maternal and Infant Health Innovation Center

07/17/2023

New Center will Build on and Sustain the Work of First Lady Tammy Murphy's Nurture NJ Initiative

TRENTON – Governor Phil Murphy, joined by First Lady Tammy Murphy, today signed S3864, known as the “New Jersey Maternal and Infant Health Innovation Center Act.” The bill creates the New Jersey Maternal and Infant Health Innovation Authority, which will oversee the highly anticipated New Jersey Maternal and Infant Health Innovation Center in Trenton.

The one-of-a-kind Authority will be governed by a 15-member Board and shall employ an appointed President and Chief Executive Officer who will hire accompanying staff. The Board will adopt recommendations for action to reduce maternal mortality, morbidity, and disparities from the New Jersey Maternal Care Quality Collaborative (NJMCQC). The Board also will be required to coordinate with a Community Advisory Committee to support and inform the work of the Authority. The 11-member community advisory committee will represent diverse community groups with relevant experience as providers or recipients of maternal, infant, and child health services.

“I am thrilled to sign today’s bill that officially establishes the government authority that will build the Maternal and Infant Health Innovation Center right here in Trenton. This Center will drive policy and provide badly-needed maternal health care services in Trenton, which currently does not have a birthing center and suffers from some of the widest racial disparities in maternal and infant deaths,” said **Governor Murphy**. “I am tremendously grateful to Tammy for her dedication to solving this maternal health crisis. She has been shining light on this issue, and bringing attention to the hard truths. Today marks another important step in our ongoing efforts to protect the health of mothers and newborns.”

“We all feel an instinctive need to protect our mothers and babies so that every family begins its life together in health, wellness and joy,” said **First Lady Tammy Murphy**. “This center will be an incubator for research and development, an academic and perinatal workforce training center, a data collaborative, and so much more. It will offer comprehensive clinical services to serve moms before, during, and after pregnancy and will not only help us transform the maternal and infant health landscape in New Jersey, but will make our state the national model and gold standard for maternal care. I am grateful and enormously proud to see New Jersey commit to leading this effort for generations to come through the work of this center.”

In 2019, First Lady Tammy Murphy launched Nurture NJ, a statewide program committed to reducing the maternal and infant mortality epidemic in New Jersey and ensuring equitable care among women and children of all races and ethnicities. In January 2021, the First Lady unveiled the Nurture NJ Maternal and Infant Health Strategic Plan – a blueprint to reduce New Jersey’s maternal mortality rate by 50 percent over five years and eliminate racial disparities in birth outcomes. Today’s bill was inspired by the Strategic Plan, which recommends the establishment of a “Center in Trenton that focuses on innovation and research in maternal and infant health through partnerships with the state’s academic, funder, business, and faith communities.”

Since its inception, Nurture NJ has seen 43 pieces of maternal and infant health legislation signed by Governor Murphy, developed and implemented groundbreaking programs and policies, hosted 17 Family Festivals bringing resources to more than 6,800 families statewide, and more – positioning New Jersey as a national leader in fighting the maternal and infant health crisis.

The work of Nurture NJ has proven successful in advancing its mission of making New Jersey the safest, most equitable state in the nation to deliver and raise a baby. Ranked 47th in the nation for maternal and infant mortality when Governor Murphy took office in 2018, New Jersey moved up to 29th in America’s Health Ranking just last month.

In the recently signed Fiscal Year 2024 budget, the First Lady’s Nurture NJ initiative received nearly \$60 million to support maternal and infant health programs and policies. \$32 million of that total will go towards the Center, including the \$2.22 million allocated in the bill.

“We have high quality hospitals all over New Jersey, yet women have a greater chance of dying due to childbirth here than they do in 46 other states,” said **Senate Majority Leader Joseph P. Pata**. “Black women are seven times more likely to die of pregnancy-related complications. That is absolutely unacceptable and has gone on for far too long. Women of color deserve quality care. In some instances, it is a matter of life and death which is why it is critical that we offer the utmost care through the creation of this Center.”

“New Jersey has one of the widest racial disparities for both maternal and infant mortality rates. Trenton is among the cities with one of the highest rates of Black and Hispanic infant mortality, while also having the least access to quality healthcare. Only 47 percent of mothers in Trenton receiving prenatal care in their first trimester,” said **Senator Turner**. “There needs to be a greater emphasis on the maternal health of women of color, and the establishment of this center is a significant step in increasing access to efficient and effective maternal health care.”

“New Jersey’s Black and Brown communities are in a maternal and infant mortality crisis. It is unacceptable that persisting racial disparities continue to plague cities across New Jersey, including our State capital,” said **Assemblywoman Verlina Reynolds-Jackson**. “We must do more for equity in health care, dismantle structural barriers and ensure we are equipping our residents with the high-quality services they need to thrive. A Maternal and Infant Health Authority will build on our work to make New Jersey the safest place to start a family by directly supporting research, development and innovation that will improve outcomes for new mothers and their babies.”

“Governor Phil Murphy and First Lady Tammy Murphy have been leading champions for maternal and infant health; Trenton mothers and newborns will receive outstanding care as a result of the Maternal and Infant Health Innovation Center. The Murphy administration is rightly addressing systemic disparities in prenatal and postpartum care that Black and Brown mothers receive; with a shared vision for a brighter and healthier future, there is so much that we can accomplish together. After the closure of St. Francis Hospital, this new Center marks the start of a new chapter in the health ecosystem of our Capital City, which will create jobs and improve health outcomes for Trentonians,” said **Trenton Mayor Reed Gusciora**.

“I live in Trenton and I am so very glad that Governor Murphy will sign today a bill making a first-in-the-nation state Maternal and Infant Health Innovation Center,” said **Jocelyn Hanshaw**, **participant of Children’s Home Society of New Jersey’s Body & Soul prenatal health education program**. “This Center is so important for moms, birthing people and families in Trenton and Mercer County because The Center will offer medical care to local folks and educational programs like Children’s Home Society of New Jersey’s Body & Soul with Miss Shaher directly help moms like me.”