

VETO MESSAGE: No

GOVERNOR'S PRESS RELEASE ON SIGNING: Yes

FOLLOWING WERE PRINTED:

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REPORTS: No

HEARINGS: No

NEWSPAPER ARTICLES: Yes

NJ governor signs 4 bills aimed at improving maternity care
Associated Press State Wire: New Jersey (NJ) - May 8, 2019

Governor signs 4 bills aimed at improving maternity care
Associated Press State Wire: New Jersey (NJ) - May 8, 2019

Gov. Phil Murphy signs four laws to make childbirth safer for mothers, babies
northjersey.com (Published as northjersey.com (NJ)) - May 8, 2019

Murphy signs maternal health legislation
NJBIZ (New Brunswick, NJ) - May 9, 2019

LAWS AIM TO MAKE CHILDBIRTH MORE SAFE - BILLS THAT MAKE CHANGES TO STATE'S MEDICAID
Record, The (Hackensack, NJ) - May 9, 2019

RWH/JA

P.L. 2019, CHAPTER 88, *approved May 8, 2019*
Senate, No. 3406 (*Second Reprint*)

1 AN ACT concerning the Perinatal Risk Assessment form and
2 supplementing Title 30 of the Revised Statutes.

3
4 **BE IT ENACTED** by the Senate and General Assembly of the State
5 of New Jersey:

6
7 1. An obstetrical provider, nurse midwife, or other licensed
8 health care professional, approved as a provider under the Medicaid
9 program established pursuant to P.L.1968, c.413 (C.30:4D-1 et
10 seq.), shall complete the Perinatal Risk Assessment form, as used
11 by the Division of Medical Assistance and Health Services in the
12 Department of Human Services, for each pregnant Medicaid
13 recipient ¹and for each individual eligible for Emergency Medical
14 Services for Non-Qualified Aliens¹ who receives prenatal care from
15 the provider. ¹The Perinatal Risk Assessment form shall be the
16 uniform document used by all providers and Medicaid managed
17 care plans.¹ The form shall be completed by the provider during the
18 ¹[recipient's]¹ first prenatal visit ¹with the pregnant Medicaid
19 recipient or other eligible individual and updated by the provider in
20 the third trimester of the recipient or other eligible individual¹.

21
22 2. The division shall require providers to submit each Perinatal
23 Risk Assessment form completed pursuant to section 1 of this act to
24 the division, or to a nonprofit entity contracted by the division to
25 process ¹, distribute to appropriate Medicaid managed care plans,¹
26 and maintain the Perinatal Risk Assessment data. A provider shall
27 not receive authorization for reimbursement for prenatal services
28 provided to a pregnant Medicaid recipient until a Perinatal Risk
29 Assessment form is submitted for that recipient.

30
31 3. The division, in collaboration with the Department of
32 Health, Medicaid managed care organizations, and any nonprofit
33 entity contracted by the division to process ¹, distribute,¹
34 and maintain the Perinatal Risk Assessment data, shall analyze the
35 Perinatal Risk Assessment data in order to identify trends in the risk
36 factors associated with Medicaid recipients ¹and individuals eligible
37 for Emergency Medical Services for Non-Qualified Aliens¹ during

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 February 7, 2019.

²Assembly AAP committee amendments adopted March 18, 2019.

1 pregnancy. ¹【The division shall submit a written report 18 months
2 following the enactment】 Commencing no later than 18 months
3 after the effective date¹ of this act, and annually thereafter, ¹the
4 division shall submit a written report¹ to the Governor, and to the
5 Legislature pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1),
6 providing a summary of ¹【their】 its¹ findings ¹【,】¹ and any
7 proposals for legislative action needed to improve the maternal
8 outcomes of Medicaid recipients ¹and individuals eligible for
9 Emergency Medical Services for Non-Qualified Aliens¹.

10

11 4. The Commissioners of Health and Human Services, pursuant
12 to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-
13 1 et seq.), shall adopt rules and regulations necessary to implement
14 the provisions of this act.

15

16 5. This act shall take effect ²【immediately】 365 days after the
17 date of enactment².

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19

20

21

22 Codifies current practice regarding completion of Perinatal Risk
23 Assessment form by certain Medicaid health care providers.

SENATE, No. 3406

STATE OF NEW JERSEY 218th LEGISLATURE

INTRODUCED JANUARY 28, 2019

Sponsored by:

Senator THOMAS H. KEAN, JR.

District 21 (Morris, Somerset and Union)

Senator JOSEPH F. VITALE

District 19 (Middlesex)

Co-Sponsored by:

Senator Rice

SYNOPSIS

Codifies current requirements regarding completion of Perinatal Risk Assessment form by certain Medicaid health care providers.

CURRENT VERSION OF TEXT

As introduced.



1 AN ACT concerning the Perinatal Risk Assessment form and
2 supplementing Title 30 of the Revised Statutes.

3

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

6

7 1. An obstetrical provider, nurse midwife, or other licensed
8 health care professional, approved as a provider under the Medicaid
9 program established pursuant to P.L.1968, c.413 (C.30:4D-1 et
10 seq.), shall complete the Perinatal Risk Assessment form, as used
11 by the Division of Medical Assistance and Health Services in the
12 Department of Human Services, for each pregnant Medicaid
13 recipient who receives prenatal care from the provider. The form
14 shall be completed by the provider during the recipient's first
15 prenatal visit.

16

17 2. The division shall require providers to submit each Perinatal
18 Risk Assessment form completed pursuant to section 1 of this act to
19 the division, or to a nonprofit entity contracted by the division to
20 process and maintain the Perinatal Risk Assessment data. A
21 provider shall not receive authorization for reimbursement for
22 prenatal services provided to a pregnant Medicaid recipient until a
23 Perinatal Risk Assessment form is submitted for that recipient.

24

25 3. The division, in collaboration with the Department of
26 Health, Medicaid managed care organizations, and any nonprofit
27 entity contracted by the division to process and maintain the
28 Perinatal Risk Assessment data, shall analyze the Perinatal Risk
29 Assessment data in order to identify trends in the risk factors
30 associated with Medicaid recipients during pregnancy. The division
31 shall submit a written report 18 months following the enactment of
32 this act, and annually thereafter, to the Governor, and to the
33 Legislature pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1),
34 providing a summary of their findings, and any proposals for
35 legislative action needed to improve the maternal outcomes of
36 Medicaid recipients.

37

38 4. The Commissioners of Health and Human Services, pursuant
39 to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-
40 1 et seq.), shall adopt rules and regulations necessary to implement
41 the provisions of this act.

42

43 5. This act shall take effect immediately.

44

45

STATEMENT

46

47 This bill codifies current requirements regarding the completion
48 of the Perinatal Risk Assessment form by certain Medicaid health

1 care providers. Specifically, under the bill, an obstetrical provider,
2 nurse midwife, or other licensed health care professional, approved
3 as a provider under the Medicaid program, is required to complete
4 the Perinatal Risk Assessment form, as used by the Division of
5 Medical Assistance and Health Services in the Department of
6 Human Services, for each pregnant Medicaid recipient who receives
7 prenatal care from the provider. The provider is required to
8 complete the form during the recipient's first prenatal visit.

9 Furthermore, the bill directs the division to require providers to
10 submit each completed Perinatal Risk Assessment form to the
11 division, or to a nonprofit entity contracted by the division to
12 process and maintain the Perinatal Risk Assessment data. The bill
13 stipulates that a provider will not receive authorization for
14 reimbursement for prenatal services provided to a pregnant
15 Medicaid recipient until a Perinatal Risk Assessment form is
16 submitted for that recipient. Currently, the Perinatal Risk
17 Assessment form serves as an authorization for payment to
18 providers from Medicaid managed care organizations.

19 The bill also requires the division, in collaboration with the
20 Department of Health, Medicaid managed care organizations, and
21 any nonprofit entity contracted by the division to process and
22 maintain the Perinatal Risk Assessment data, to analyze the
23 Perinatal Risk Assessment data in order to identify trends in the risk
24 factors associated with Medicaid recipients during pregnancy. The
25 bill directs the division to submit a written report 18 months
26 following the enactment of this bill, and annually thereafter, to the
27 Governor and to the Legislature, providing a summary of their
28 findings and any proposals for legislative action needed to improve
29 the maternal outcomes of Medicaid recipients.

30 The Perinatal Risk Assessment form allows the division to gather
31 information about Medicaid-eligible pregnant women in New Jersey
32 via a common risk assessment tool. To achieve this goal, the form
33 content includes all of the demographic, medical, and psychosocial
34 factors considered in the risk management of pregnant women. As
35 used currently, and unchanged by this bill, the Perinatal Risk
36 Assessment form is intended to promote early and accurate
37 identification of prenatal risk factors, and to reduce administrative
38 burden on obstetric practices. In addition, the form is also used as a
39 mechanism to refer eligible families to evidence-based home
40 visiting programs, as well as access to prenatal care initiative
41 projects focused on improving access to prenatal care and other
42 related services.

43 It is the sponsor's belief that codifying current requirements
44 regarding the completion of the Perinatal Risk Assessment form by
45 Medicaid providers who deliver prenatal services will strengthen
46 the division's ability to use this tool to gather the essential
47 information needed to improve prenatal services provided to
48 Medicaid beneficiaries.

ASSEMBLY APPROPRIATIONS COMMITTEE

STATEMENT TO

[First Reprint]

SENATE, No. 3406

with committee amendments

STATE OF NEW JERSEY

DATED: MARCH 18, 2019

The Assembly Appropriations Committee reports favorably and with committee amendments Senate Bill No. 3406 (1R).

This bill codifies current practices regarding the completion of the Perinatal Risk Assessment form by certain Medicaid health care providers.

The Perinatal Risk Assessment form is used by the Division of Medical Assistance and Health Services in the Department of Human Services to collect certain demographic, medical, and psychosocial information about Medicaid-eligible pregnant women in New Jersey in order to identify prenatal risk factors early in the pregnancy, provide referrals to evidence-based home visiting programs, and provide access to prenatal care initiative projects. Currently, the Perinatal Risk Assessment form is one of several forms that serve as an authorization for payment to providers from Medicaid managed care organizations. As amended by the committee, this bill directs that the Perinatal Risk Assessment form is to be the uniform document used by all providers and Medicaid managed care plans.

The bill requires an obstetrical provider, nurse midwife, or other licensed health care professional who is approved as a provider under the Medicaid program to complete the Perinatal Risk Assessment form for each pregnant Medicaid recipient and each individual eligible for Emergency Medical Services for Non-Qualified Aliens who receives prenatal care from the provider. The provider is required to complete the form during the first prenatal visit with the pregnant Medicaid recipient or other eligible individual and to update form in the third trimester.

The bill additionally directs the division to require providers to submit each completed Perinatal Risk Assessment form to the division, or to a nonprofit entity contracted by the division to process, distribute to appropriate Medicaid managed care plans, and maintain the Perinatal Risk Assessment data. The bill stipulates that a provider will not receive authorization for reimbursement for

prenatal services provided to a pregnant Medicaid recipient until a Perinatal Risk Assessment form is submitted for that recipient.

The bill also requires the division, in collaboration with the Department of Health, Medicaid managed care organizations, and any nonprofit entity contracted by the division to process, distribute, and maintain the Perinatal Risk Assessment data, to analyze the Perinatal Risk Assessment data in order to identify trends in the risk factors associated with Medicaid recipients during pregnancy. Commencing no later than 18 months after the effective date of the bill, and annually thereafter, the division will be required to submit a written report to the Governor and to the Legislature providing a summary of its findings and any proposals for legislative action needed to improve the maternal outcomes of Medicaid recipients.

As reported this bill is identical to Assembly No. 4993 (1R), which was amended and reported by the committee on this date.

COMMITTEE AMENDMENTS:

The committee amended the bill to delay the effective date by one year.

FISCAL IMPACT:

This bill is not certified as requiring a fiscal note.

SENATE HEALTH, HUMAN SERVICES AND SENIOR
CITIZENS COMMITTEE

STATEMENT TO
SENATE, No. 3406

with committee amendments

STATE OF NEW JERSEY

DATED: FEBRUARY 7, 2019

The Senate Health, Human Services and Senior Citizens Committee reports favorably and with committee amendments Senate Bill No. 3406.

As amended by the committee, this bill codifies current practices regarding the completion of the Perinatal Risk Assessment form by certain Medicaid health care providers.

The Perinatal Risk Assessment form is used by the Division of Medical Assistance and Health Services in the Department of Human Services to collect certain demographic, medical, and psychosocial information about Medicaid-eligible pregnant women in New Jersey in order to identify prenatal risk factors early in the pregnancy, provide referrals to evidence-based home visiting programs, and provide access to prenatal care initiative projects. Currently, the Perinatal Risk Assessment form is one of several forms that serve as an authorization for payment to providers from Medicaid managed care organizations. As amended by the committee, this bill directs that the Perinatal Risk Assessment form is to be the uniform document used by all providers and Medicaid managed care plans.

The amended bill requires an obstetrical provider, nurse midwife, or other licensed health care professional who is approved as a provider under the Medicaid program to complete the Perinatal Risk Assessment form for each pregnant Medicaid recipient and each individual eligible for Emergency Medical Services for Non-Qualified Aliens who receives prenatal care from the provider. The provider is required to complete the form during the first prenatal visit with the pregnant Medicaid recipient or other eligible individual and to update form in the third trimester.

As amended by the committee, the bill additionally directs the division to require providers to submit each completed Perinatal Risk Assessment form to the division, or to a nonprofit entity contracted by the division to process, distribute to appropriate Medicaid managed care plans, and maintain the Perinatal Risk Assessment data. The bill stipulates that a provider will not receive

authorization for reimbursement for prenatal services provided to a pregnant Medicaid recipient until a Perinatal Risk Assessment form is submitted for that recipient.

The amended bill also requires the division, in collaboration with the Department of Health, Medicaid managed care organizations, and any nonprofit entity contracted by the division to process, distribute, and maintain the Perinatal Risk Assessment data, to analyze the Perinatal Risk Assessment data in order to identify trends in the risk factors associated with Medicaid recipients during pregnancy. Commencing no later than 18 months after the effective date of the bill, and annually thereafter, the division will be required to submit a written report to the Governor and to the Legislature providing a summary of its findings and any proposals for legislative action needed to improve the maternal outcomes of Medicaid recipients.

COMMITTEE AMENDMENTS:

The committee amended the bill to require that the Perinatal Risk Assessment form be completed for each individual who is eligible for Emergency Medical Services for Non-Qualified Aliens who receives prenatal care, as well as for pregnant Medicaid recipients.

The committee amended the bill to require that the form for each pregnant Medicaid recipient and other eligible individual be updated in the third trimester.

The committee amended the bill to provide that the Perinatal Risk Assessment form is to be the uniform document used by all providers and Medicaid managed care plans.

The committee amended the bill to provide that the nonprofit entity contracted by the Division of Medical Assistance and Health Services in the Department of Human Services to process and maintain Perinatal Risk Assessment form data is to additionally distribute the data to appropriate Medicaid managed care plans.

The committee amended the bill to make certain technical revisions concerning the reporting requirement and to update the synopsis to better reflect the scope of the bill.

ASSEMBLY, No. 4993

STATE OF NEW JERSEY 218th LEGISLATURE

INTRODUCED FEBRUARY 7, 2019

Sponsored by:

Assemblywoman PAMELA R. LAMPITT

District 6 (Burlington and Camden)

Assemblywoman ELIANA PINTOR MARIN

District 29 (Essex)

Assemblywoman GABRIELA M. MOSQUERA

District 4 (Camden and Gloucester)

Co-Sponsored by:

Assemblywoman Downey and Assemblyman Armato

SYNOPSIS

Codifies current requirements regarding completion of Perinatal Risk Assessment form by certain Medicaid health care providers.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 3/19/2019)

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13 recipient who receives prenatal care from the provider. The form
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22 prenatal services provided to a pregnant Medicaid recipient until a
23 Perinatal Risk Assessment form is submitted for that recipient.

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25 3. The division, in collaboration with the Department of
26 Health, Medicaid managed care organizations, and any nonprofit
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28 Perinatal Risk Assessment data, shall analyze the Perinatal Risk
29 Assessment data in order to identify trends in the risk factors
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31 shall submit a written report 18 months following the enactment of
32 this act, and annually thereafter, to the Governor, and to the
33 Legislature pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1),
34 providing a summary of their findings, and any proposals for
35 legislative action needed to improve the maternal outcomes of
36 Medicaid recipients.

37

38 4. The Commissioners of Health and Human Services, pursuant
39 to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-
40 1 et seq.), shall adopt rules and regulations necessary to implement
41 the provisions of this act.

42

43 5. This act shall take effect immediately.

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45

46

STATEMENT

47

48 This bill codifies current requirements regarding the completion
49 of the Perinatal Risk Assessment form by certain Medicaid health

1 care providers. Specifically, under the bill, an obstetrical provider,
2 nurse midwife, or other licensed health care professional, approved
3 as a provider under the Medicaid program, is required to complete
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5 Medical Assistance and Health Services in the Department of
6 Human Services, for each pregnant Medicaid recipient who receives
7 prenatal care from the provider. The provider is required to
8 complete the form during the recipient's first prenatal visit.

9 Furthermore, the bill directs the division to require providers to
10 submit each completed Perinatal Risk Assessment form to the
11 division, or to a nonprofit entity contracted by the division to
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13 stipulates that a provider will not receive authorization for
14 reimbursement for prenatal services provided to a pregnant
15 Medicaid recipient until a Perinatal Risk Assessment form is
16 submitted for that recipient. Currently, the Perinatal Risk
17 Assessment form serves as an authorization for payment to
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20 Department of Health, Medicaid managed care organizations, and
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23 Perinatal Risk Assessment data in order to identify trends in the risk
24 factors associated with Medicaid recipients during pregnancy. The
25 bill directs the division to submit a written report 18 months
26 following the enactment of this bill, and annually thereafter, to the
27 Governor and to the Legislature, providing a summary of their
28 findings and any proposals for legislative action needed to improve
29 the maternal outcomes of Medicaid recipients.

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31 information about Medicaid-eligible pregnant women in New Jersey
32 via a common risk assessment tool. To achieve this goal, the form
33 content includes all of the demographic, medical, and psychosocial
34 factors considered in the risk management of pregnant women. As
35 used currently, and unchanged by this bill, the Perinatal Risk
36 Assessment form is intended to promote early and accurate
37 identification of prenatal risk factors, and to reduce administrative
38 burden on obstetric practices. In addition, the form is also used as a
39 mechanism to refer eligible families to evidence-based home
40 visiting programs, as well as access to prenatal care initiative
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43 It is the sponsor's belief that codifying current requirements
44 regarding the completion of the Perinatal Risk Assessment form by
45 Medicaid providers who deliver prenatal services will strengthen
46 the division's ability to use this tool to gather the essential
47 information needed to improve prenatal services provided to
48 Medicaid beneficiaries.

ASSEMBLY APPROPRIATIONS COMMITTEE

STATEMENT TO

ASSEMBLY, No. 4993

with committee amendments

STATE OF NEW JERSEY

DATED: MARCH 18, 2019

The Assembly Appropriations Committee reports favorably and with committee amendments Assembly Bill No. 4993.

As amended by the committee, this bill codifies current practices regarding the completion of the Perinatal Risk Assessment form by certain Medicaid health care providers.

The Perinatal Risk Assessment form is used by the Division of Medical Assistance and Health Services in the Department of Human Services to collect certain demographic, medical, and psychosocial information about Medicaid-eligible pregnant women in New Jersey in order to identify prenatal risk factors early in the pregnancy, provide referrals to evidence-based home visiting programs, and provide access to prenatal care initiative projects. Currently, the Perinatal Risk Assessment form is one of several forms that serve as an authorization for payment to providers from Medicaid managed care organizations. As amended by the committee, this bill directs that the Perinatal Risk Assessment form is to be the uniform document used by all providers and Medicaid managed care plans.

The amended bill requires an obstetrical provider, nurse midwife, or other licensed health care professional who is approved as a provider under the Medicaid program to complete the Perinatal Risk Assessment form for each pregnant Medicaid recipient and each individual eligible for Emergency Medical Services for Non-Qualified Aliens who receives prenatal care from the provider. The provider is required to complete the form during the first prenatal visit with the pregnant Medicaid recipient or other eligible individual and to update form in the third trimester.

As amended by the committee, the bill additionally directs the division to require providers to submit each completed Perinatal Risk Assessment form to the division, or to a nonprofit entity contracted by the division to process, distribute to appropriate Medicaid managed care plans, and maintain the Perinatal Risk Assessment data. The bill stipulates that a provider will not receive authorization for reimbursement for prenatal services provided to a pregnant Medicaid recipient until a Perinatal Risk Assessment form is submitted for that recipient.

The amended bill also requires the division, in collaboration with the Department of Health, Medicaid managed care organizations, and any nonprofit entity contracted by the division to process, distribute, and maintain the Perinatal Risk Assessment data, to analyze the Perinatal Risk Assessment data in order to identify trends in the risk factors associated with Medicaid recipients during pregnancy. Commencing no later than 18 months after the effective date of the bill, and annually thereafter, the division will be required to submit a written report to the Governor and to the Legislature providing a summary of its findings and any proposals for legislative action needed to improve the maternal outcomes of Medicaid recipients.

As reported, this bill is identical to Senate No. 3406 (2R), which was also amended and reported by the committee on this date.

COMMITTEE AMENDMENTS:

The committee amended the bill:

to require that the Perinatal Risk Assessment form be completed for each individual who is eligible for Emergency Medical Services for Non-Qualified Aliens who receives prenatal care, as well as for pregnant Medicaid recipients;

to require that the form for each pregnant Medicaid recipient and other eligible individual be updated in the third trimester;

to provide that the Perinatal Risk Assessment form is to be the uniform document used by all providers and Medicaid managed care plans;

to provide that the nonprofit entity contracted by the Division of Medical Assistance and Health Services in the Department of Human Services to process and maintain Perinatal Risk Assessment form data is to additionally distribute the data to appropriate Medicaid managed care plans;

to delay the effective date by one year; and

to make certain technical revisions concerning the reporting requirement and to update the synopsis to better reflect the scope of the bill.

FISCAL IMPACT:

This bill is not certified as requiring a fiscal note.



Newark, N.J.

Governor Murphy Signs Legislative Package to Combat New Jersey's Maternal and Infant Health Crisis

05/8/2019

NEWARK – Governor Phil Murphy today signed a legislative package into law to combat New Jersey's maternal and infant health crisis. The series of bills, which will support the efforts of the Administration's Nurture NJ campaign, will improve health outcomes for New Jersey's mothers and babies, as well as address racial disparities in maternal and infant care.

“By enacting these measures today, New Jersey is making a strong statement that every mother, every birth, and every child matters,” **said Governor Phil Murphy**. “I am proud to sign these bills into law and commend my partners in the Legislature for their commitment to improve the health and safety of New Jersey's women, children, and families.”

“Empowering mothers and ensuring their voices reverberate through the health care system is a vital piece of improving maternal and infant health outcomes in New Jersey,” **said First Lady Tammy Murphy**. “Through Nurture NJ, and now through today's legislation, we are continuing forward on a path to make New Jersey the safest place in the country to give birth.”

The Governor signed the following four bills into law:

- **S1784 (Weinberg, Gill/Pintor Marin, Jimenez, Sumter)** – Provides Medicaid coverage for doula care.
- **S3365 (Pou, Cryan/Mosquera, Taliaferro, Benson)** – Establishes perinatal episode of care pilot program in Medicaid.
- **S3378 (Ruiz, Greenstein/McKnight, Mukherji, Huttler)** – Prohibits health benefits coverage for certain non-medically indicated early elective deliveries under Medicaid program, SHBP, and SEHBP.
- **S3406 (Kean, Vitale/Lampitt, Pintor Marin, Mosquera)** – Codifies current practice regarding completion of Perinatal Risk Assessment form by certain Medicaid health care providers.

“As a nation that strives to be the best, our maternal mortality rate, especially among minority women, is an embarrassment. We can and should do more to protect moms and their babies. These bills demonstrate the strong commitment New Jersey has to mothers and families and will likely serve as a model for the rest of the nation in addressing maternal mortality,” **said U.S. Senator Bob Menendez, a senior member of the Senate Finance Committee that sets national health policy**. “I am pleased to support programs that help new moms and babies at the federal level and look forward to working with the Governor in improving health care for all of our state's residents.”

“It is unacceptable that New Jersey has the unfortunate distinction of having one of the highest rates of maternal mortality in the

country, and a racial gap in maternal health outcomes that is wider than the national average,” **U.S. Senator Cory Booker said.** “Fixing this reality is not a matter of ‘can we?’, it’s about ‘will we.’ Our Governor and legislative leaders deserve tremendous credit for moving rapidly to improve the maternal and infant care outcomes in our state and build the collective will to get this done.”

“Under the leadership of Governor Murphy, First Lady Murphy and the Legislature, New Jersey has made improving maternal and infant health a top priority,” **said New Jersey Department of Human Services Commissioner Carole Johnson.** “The legislation signed into law today represents critical steps in advancing our goal of eliminating the unacceptable disparities in maternal and infant health outcomes in our State. At the Department of Human Services, we look forward to implementing these new laws including adding doula services to our Medicaid program as proposed in the Governor's budget.”

“With the signing of these bills, Governor Murphy is demonstrating New Jersey’s leadership in addressing disparities in maternity care in our state,” **said New Jersey Department of Health Commissioner Dr. Shereef Elnahal.** “We are changing the healthcare system to ensure more women have a chance for a healthy birth and healthy infant—and importantly, breaking the back of shameful disparities for black mothers along the way.”

“These are some of the most vulnerable women in our state, women who are often without any options for health insurance beyond Medicaid,” **said Senator Loretta Weinberg.** “By covering doula care under Medicaid we are giving support, advocacy and comfort to women in some of their most vulnerable moments of life. This law is going to help countless women each year make strong, supported and informed decisions throughout their pregnancy.”

“Doulas help expecting mothers to gain a better understanding of the procedures and possible complications of pregnancy and delivery. They work to ensure the patient’s wishes are carried out during birth and immediately after,” **said Senator Nia Gill.** “They provide comfort during labor with breathing and relaxation techniques. They do all of this and more, making their value to a new mother vital and undeniable.”

“It’s clear, we in New Jersey need to take the care of our mothers and soon to be mothers seriously, and we need to start today,” **said Senator Nellie Pou.** “With over 40 percent of New Jersey births being paid for by Medicaid, we have a major opportunity to impact the efficiency of services and at the same time, find better ways to provide mothers and their babies with the care they need in the most effective way possible. Today, I am proud to put mothers first in our state.”

“By securing federal funding to address maternal mental health we can make real progress to improve the health and wellbeing of pregnant women and new mothers,” **said Senator Joseph P. Cryan.** “Postpartum depression and similar mental health changes during pregnancy are not uncommon, but they often go undiagnosed and untreated. These are very treatable conditions if women and their families are offered the care that can make a significant difference at an important time in their lives as parents or as expecting parents. A pilot program will show that we will make use to make use of federal resources to get this done.”

“Early deliveries present health risks for both mothers and their newborns which is why it is crucial they are only performed when it is absolutely necessary. Hospitals should not be inducing labor or performing C-sections simply because the mother requests it, or because it is convenient to the provider or the facility,” **said Senate President Pro Tempore M. Teresa Ruiz.** “We need to do everything in our wherewithal to protect New Jersey families.”

“Electing to induce labor for a non-medical purpose increases the health risks of both the mother and newborn, while also potentially leading to inflated medical costs,” **said Senator Linda Greenstein.** “This is a personal choice of the mother that is not recommended by medical professionals and removing this coverage will provide lower health benefits costs to consumers.”

“Information gathered by the Perinatal Risk Assessment form is critical to alerting patients and providers to potential risk factors that may affect the outcomes of a pregnancy,” **said Senator Joseph F. Vitale.** “It is an extremely valuable tool to make sure soon-to-be mothers are aware of and are connected to services they need to ensure a healthy pregnancy.”

“No one, especially a newborn or their mother, should lose their life as a result of a preventable complication,” **said Senate Minority Leader Tom Kean.** “Unfortunately, that’s happening all too often in our state, and around the country. By analyzing Medicaid data, we can better identify risk factors and break down barriers to care that are putting women and children in harm’s way. This law will help close the racial disparity gap in this area, build stronger families, and save lives.”

“Many women are finding comfort in the support of a doula during their pregnancies,” **said Assemblywoman Eliana Pintor Marin.** “A doula provides emotional, physical, and educational support to a mother who is expecting, is experiencing labor, or has recently given birth. Their care has often been said to help reduce pregnancy complications. It is critically important for doula care, which has increasingly grown in popularity for pregnant women, to be covered under Medicaid.

“With the maternal and child death rate at an all-time high in the state and nation, we must do everything we can for the women of New Jersey to ensure that their prenatal period, before and after, are as healthy and seamless as possible,” **said Assemblywoman Angelica Jimenez.** “Moms now rely on the birthing assistance provided through doula services. It has

proven to be immensely successful and should, without question, be included in Medicaid coverage.”

“Doula’s have become an integral part in the fight to reduce the black mother and infant mortality rates. Just recently, the New Jersey Department of Health deployed 40 doula outreach workers as part of the ‘Healthy Women, Healthy Families Program,’” **said Assemblywoman Shavonda Sumter.** “Providing the option of doula services will meet the crucial need for increased birthing support of underserved women throughout New Jersey. This type of support should not be available to the privileged few who can pay for the extra help. We can save more families by expanding access to doula services.”

Assemblymembers Gabiriela Mosquera, Adam Taliaferro, and Daniel Benson issued the following joint statement:

“Modeled after similar programs, such as the successful one in Tennessee, this pilot will foster collaboration between Medicaid managed organizations, federally qualified health centers and maternity healthcare providers for the common goal of improving perinatal health outcomes and decreasing costs.

“There will be, however, a greater level of accountability for the cost of care that they deliver to their patients. While these healthcare providers will have the same administrative and financial relationship with payers, they will receive higher payments if they meet or exceed certain benchmarks for quality.

“This pilot is an innovative approach using value-based payments, one of the first in New Jersey. It incentivizes Medicaid providers to raise the bar for providing better care--a real win for Medicaid patients.”

“The Perinatal Risk Assessment form helps providers identify risks during pregnancy and prevent health conditions that may cause complications for a new mother,” **said Assemblywoman Pamela Lampitt.** “To improve maternal health outcomes in New Jersey, doctors need to know the risks that may warrant intervention and further care. Making this a standard of care for Medicaid health providers will protect many at-risk women.”

“The PRA forms help health care providers collect certain demographic, medical, and psychosocial information about Medicaid-eligible pregnant women in New Jersey,” **said Assemblywoman Eliana Pintor Marin.** “In order to identify prenatal risk factors early in the pregnancy, provide referrals to evidence-based home visiting programs, including the doula program recently signed into law, providers must know the mother’s health history. This information is crucial to helping us improve maternal health services and pregnancy outcomes for all women.”

“Perinatal risk assessments are a critical part of the care provided to women and their babies, especially during their first pregnancies,” **said Assemblywoman Gabriela Mosquera.** “Requiring these assessments as a part of the state’s maternal healthcare system will help to ensure we maintain a higher standard of care in our hospitals for many New Jersey mothers.”

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