



**FLOOR AMENDMENT STATEMENT:** No

**LEGISLATIVE FISCAL ESTIMATE:** Yes

**VETO MESSAGE:** No

**GOVERNOR'S PRESS RELEASE ON SIGNING:** Yes

**FOLLOWING WERE PRINTED:**

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**REPORTS:** No

**HEARINGS:** No

**NEWSPAPER ARTICLES:** No

RWH/JA

P.L.2017, CHAPTER 104, *approved July 13, 2017*  
Senate, No. 2059 (*Second Reprint*)

1 AN ACT concerning fetal death certification and reporting, <sup>1</sup>and<sup>1</sup>  
2 amending R.S.26:6-11 and P.L.2013, c.217 <sup>1</sup>[, and  
3 supplementing Title 26 of the Revised Statutes]<sup>1</sup>.  
4

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

8 <sup>1</sup>[1. (New section) No later than 90 days after the effective date  
9 of this act, the Commissioner of Health shall adopt rules and  
10 regulations, or revise or repeal its existing rules and regulations, as  
11 appropriate, pursuant to the “Administrative Procedure Act,”  
12 P.L.1968, c.410 (C.52:14B-1 et seq.), to ensure that the regulatory  
13 requirements and guidelines applicable to fetal death certification  
14 and fetal death reporting are consistent with revised standards  
15 adopted in 2003 by the federal Centers for Disease Control and  
16 Prevention (CDC). On a biennial basis thereafter, the commissioner  
17 shall review the rules and regulations pertaining to fetal death  
18 certification and fetal death reporting, and shall revise or repeal  
19 those rules or regulations as may be necessary to ensure that they  
20 remain consistent with the most recent CDC standards and  
21 guidelines in this area.]<sup>1</sup>  
22

23 <sup>1</sup>[2.] 1.<sup>1</sup> R.S.26:6-11 is amended to read as follows:  
24 26:6-11. A certificate of fetal death containing such items as  
25 shall be listed on fetal death certificate forms provided or approved  
26 by the department under the authority of [section 26:8-24(c) of the  
27 Revised Statutes] subsection c. of R.S.26:8-24, and a burial or  
28 removal permit , shall be required for every fetal death; provided  
29 [.,] that 20 or more weeks of gestation <sup>1</sup>[has] have<sup>1</sup> elapsed before  
30 the delivery.

31 No midwife shall sign a certificate for a fetal death; but any fetal  
32 death occurring without attendance of a physician <sup>1</sup>or an advanced  
33 practice nurse<sup>1</sup> shall be treated as a death without medical  
34 attendance, as provided in [section] R.S.26:6-9 [of this Title].

35 <sup>1</sup>[In accordance with the provisions of section 1 of P.L. , c.  
36 (C. ) (pending before the Legislature as this bill), the] The<sup>1</sup>  
37 department shall take appropriate action to ensure that any  
38 certificate of fetal death required by this section is prepared in

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:

<sup>1</sup>Senate SHH committee amendments adopted May 16, 2016.

<sup>2</sup>Senate SBA committee amendments adopted June 23, 2016.

1 accordance with, and contains information that satisfies, the  
2 provisions of P.L.2013, c.217 (C.26:8-40.27 et seq.), designated as  
3 the “Autumn Joy Stillbirth Research and Dignity Act,” and the  
4 current federal standards for fetal death certification and fetal  
5 death reporting [that have been] , as adopted , amended, and  
6 supplemented by the federal Centers for Disease Control and  
7 Prevention.  
8 (cf: P.L.1965, c.78, s.8)

9  
10 [3.] 2. Section 3 of P.L.2013, c.217 (C.26:8-40.29) is  
11 amended to read as follows:

12 3. The Department of Health shall establish a fetal death  
13 evaluation protocol, which a hospital licensed pursuant to P.L.1971,  
14 c.136 (C.26:2H-1 et seq.) shall follow in collecting data relevant to  
15 each stillbirth. [In accordance with the provisions of section 1 of  
16 P.L. , c. (C. ) (pending before the Legislature as this bill),  
17 the] The department shall take appropriate action to ensure that the  
18 fetal death evaluation protocol established under this section is  
19 consistent with the current federal standards for fetal death  
20 certification and fetal death reporting [that have been], as  
21 adopted , amended, and supplemented by the federal Centers for  
22 Disease Control and Prevention. The information [required] to be  
23 collected under the fetal death evaluation protocol shall include, but  
24 not be limited to:

25 a. the race, age of the mother, maternal and paternal family  
26 history, comorbidities, prenatal care history, antepartum findings,  
27 history of past obstetric complications, exposure to viral infections,  
28 smoking, drug and alcohol use, fetal growth restriction, placental  
29 abruption, chromosomal and genetic abnormalities obtained pre-  
30 delivery, infection in premature fetus, cord accident, including  
31 evidence of obstruction or circulatory compromise, history of  
32 thromboembolism, and whether the mother gave birth before; [and]

33 b. if consent is obtained from the parents of the stillborn  
34 child:<sup>2</sup> documentation of the evaluation of a stillborn child,  
35 placenta, and cytologic specimen that conform to the standards  
36 established by the American College of Obstetricians and  
37 Gynecologists and meet any other requirements deemed by the  
38 Commissioner of Health as necessary, including, but not limited to,  
39 the following components:

40 (1) if the parents consent to a complete autopsy: the weight of  
41 the stillborn child and placenta, head circumference, length of  
42 stillborn child, foot length if stillbirth occurred before 23 weeks of  
43 gestation, and notation of any dysmorphic feature; photograph of  
44 the whole body, frontal and profile of face, extremities and palms,  
45 close-up of any specific abnormalities; examination of the placenta  
46 and umbilical cord; and gross and microscopic examination of  
47 membranes and umbilical cord; or

1 (2) if the parents do not consent to a complete autopsy <sup>2</sup>【, an  
2 evaluation of a stillborn child】<sup>2</sup> as set forth in paragraph (1) of this  
3 subsection, <sup>2</sup>【and appropriate alternatives to a complete autopsy,  
4 including】 but provide consent to an alternative, limited autopsy:<sup>2</sup> a  
5 placental examination, external examination, selected biopsies, X-  
6 rays, MRI, and <sup>2</sup>/or<sup>2</sup> ultrasound <sup>2</sup>consistent with the scope of the  
7 consent<sup>2</sup> ; and

8 c. any other relevant information, which is consistent with the  
9 current <sup>1</sup>federal<sup>1</sup> standards for fetal death certification and fetal  
10 death reporting <sup>1</sup>【that have been】, as<sup>1</sup> adopted <sup>1</sup>, amended, and  
11 supplemented<sup>1</sup> by the federal Centers for Disease Control and  
12 Prevention.

13 (cf: P.L.2013, c.217, s.3)

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15 <sup>1</sup>【4.】 3.<sup>1</sup> This act shall take effect <sup>1</sup>【immediately】 on the first  
16 day of the sixth month next following the date of enactment, except  
17 that the Commissioner of Health may take any anticipatory  
18 administrative action in advance thereof as shall be necessary for  
19 the implementation of this act<sup>1</sup>.

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24 Requires DOH to ensure that fetal death certification and  
25 reporting requirements are consistent with current federal standards.

**SENATE, No. 2059**

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**STATE OF NEW JERSEY**  
**217th LEGISLATURE**

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INTRODUCED APRIL 21, 2016

**Sponsored by:**

**Senator LORETTA WEINBERG**

**District 37 (Bergen)**

**SYNOPSIS**

Requires DOH to ensure that fetal death certification and reporting requirements are consistent with current federal standards.

**CURRENT VERSION OF TEXT**

As introduced.



S2059 WEINBERG

2

1 AN ACT concerning fetal death certification and reporting,  
2 amending R.S.26:6-11 and P.L.2013, c.217, and supplementing  
3 Title 26 of the Revised Statutes.

4

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

7

8 1. (New section) No later than 90 days after the effective date  
9 of this act, the Commissioner of Health shall adopt rules and  
10 regulations, or revise or repeal its existing rules and regulations, as  
11 appropriate, pursuant to the "Administrative Procedure Act,"  
12 P.L.1968, c.410 (C.52:14B-1 et seq.), to ensure that the regulatory  
13 requirements and guidelines applicable to fetal death certification  
14 and fetal death reporting are consistent with revised standards  
15 adopted in 2003 by the federal Centers for Disease Control and  
16 Prevention (CDC). On a biennial basis thereafter, the commissioner  
17 shall review the rules and regulations pertaining to fetal death  
18 certification and fetal death reporting, and shall revise or repeal  
19 those rules or regulations as may be necessary to ensure that they  
20 remain consistent with the most recent CDC standards and  
21 guidelines in this area.

22

23 2. R.S.26:6-11 is amended to read as follows:

24 26:6-11. A certificate of fetal death containing such items as  
25 shall be listed on fetal death certificate forms provided or approved  
26 by the department under the authority of **[section 26:8-24(c) of the**  
27 **Revised Statutes]** subsection c. of R.S.26:8-24, and a burial or  
28 removal permit , shall be required for every fetal death; provided  
29 **[,]** that 20 or more weeks of gestation has elapsed before the  
30 delivery.

31 No midwife shall sign a certificate for a fetal death; but any fetal  
32 death occurring without attendance of a physician shall be treated as  
33 a death without medical attendance, as provided in **[section]**  
34 **R.S.26:6-9 [of this Title].**

35 In accordance with the provisions of section 1 of P.L. \_\_\_\_\_,  
36 c. (C. \_\_\_\_\_) (pending before the Legislature as this bill), the  
37 department shall take appropriate action to ensure that any  
38 certificate of fetal death required by this section is prepared in  
39 accordance with, and contains information that satisfies, the current  
40 standards for fetal death certification and fetal death reporting that  
41 have been adopted by the federal Centers for Disease Control and  
42 Prevention.

43 (cf: P.L.1965, c.78, s.8)

44

45 3. Section 3 of P.L.2013, c.217 (C.26:8-40.29) is amended to  
46 read as follows:

**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       3. The Department of Health shall establish a fetal death  
2 evaluation protocol, which a hospital licensed pursuant to P.L.1971,  
3 c.136 (C.26:2H-1 et seq.) shall follow in collecting data relevant to  
4 each stillbirth. In accordance with the provisions of section 1 of  
5 P.L. , c. (C. ) (pending before the Legislature as this bill),  
6 the department shall take appropriate action to ensure that the fetal  
7 death evaluation protocol established under this section is consistent  
8 with the current standards for fetal death certification and fetal  
9 death reporting that have been adopted by the federal Centers for  
10 Disease Control and Prevention. The information **[required]** to be  
11 collected under the fetal death evaluation protocol shall include, but  
12 not be limited to:

13       a. the race, age of the mother, maternal and paternal family  
14 history, comorbidities, prenatal care history, antepartum findings,  
15 history of past obstetric complications, exposure to viral infections,  
16 smoking, drug and alcohol use, fetal growth restriction, placental  
17 abruption, chromosomal and genetic abnormalities obtained pre-  
18 delivery, infection in premature fetus, cord accident, including  
19 evidence of obstruction or circulatory compromise, history of  
20 thromboembolism, and whether the mother gave birth before; **[and]**

21       b. documentation of the evaluation of a stillborn child,  
22 placenta, and cytologic specimen that conform to the standards  
23 established by the American College of Obstetricians and  
24 Gynecologists and meet any other requirements deemed by the  
25 Commissioner of Health as necessary, including, but not limited to,  
26 the following components:

27       (1) if the parents consent to a complete autopsy: the weight of  
28 the stillborn child and placenta, head circumference, length of  
29 stillborn child, foot length if stillbirth occurred before 23 weeks of  
30 gestation, and notation of any dysmorphic feature; photograph of  
31 the whole body, frontal and profile of face, extremities and palms,  
32 close-up of any specific abnormalities; examination of the placenta  
33 and umbilical cord; and gross and microscopic examination of  
34 membranes and umbilical cord; or

35       (2) if the parents do not consent to a complete autopsy, an  
36 evaluation of a stillborn child as set forth in paragraph (1) of this  
37 subsection, and appropriate alternatives to a complete autopsy,  
38 including a placental examination, external examination, selected  
39 biopsies, X-rays, MRI, and ultrasound ; and

40       c. any other relevant information, which is consistent with the  
41 current standards for fetal death certification and fetal death  
42 reporting that have been adopted by the federal Centers for Disease  
43 Control and Prevention.

44 (cf: P.L.2013, c.217, s.3)

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46       4. This act shall take effect immediately.



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STATEMENT

This bill would require the Commissioner of Health to adopt, revise, or repeal rules and regulations related to fetal death certification and fetal death reporting, in order to ensure that such rules and regulations are consistent with current federal standards.

Although the federal Centers for Disease Control and Prevention (CDC) revised the federal standards applicable to fetal death certification and fetal death reporting in 2003, it does not appear that the Department of Health has formally updated its fetal death protocols to comport with the revised federal guidelines in this area. This bill would, therefore, require the commissioner, within 90 days after the bill's effective date, to update the department's rules and regulations on fetal death, in order to make them consistent with the revised federal standards adopted in 2003, and it would additionally require the commissioner to make regular, biennial updates to the rules and regulations, as may be necessary to ensure that they continue to comport with the most current federal standards applicable to fetal death.

# ASSEMBLY HEALTH AND SENIOR SERVICES COMMITTEE

## STATEMENT TO

[Second Reprint]  
**SENATE, No. 2059**

# **STATE OF NEW JERSEY**

DATED: SEPTEMBER 8, 2016

The Assembly Health and Senior Services Committee reports favorably Senate Bill No. 2059(2R).

This bill requires the Department of Health (DOH) to take appropriate action to ensure that certificates of fetal death are prepared in accordance with current federal guidelines issued by the federal Centers for Disease Control and Prevention (CDC). In 2003, the CDC revised its guidelines for fetal death reporting and certification; however, it does not appear that the DOH has formally updated its fetal death protocols to comport with the revised CDC guidelines. As amended, this bill requires the DOH to take steps to update its fetal death protocols.

In addition, the bill requires parental consent be provided prior to performing an autopsy in cases involving stillbirth, and allows for parents to consent to either a full evaluation or an alternative, limited autopsy. If the parents provide partial consent, the stillbirth examination is to be consistent with the limits of the consent provided.

As amended, this bill is identical to Assembly Bill No. 3769(1R), which the committee also reported on this date, with amendments.

# ASSEMBLY APPROPRIATIONS COMMITTEE

## STATEMENT TO

[Second Reprint]  
**SENATE, No. 2059**

# STATE OF NEW JERSEY

DATED: DECEMBER 15, 2016

The Assembly Appropriations Committee reports favorably Senate Bill No. 2059 (2R).

This bill requires the Department of Health (DOH) to take appropriate action to ensure that certificates of fetal death are prepared in accordance with current federal guidelines issued by the federal Centers for Disease Control and Prevention (CDC).

In 2003, the CDC revised its guidelines for fetal death reporting and certification; however, it does not appear that the DOH has formally updated its fetal death protocols to comport with the revised CDC guidelines. This bill requires the DOH to take steps to update its fetal death protocols.

The bill requires parental consent prior to performing an autopsy in cases involving stillbirth, and allows for parents to consent to either a full evaluation or an alternative, limited autopsy. If the parents provide partial consent, the stillbirth examination is to be consistent with the limits of the consent provided.

As reported, this bill is identical to Assembly Bill No. 3769(1R), as also reported by the committee.

### FISCAL IMPACT:

The Office of Legislative Services (OLS) finds that the bill could possibly result in a cost increase to reprogram the Electronic Death Registration System to accommodate the additional data on fetal deaths that would be collected and reported pursuant to the bill. The bill may also minimally increase costs at all entities involved in the death registration process related to the collection and reporting of information on fetal deaths, including the State and local registrars.

SENATE HEALTH, HUMAN SERVICES AND SENIOR  
CITIZENS COMMITTEE

STATEMENT TO  
**SENATE, No. 2059**

with committee amendments

**STATE OF NEW JERSEY**

DATED: MAY 16, 2016

The Senate Health, Human Services and Senior Citizens Committee reports favorably and with committee amendments Senate Bill No. 2059.

As amended by the committee, this bill would require the Department of Health (DOH) to take appropriate action to ensure that the rules and regulations related to fetal death certification and fetal death evaluation and reporting are consistent with current federal standards.

Although the federal Centers for Disease Control and Prevention (CDC) revised the federal standards applicable to fetal death certification and fetal death reporting in 2003, it does not appear that the DOH has formally updated its fetal death protocols to comport with the revised federal guidelines in this area. Accordingly, the bill would require the department to ensure that its rules and regulations are consistent with federal guidelines, as adopted, amended, and supplemented by the CDC.

The committee amended the bill to:

- Omit section 1 of the bill, which would have required the commissioner to update the department’s fetal death certification and reporting rules and regulations within 90 days of the bill’s effective date, and to make regular, biennial updates to the rules and regulations, as may be necessary to ensure that they continue to comport with the most current federal standards applicable to fetal death;
- Clarify (consistent with the provisions of R.S.26:6-8, as amended by P.L.2015, c.38) that a fetal death will be treated as a death without medical attendance if it occurs without the attendance of a physician or an advanced practice nurse;
- Clarify that a fetal death certificate is to be prepared in accordance with, and is to contain information that satisfies, the provisions of both the “Autumn Joy Stillbirth Research and Dignity Act,” P.L.2013, c.217 (C.26:8-40.27 et seq.), and the current federal standards for fetal death certification and reporting, as adopted, amended, and supplemented by the CDC;

- Clarify that the fetal death evaluation protocol established by the DOH under the “Autumn Joy Stillbirth Research and Dignity Act,” is to be consistent with current federal standards for fetal death certification and reporting, as adopted, amended, and supplemented by the CDC;
- Clarify that information to be collected under the DOH fetal death evaluation protocol is to include the information that is already specified under State law, and is also to include any other relevant information, which is consistent with federal standards, as adopted, amended, and supplemented by the CDC; and
- Delay the bill’s effective date until the first day of the sixth month next following the date of enactment, and provide the DOH with the authority to take anticipatory regulatory action in advance thereof, as may be necessary to implement the bill’s provisions.

# SENATE BUDGET AND APPROPRIATIONS COMMITTEE

## STATEMENT TO

[First Reprint]

## **SENATE, No. 2059**

with committee amendments

# **STATE OF NEW JERSEY**

DATED: JUNE 23, 2016

The Senate Budget and Appropriations Committee reports favorably Senate Bill No. 2059 (1R), with committee amendments.

As amended, this bill requires the Department of Health (DOH) to take appropriate action to ensure that the rules and regulations related to fetal death certification and fetal death evaluation and reporting are consistent with current federal standards.

Although the federal Centers for Disease Control and Prevention (CDC) revised the federal standards applicable to fetal death certification and fetal death reporting in 2003, it does not appear that the DOH has formally updated its fetal death protocols to comport with the revised federal guidelines in this area. Accordingly, the bill requires the DOH to ensure that its rules and regulations are consistent with federal guidelines, as adopted, amended, and supplemented by the CDC.

This bill takes effective on the first day of the sixth month next following the date of enactment, and provides the DOH with the authority to take anticipatory regulatory action in advance of the effective date to implement the bill.

### COMMITTEE AMENDMENTS:

The committee amendments, while keeping with the spirit of the bill with regard to gathering information for fetal death evaluation, also provide dignity to the child and respect to the parents by requiring parental consent regarding still births evaluations, and establish required consent by parents for alternative, limited autopsies and other more limited examinations consistent with the scope provided by the parental consent.

### FISCAL IMPACT:

The Office of Legislative Services (OLS) finds that the bill could possibly result in a cost increase to reprogram the Electronic Death Registration System to accommodate the additional data on fetal deaths that would be collected and reported pursuant to the bill. The

bill may also minimally increase costs at all entities involved in the death registration process related to the collection and reporting of information on fetal deaths, including the State and local registrars.

# LEGISLATIVE FISCAL ESTIMATE

[First Reprint]

## SENATE, No. 2059 STATE OF NEW JERSEY 217th LEGISLATURE

DATED: JUNE 23, 2016

### SUMMARY

- Synopsis:** Requires DOH to ensure that fetal death certification and reporting requirements are consistent with current federal standards.
- Type of Impact:** Possible cost increase to the General Fund, local governments.
- Agencies Affected:** Department of Health. Local registrars.

#### Office of Legislative Services Estimate

<b>Fiscal Impact</b>	<b><u>Years 1-3</u></b>
<b>State Cost</b>	Possible indeterminate cost increase – See comments below
<b>Local Cost</b>	Possible minimal cost increase – See comments below

- The Office of Legislative Services (OLS) finds that the bill could possibly result in a cost increase to reprogram the Electronic Death Registration System to accommodate the additional data on fetal deaths that would be collected and reported pursuant to the bill.
- The bill may also minimally increase costs at all entities involved in the death registration process related to the collection and reporting of information on fetal deaths, including the State and local registrars.

### BILL DESCRIPTION

Senate Bill No. 2059 (1R) of 2016 would require the Department of Health (DOH) to take appropriate action to ensure that the rules and regulations related to fetal death certification and fetal death evaluation and reporting are consistent with current federal standards.

Although the federal Centers for Disease Control and Prevention (CDC) revised the federal standards applicable to fetal death certification and fetal death reporting in 2003, it does not appear that the DOH has formally updated its fetal death protocols to comport with the revised federal guidelines in this area. Accordingly, the bill would require the department to ensure that its rules and regulations are consistent with federal guidelines, as adopted, amended, and supplemented by the CDC.



## FISCAL ANALYSIS

### *EXECUTIVE BRANCH*

None received.

### *OFFICE OF LEGISLATIVE SERVICES*

The OLS finds that the bill could possibly result in a small cost increase at the State Registrar in the Department of Health, and could also minimally impact local registrars.

Current regulation requires all participants in the death registration process, including the State Registrar, local registrars, the State Medical Examiner, county medical examiners, funeral directors, physicians, licensed health care facilities, and others to use the New Jersey Electronic Death Registration System (NJ-EDRS) as the system for completing certifications of death and fetal death records. The NJ-EDRS is maintained by the State Registrar in the Department of Health. Implementation of the bill would require the NJ-EDRS to be updated to record the additional data required under the CDC guidelines. It is possible the State would have to expand its current contract for the NJ-EDRS (term contract T-2757, held by Genesis Systems Inc.) to provide for this reprogramming, though the OLS is unable to estimate what this may cost.

The bill would require entities currently responsible for collecting and reporting data on fetal deaths to collect and report more data than is currently required. It appears that the largest impact would be on health care facilities and providers, who are generally responsible for primary data collection, though the State and local registrars could also be affected. The OLS finds that each entity involved in the death registration process could see small increases in responsibility with respect to data collection, which might slightly increase related costs.

*Section:* Human Services

*Analyst:* David Drescher  
Senior Fiscal Analyst

*Approved:* Frank W. Haines III  
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. 2059**

## **STATE OF NEW JERSEY 217th LEGISLATURE**

DATED: JULY 6, 2016

- Synopsis:** Requires DOH to ensure that fetal death certification and reporting requirements are consistent with current federal standards.
- Type of Impact:** Possible cost increase to the General Fund, local governments.
- Agencies Affected:** Department of Health. Local registrars.

### Office of Legislative Services Estimate

<b>Fiscal Impact</b>	<b><u>Years 1-3</u></b>
<b>State Cost</b>	Possible indeterminate cost increase – See comments below
<b>Local Cost</b>	Possible minimal cost increase – See comments below

- The Office of Legislative Services (OLS) finds that the bill could possibly result in a cost increase to reprogram the Electronic Death Registration System to accommodate the additional data on fetal deaths that would be collected and reported pursuant to the bill.
- The bill may also minimally increase costs at all entities involved in the death registration process related to the collection and reporting of information on fetal deaths, including the State and local registrars.

### **BILL DESCRIPTION**

Senate Bill No. 2059 (2R) of 2016 requires the Department of Health (DOH) to take appropriate action to ensure that the rules and regulations related to fetal death certification and fetal death evaluation and reporting are consistent with current federal standards.

Although the federal Centers for Disease Control and Prevention (CDC) revised the federal standards applicable to fetal death certification and fetal death reporting in 2003, it does not appear that the DOH has formally updated its fetal death protocols to comport with the revised federal guidelines in this area. Accordingly, the bill requires the DOH to ensure that its rules and regulations are consistent with federal guidelines, as adopted, amended, and supplemented by the CDC.

## FISCAL ANALYSIS

### *EXECUTIVE BRANCH*

None received.

### *OFFICE OF LEGISLATIVE SERVICES*

The OLS finds that the bill could possibly result in a small cost increase at the State Registrar in the Department of Health, and could also minimally impact local registrars.

Current regulation requires all participants in the death registration process, including the State Registrar, local registrars, the State Medical Examiner, county medical examiners, funeral directors, physicians, licensed health care facilities, and others to use the New Jersey Electronic Death Registration System (NJ-EDRS) as the system for completing certifications of death and fetal death records. The NJ-EDRS is maintained by the State Registrar in the Department of Health. Implementation of the bill would require the NJ-EDRS to be updated to record the additional data required under the CDC guidelines. It is possible the State would have to expand its current contract for the NJ-EDRS (term contract T-2757, held by Genesis Systems Inc.) to provide for this reprogramming, though the OLS is unable to estimate what this may cost.

The bill would require entities currently responsible for collecting and reporting data on fetal deaths to collect and report more data than is currently required. It appears that the largest impact would be on health care facilities and providers, who are generally responsible for primary data collection, though the State and local registrars could also be affected. The OLS finds that each entity involved in the death registration process could see small increases in responsibility with respect to data collection, which might slightly increase related costs.

*Section: Human Services*

*Analyst: Robin Ford  
Lead Fiscal Analyst*

*Approved: Frank W. Haines III  
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. 3769

## STATE OF NEW JERSEY 217th LEGISLATURE

INTRODUCED MAY 19, 2016

**Sponsored by:**

**Assemblywoman VALERIE VAINIERI HUTTLE**  
**District 37 (Bergen)**

**SYNOPSIS**

Requires DOH to ensure that fetal death certification and reporting requirements are consistent with current federal standards.

**CURRENT VERSION OF TEXT**

As introduced.



A3769 VAINIERI HUTTLE

2

1 AN ACT concerning fetal death certification and reporting,  
2 amending R.S.26:6-11 and P.L.2013, c.217, and supplementing  
3 Title 26 of the Revised Statutes.

4

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

7

8 1. (New section) No later than 90 days after the effective date  
9 of this act, the Commissioner of Health shall adopt rules and  
10 regulations, or revise or repeal its existing rules and regulations, as  
11 appropriate, pursuant to the “Administrative Procedure Act,”  
12 P.L.1968, c.410 (C.52:14B-1 et seq.), to ensure that the regulatory  
13 requirements and guidelines applicable to fetal death certification  
14 and fetal death reporting are consistent with revised standards  
15 adopted in 2003 by the federal Centers for Disease Control and  
16 Prevention (CDC). On a biennial basis thereafter, the commissioner  
17 shall review the rules and regulations pertaining to fetal death  
18 certification and fetal death reporting, and shall revise or repeal  
19 those rules or regulations as may be necessary to ensure that they  
20 remain consistent with the most recent CDC standards and  
21 guidelines in this area.

22

23 2. R.S.26:6-11 is amended to read as follows:

24 26:6-11. A certificate of fetal death containing such items as  
25 shall be listed on fetal death certificate forms provided or approved  
26 by the department under the authority of [section 26:8-24(c) of the  
27 Revised Statutes] subsection c. of R.S.26:8-24, and a burial or  
28 removal permit , shall be required for every fetal death; provided  
29 **[,]** that 20 or more weeks of gestation has elapsed before the  
30 delivery.

31 No midwife shall sign a certificate for a fetal death; but any fetal  
32 death occurring without attendance of a physician shall be treated as  
33 a death without medical attendance, as provided in **[section]**  
34 **R.S.26:6-9 [of this Title].**

35 In accordance with the provisions of section 1 of P.L. , c. (C. )  
36 (pending before the Legislature as this bill), the department shall  
37 take appropriate action to ensure that any certificate of fetal death  
38 required by this section is prepared in accordance with, and  
39 contains information that satisfies, the current standards for fetal  
40 death certification and fetal death reporting that have been adopted  
41 by the federal Centers for Disease Control and Prevention.

42 (cf: P.L.1965, c.78, s.8)

43

44 3. Section 3 of P.L.2013, c.217 (C.26:8-40.29) is amended to  
45 read as follows:

**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       3. The Department of Health shall establish a fetal death  
2 evaluation protocol, which a hospital licensed pursuant to P.L.1971,  
3 c.136 (C.26:2H-1 et seq.) shall follow in collecting data relevant to  
4 each stillbirth. In accordance with the provisions of section 1 of  
5 P.L. , c. (C. ) (pending before the Legislature as this bill),  
6 the department shall take appropriate action to ensure that the fetal  
7 death evaluation protocol established under this section is consistent  
8 with the current standards for fetal death certification and fetal  
9 death reporting that have been adopted by the federal Centers for  
10 Disease Control and Prevention. The information **[required]** to be  
11 collected under the fetal death evaluation protocol shall include, but  
12 not be limited to:

13       a. the race, age of the mother, maternal and paternal family  
14 history, comorbidities, prenatal care history, antepartum findings,  
15 history of past obstetric complications, exposure to viral infections,  
16 smoking, drug and alcohol use, fetal growth restriction, placental  
17 abruption, chromosomal and genetic abnormalities obtained pre-  
18 delivery, infection in premature fetus, cord accident, including  
19 evidence of obstruction or circulatory compromise, history of  
20 thromboembolism, and whether the mother gave birth before; **[and]**

21       b. documentation of the evaluation of a stillborn child,  
22 placenta, and cytologic specimen that conform to the standards  
23 established by the American College of Obstetricians and  
24 Gynecologists and meet any other requirements deemed by the  
25 Commissioner of Health as necessary, including, but not limited to,  
26 the following components:

27       (1) if the parents consent to a complete autopsy: the weight of  
28 the stillborn child and placenta, head circumference, length of  
29 stillborn child, foot length if stillbirth occurred before 23 weeks of  
30 gestation, and notation of any dysmorphic feature; photograph of  
31 the whole body, frontal and profile of face, extremities and palms,  
32 close-up of any specific abnormalities; examination of the placenta  
33 and umbilical cord; and gross and microscopic examination of  
34 membranes and umbilical cord; or

35       (2) if the parents do not consent to a complete autopsy, an  
36 evaluation of a stillborn child as set forth in paragraph (1) of this  
37 subsection, and appropriate alternatives to a complete autopsy,  
38 including a placental examination, external examination, selected  
39 biopsies, X-rays, MRI, and ultrasound ; and

40       c. any other relevant information, which is consistent with the  
41 current standards for fetal death certification and fetal death  
42 reporting that have been adopted by the federal Centers for Disease  
43 Control and Prevention.

44 (cf: P.L.2013, c.217, s.3)

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46       4. This act shall take effect immediately.

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STATEMENT

This bill would require the Commissioner of Health to adopt, revise, or repeal rules and regulations related to fetal death certification and fetal death reporting, in order to ensure that such rules and regulations are consistent with current federal standards.

Although the federal Centers for Disease Control and Prevention (CDC) revised the federal standards applicable to fetal death certification and fetal death reporting in 2003, it does not appear that the Department of Health has formally updated its fetal death protocols to comport with the revised federal guidelines in this area. This bill would, therefore, require the commissioner, within 90 days after the bill's effective date, to update the department's rules and regulations on fetal death, in order to make them consistent with the revised federal standards adopted in 2003, and it would additionally require the commissioner to make regular, biennial updates to the rules and regulations, as may be necessary to ensure that they continue to comport with the most current federal standards applicable to fetal death.

# ASSEMBLY HEALTH AND SENIOR SERVICES COMMITTEE

## STATEMENT TO

### **ASSEMBLY, No. 3769**

with committee amendments

# **STATE OF NEW JERSEY**

DATED: SEPTEMBER 8, 2016

The Assembly Health and Senior Services Committee reports favorably and with committee amendments Assembly Bill No. 3769.

As amended by the committee, this bill requires the Department of Health (DOH) to take appropriate action to ensure that certificates of fetal death are prepared in accordance with current federal guidelines issued by the federal Centers for Disease Control and Prevention (CDC). In 2003, the CDC revised its guidelines for fetal death reporting and certification; however, it does not appear that the DOH has formally updated its fetal death protocols to comport with the revised CDC guidelines. As amended, this bill requires the DOH to take steps to update its fetal death protocols.

In addition, the committee amendments revise the bill to require parental consent prior to performing an autopsy in cases involving stillbirth, and allow for parents to consent to either a full evaluation or an alternative, limited autopsy. If the parents provide partial consent, the stillbirth examination is to be consistent with the limits of the consent provided.

As amended, this bill is identical to Senate Bill No. 2059(2R), which the committee also reported on this date.

#### COMMITTEE AMENDMENTS:

The committee amended the bill to remove a requirement that the Department of Health (DOH) adopt revised rules and regulations within 90 days of the bill and thereafter review its rules and regulations on a biennial basis to ensure they remain consistent with current federal guidelines.

The committee amended the bill to establish requirements for parents to provide full or partial consent to evaluations of stillborn children.

The committee amended the bill to change the effective date to the first day of the sixth month next following the date of enactment; as introduced, the bill would have taken effect immediately.

The committee made a technical revision to the title of the bill and updated cross-references within the bill to reflect the committee amendments.



# ASSEMBLY APPROPRIATIONS COMMITTEE

## STATEMENT TO

[First Reprint]

**ASSEMBLY, No. 3769**

# **STATE OF NEW JERSEY**

DATED: DECEMBER 15, 2016

The Assembly Appropriations Committee reports favorably Assembly Bill No. 3769 (1R).

This bill requires the Department of Health (DOH) to take appropriate action to ensure that certificates of fetal death are prepared in accordance with current federal guidelines issued by the federal Centers for Disease Control and Prevention (CDC).

In 2003, the CDC revised its guidelines for fetal death reporting and certification; however, it does not appear that the DOH has formally updated its fetal death protocols to comport with the revised CDC guidelines. This bill requires the DOH to take steps to update its fetal death protocols.

The bill requires parental consent prior to performing an autopsy in cases involving stillbirth, and allows for parents to consent to either a full evaluation or an alternative, limited autopsy. If the parents provide partial consent, the stillbirth examination is to be consistent with the limits of the consent provided.

As reported, this bill is identical to Senate Bill No. 2059 (2R), as also reported by the committee.

### FISCAL IMPACT:

The Office of Legislative Services (OLS) finds that the bill could possibly result in a cost increase to reprogram the Electronic Death Registration System to accommodate the additional data on fetal deaths that would be collected and reported pursuant to the bill. The bill may also minimally increase costs at all entities involved in the death registration process related to the collection and reporting of information on fetal deaths, including the State and local registrars.

# LEGISLATIVE FISCAL ESTIMATE

[First Reprint]

## ASSEMBLY, No. 3769

### STATE OF NEW JERSEY 217th LEGISLATURE

DATED: DECEMBER 13, 2016

#### SUMMARY

- Synopsis:** Requires DOH to ensure that fetal death certification and reporting requirements are consistent with current federal standards.
- Type of Impact:** Possible cost increase to the General Fund, local governments.
- Agencies Affected:** Department of Health. Local registrars.

#### Office of Legislative Services Estimate

<b>Fiscal Impact</b>	<b><u>Years 1-3</u></b>
<b>State Cost</b>	Possible indeterminate cost increase – See comments below
<b>Local Cost</b>	Possible minimal cost increase – See comments below

- The Office of Legislative Services (OLS) finds that the bill could possibly result in a cost increase to reprogram the Electronic Death Registration System to accommodate the additional data on fetal deaths that would be collected and reported pursuant to the bill.
- The bill may also minimally increase costs at all entities involved in the death registration process related to the collection and reporting of information on fetal deaths, including the State and local registrars.

#### BILL DESCRIPTION

Assembly Bill No. 3769 (1R) of 2016 requires the Department of Health (DOH) to take appropriate action to ensure that certificates of fetal death are prepared in accordance with current federal guidelines issued by the federal Centers for Disease Control and Prevention (CDC). In 2003, the CDC revised its guidelines for fetal death reporting and certification; however, it does not appear that the DOH has formally updated its fetal death protocols to comport with the revised CDC guidelines

In addition, the bill requires parental consent prior to performing an autopsy in cases involving stillbirth, and allow for parents to consent to either a full evaluation or an alternative,

limited autopsy. If the parents provide partial consent, the stillbirth examination is to be consistent with the limits of the consent provided.

## **FISCAL ANALYSIS**

### ***EXECUTIVE BRANCH***

None received.

### ***OFFICE OF LEGISLATIVE SERVICES***

The OLS finds that the bill could possibly result in a small cost increase at the State Registrar in the Department of Health, and could also minimally impact local registrars.

Current regulation requires all participants in the death registration process, including the State Registrar, local registrars, the State Medical Examiner, county medical examiners, funeral directors, physicians, licensed health care facilities, and others to use the New Jersey Electronic Death Registration System (NJ-EDRS) as the system for completing certifications of death and fetal death records. The NJ-EDRS is maintained by the State Registrar in the Department of Health. Implementation of the bill would require the NJ-EDRS to be updated to record the additional data required under the CDC guidelines. It is possible the State would have to expand its current contract for the NJ-EDRS (term contract T-2757, held by Genesis Systems Inc.) to provide for this reprogramming, though the OLS is unable to estimate what this may cost.

The bill would require entities currently responsible for collecting and reporting data on fetal deaths to collect and report more data than is currently required. It appears that the largest impact would be on health care facilities and providers, who are generally responsible for primary data collection, though the State and local registrars could also be affected. The OLS finds that each entity involved in the death registration process could see small increases in responsibility with respect to data collection, which might slightly increase related costs.

*Section: Human Services*

*Analyst: Robin Ford  
Lead Fiscal Analyst*

*Approved: Frank W. Haines III  
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 Christie Takes Action On Pending Legislation

Thursday, July 13, 2017

Tags: [Bill Action](#)

Trenton, NJ - Governor Chris Christie today announced that he has taken action on the following pending legislation:

### **BILL SIGNINGS:**

**S-1451/A-3856 (Ruiz, Allen/Holley, McKnight, Singleton)** - Directs DOE to make database of special education decisions available on website

**S-2059/A-3769 (Weinberg/Vainieri Huttie, Mukherji)** - Requires DOH to ensure that fetal death certification and reporting requirements are consistent with current federal standards

**S-2348/A-3799 (Ruiz, Diegnan/Lampitt, Vainieri Huttie, Muoio, Oliver, Mosquera, DiMaio, McKnight, Mukherji)** - Includes students who participate in school intramural sports programs in the student-athlete head injury safety program

**S-2492/A-4091 (Gordon, O'Toole/Eustace, Chiaravalloti, Mukherji, Benson, Jasey)** - Enhances resident voting participation rights in common interest communities

**S-2878/A-4523 (Vitale, Codey/Schaer, Singleton, Vainieri Huttie, Pinkin)** - Requires DOH to permit certain health care facilities to use shared clinical space when providing primary health care and behavioral health care for mild to moderate behavioral health conditions

**SJR-50/AJR-69 (Weinberg, Gordon/DiMaio, Pinkin, Quijano)** - Designates April as "Genocide Awareness Month"

**SJR-62/AJR-96 (Codey/Eustace, Lampitt, Pinkin, Mukherji, Jones, Downey, Rooney)** - Designates month of May of each year as "Mental Health Awareness Month"

**A-374/S-2462 (Auth, Prieto, Schepisi, Jimenez, Mukherji/Sacco, Cruz-Perez)** - Prohibits MVC from imposing duplicate license or identification card fee and digitized picture fee if duplicate is requested to reflect change in organ donor status

**A-2181/S-2809 (Caride, Schaer/Sarlo)** - Prohibits NJTA from requiring county guarantee to provide maintenance of pedestrian bridge under certain circumstances when determining approval for construction of pedestrian bridge

**A-2690/S-1944 (Johnson, Rible, Dancer, O'Scanlon, Space, Phoebus/Cardinale, Van Drew)** - Expands list of retired law enforcement officers eligible to carry handgun

**A-4334/S-2724 (Conaway, Pinkin/Codey, Vitale)** - Requires alternative payment models to register with DOH; permits health care practitioners to refer patients to health care service in which the practitioner has beneficial interest when related to alternative payment model

**A-4350/S-2914 (Eustace, Karabinchak/Greenstein)** - Precludes DEP from imposing certain certification requirements on installers of individual subsurface sewage disposal systems

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### More Information

[Senate Bill 587](#)

[Senate Bill 677](#)

[Senate Bill 806](#)

[Senate Bill 3006](#)

[ASSEMBLY BILL NO. 1855](#)

[ASSEMBLY BILL NO. 4701](#)

**A-4583/S-2991 (Zwicker, Conaway, Land, Downey, Houghtaling/Turner, T. Kean)** - Appropriates \$2,988,859 from 2009 Historic Preservation Fund and constitutionally dedicated CBT revenues to provide capital preservation grants for certain historic preservation projects

**AJR-27/SJR-59 (Muio, Gusciora, Benson, Eustace, Pinkin, Sumter, Mukherji/Turner)** - Designates May of each year as "Asthma Awareness Month"

**BILLS VETOED:**

**S-587/A-2937 (Cunningham/Sumter, Mukherji, Quijano) – ABSOLUTE** - Requires incarcerated individual from State to be counted at residential address for legislative redistricting purposes

**S-677/A-3677 (Rice, Turner/Wimberly, Singleton, Holley, Tucker, Sumter, Quijano) – CONDITIONAL** - Requires racial and ethnic impact statement for certain bills and regulations affecting sentencing

**S-806/A-2463 (Weinberg, Gordon/Eustace, Vainieri Huttie, Caride, Muio, Lagana, Lampitt, Mukherji) – CONDITIONAL** - Requires owner or operator of certain trains to have discharge response, cleanup, and contingency plans to transport certain hazardous materials by rail; requires NJ DOT to request bridge inspection reports from US DOT

**S-3006/A-4589 (Weinberg, Gordon/Vainieri Huttie, Quijano, Wisniewski, Johnson, Mukherji) – ABSOLUTE** - Prohibits PANYNJ from providing assistance for enforcement of March 6, 2017 US Executive Order banning entry into US of individuals from certain countries

**A-1855/S-3123 (Wimberly, Prieto, Oliver, Sumter/Cruz-Perez, Cunningham) – CONDITIONAL** - Concerns outreach and training for minorities and women in the construction industry

**A-4701/S-3059 (Eustace, Zwicker, Vainieri Huttie, Gusciora, Kennedy, Benson, Jasey/Sweeney, Smith) – ABSOLUTE** - Requires State full participation in Regional Greenhouse Gas Initiative

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