NEW JERSEY HEALTH CARE QUALITY INSTITUTE
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Written Testimony of Linda Schwimmer, JD, President & CEO
New Jersey Health Care Quality Institute
Senate Health, Human Services, and Senior Citizens Committee
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My name is Linda Schwimmer and I am the President & CEO of the New Jersey Health Care Quality Institute (Quality Institute). The Quality Institute is the only independent, nonpartisan, multi-stakeholder advocate for health care safety, quality and affordability in New Jersey. Thank you for the invitation to share our views on the perinatal health care bills on the committee agenda today. We support the committee's dedication to improving perinatal health and agree that much can be done to support women and families in getting the care and social services they need and deserve throughout the perinatal period.

First, I will share our overarching comments on the bills. Then, I will set forth specific comments or recommendations on the bills below.

In general, the bills are the agenda are laudatory and needed. We need to assess, however, what reporting requirements, patient surveys tools, and protocols already exist and make sure that any new requirements supplement, improve or replace what already exists. In addition, the bills generally place responsibility on the New Jersey Department of Health (DOH) when DOH is only one part of the health care regulatory system in New Jersey. Most of the prenatal and postpartum care occurs outside of the hospital in physician offices and health centers. Before, during and after a pregnancy, women have the opportunity to see their providers on a regular basis. These interventions are the best time to share information about healthy pregnancies and reproductive health decisions. Agencies and organizations beyond DOH must have input and responsibility for implementing much of what is proposed in these bills. Next, educational materials should start with the best medical evidence available and then be developed through meaningful community engagement. Social determinants of health (defined by the World Health Organization as "conditions in which people are born, grow, live, work, and age" and "the fundamental drivers of these conditions.") must be addressed in conjunction with all of the medical interventions. And race (and racism), ethnicity and language challenges must be part of the proposed data collection and solution designs. Finally, we suggest that timelines for the work to occur and funding to support staffing or contracting be added to many of the bills. Thank you again for taking on this important issue.

Our bill specific comments and suggestions are set forth below:

S3363- Requires DOH to establish maternity care evaluation protocols and maternity care evaluation database.

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Comments: Many of the required elements in this bill are already reported by hospitals either through the birth certificate data (also known as the Vital Information Platform) or to The Joint Commission and The Leapfrog Group. Other elements could be captured and reported by the primary provider during the prenatal period using the Perinatal Risk Assessment (PRA) form which is a risk assessment tool for pregnant woman that can also be used to assess and risk stratify pregnant women, and then assist them in obtaining necessary services. The form can be found here (link). While the intent is good, the bill's goals could be accomplished by revising existing requirements and forms as well as using the existing dashboards and public information such as New Jersey State Health Assessment Data (NJ SHAD) and The Leapfrog Group maternity performance measures. Also, the proposed data is aggregated so there is no reason to keep it confidential except for some of the data around birth defects which might produce very small numbers and must be protected under privacy laws. We are willing to work with the sponsors to incorporate these suggestions.

S3373 - Establishes training protocols and treatment guidelines for general hospitals providing maternity care.

Comments: The bill needs a time frame for when the work will start, funding to support it, and should specify multidiscipline and stakeholder involvement in the process. The topics covered are very dependent on community providers, social service organizations and alignment with payer contracts. All work and proposals should be transparent to the public for comment. Best practices will evolve and therefore any laws or regulations should afford flexibility to incorporate those changes over time.

S3374- Provides Medicaid coverage to eligible pregnant women for 365-day period beginning on last day of pregnancy.

Comments: We know that post-partum care is very important, yet each year thousands of New Jersey women lose their insurance coverage through Medicaid at 60 days post-delivery. We estimate that extending Medicaid coverage for another 10 months would cost the state approximately $8.7 million. This estimate does not include undocumented women. Including undocumented women's post-partum care would cost the state another $14-15 million. It is difficult to calculate offset savings, but we know the personal and societal benefits of better post-partum care for the mother such as counseling, primary care and birth control; we know that the infant is also more likely to receive the care it needs (immunizations, etc.); and, we know that the mother is more likely to be healthier for her next pregnancy. For these reasons, we support the bill.

S3377- "Listening to Mothers Survey Act"; requires DOH to establish survey to evaluate and improve maternity care access and services.

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Comments: There should be a funding source identified in the bill. In addition, it would be helpful to consider connecting this work to the existing New Jersey Pregnancy Risk Assessment Monitoring System (NJ PRAMS) survey and revamp that survey including how women are currently incentivized to take the survey. It is important to make the NJ PRAMS survey more representative of New Jersey mothers and, therefore, more useful for researchers, policymakers and regulators. The survey and other research should include questions that support the state's goals for improving overall reproductive health and addressing the social determinants of health.

S3404- Requires DOH to create best practices manual for maternity care; appropriates $950,000.

Comments: When recommending best practices, the bill should also include a process to establish evaluative measures and a timeline for implementation. All best practices should be evidence-driven and can align with existing programs or protocols being implemented statewide, for example, the Perinatal Quality Collaborative bundles of care or the Quality Institute's proposed Perinatal Episode of Care model. We support this bill conceptually and would be willing to assist in convening and assembling a best practices manual.

S3406- Codifies current requirements regarding completion of Perinatal Risk Assessment form by certain Medicaid health care providers.

Comments: The PRA form is a value tool for patients, providers, managed care organizations (MCOs), and the state. One standardized form is needed and should be mandated for use by both providers and MCOs. We recommend that the non-profit entity contracted to process and maintain the perinatal risk assessment data also be required to submit the Perinatal Risk Assessment to the patient's assigned MCO in real time. Utilization of one standard comprehensive screening assessment will allow for better identification of risk, stratification of maternal needs, and connection to perinatal community and support services. It will also enable the state to assess the level and location of need for certain social services throughout the state. For these reasons, we support this bill with these suggested amendments.

SR126 (Rice / Singer) - Urges CDC to adopt uniform data system to collect information on maternal mortality.

No comment