NEW JERSEY HEALTH CARE QUALITY INSTITUTE
Quality powered.

Stone House at Carnegie Center
3628 Route 1
Princeton, NJ 08540
Tel: 609-452-5980
Fax: 609-452-5983
www.njhcqi.org

Written Testimony of Linda Schwimmer, JD, President & CEO
New Jersey Health Care Quality Institute
Assembly Health and Senior Services Committee
January 22, 2019

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 package of 13 maternal and infant health care bills on the committee agenda today. We support the committee's dedication to the issue of perinatal health and agree that much can be done to improve birth and maternal outcomes as well as 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 bill package. Then, I will set forth specific comments or recommendations on the bills below.

In general, this package of bills is 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:

A4930 – Establishes training protocols and treatment guidelines for general hospitals providing maternity care

NEW JERSEY HEALTH CARE QUALITY INSTITUTE
Quality powered.

Stone House at Carnegie Center
3628 Route 1
Princeton, NJ 08540
Tel: 609-452-5980
Fax: 609-452-5983
www.njhcqi.org

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.

A4931 - Requires DOH to establish maternity care evaluation protocols and a maternity care evaluation database.
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.

A4932 - Establishes a perinatal episode of care pilot program in Medicaid
Comments: It is important to tie all the quality improvement and reporting initiatives to payments. It is also important to establish a statewide pilot with uniform measures in order to compare performance of managed care organizations and providers and to streamline measures reporting and reduce administrative burdens and costs. Many other states have implemented episode of care pilots and seen positive results. For these reasons, we support this bill.

A4933 - "Listening to Mothers Survey Act"
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.

A4934 - Provides Medicaid coverage to eligible pregnant women for 365-day period beginning on last day of pregnancy.

NEW JERSEY HEALTH CARE QUALITY INSTITUTE
Quality powered.

Stone House at Carnegie Center
3628 Route 1
Princeton, NJ 08540
Tel: 609-452-5980
Fax: 609-452-5983
www.njhcqi.org

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.

A4935 - Prohibits health benefits coverage for certain non-medically indicated early elective deliveries under Medicaid program, SHBP, and SEHBP.
Comments: Hospitals could set up sign-off protocols for their Labor and Delivery departments where they will not sign off on scheduling these inductions in their facilities. Experience from other states shows that when the money stops the practice stops. This practice is now limited to just a few hospitals in New Jersey. A published study found that other states have successfully implemented this change through contracts or laws and that once the state stops paying for non-medically indicated early elective deliveries the practice stopped for patients covered by other payers as well. For these reasons we support the bill.

A4936- Establishes maternal health care pilot program to evaluate shared decision-making tool developed by DOH and used by hospitals providing maternity services, and by birthing centers.
Comments: We strongly support the use of shared decision-making tools in health care. These tools should be evidence based and tested and adapted for the diverse population in New Jersey. The best use of these tools, however, will be in the community setting before pregnancy to support reproductive health choices as well as throughout the prenatal period. We support the bill in concept and would be interested in further refining the details. The pilot could still evaluate the use of the tools and the birthing outcomes at hospitals/birthing center sites.

A4938- Requires DOH to establish "My Life, My Plan" program to support women of childbearing age in developing reproductive life plan.
Comments: We support a public health campaign to develop and disseminate evidence-based information about reproductive health. A successful program will require a deep assessment of existing views and knowledge (both of consumers and providers) along with understanding barriers to access. Such a program would provide information to people of reproductive age on reproduction, contraception, and all related health, developmental and social needs. Given the scope of this subject, other agencies and partners would need to be engaged in this work. We are willing to work the sponsors to further refine this bill and support their intentions.

NEW JERSEY HEALTH CARE QUALITY INSTITUTE
Quality powered.

Stone House at Carnegie Center
3628 Route 1
Princeton, NJ 08540
Tel: 609-452-5980
Fax: 609-452-5983
www.njhcqi.org

A4937- Requires DOH to identify and take appropriate steps to secure federal sources of funding to support maternal mental health.
Comments: This is an extremely important topic that needs more focus and research. We support pursuing federal funding under the 21st Century Cures Act to establish, improve, or maintain programs for the screening, assessment, and treatment of all mental health issues impacting women of reproductive age. We recommend and support broadening the focus and the request for funding.

A4939- Requires DOH to develop inter-conception care resources to enhance postpartum care for women.
Comments: We support the dissemination of these types of materials. Whenever creation of patient education materials is mandated, there should be a note related to the literacy of patients, not just translation for non-English proficient patients. Patient education materials should be adapted to not exceed a fifth-grade reading level (or facility standard) to ensure understanding by the patient. Other resources such as videos and pictures can also be used. Existing resources should be reviewed and considered if appropriate.

A4940- Directs DOH to develop standardized perinatal health curriculum for community health workers.
Comments: While training is important, we need funding for community health workers and inclusion of community health workers in perinatal care models, such as the perinatal episode of care. The bill should include a process to establish evaluative measures and a timeline for implementation. In addition, the DOH's Central Intake Unit remains unaddressed in any of the bills. This unit is responsible for referring women to access community services and for following up to determine use of services. All new programs should align with existing programs or be redesigned as a new whole. This work should also be done in concert with Medicaid, which could reimburse for it. We support this bill conceptually and would be willing to assist in addressing these issues.

A4941- Requires Commissioner of Health to establish maternity care public health campaign.
Comments: All efforts should consider what is already being done and then support, improve or replace that work but not duplicate or conflict with it. We urge the sponsors to look at the information that is already reported to The Joint Commission and The Leapfrog Group which is publicly reported and presented in a consumer-friendly format. In addition, information is collected through the birth certificate records, the PRA forms, and the NJ PRAMS. We agree that we need accurate data collection and public reporting of data. We would like to work with the state and others in improving existing resources, identifying what more is needed, and designing a campaign to improve perinatal quality.

NEW JERSEY HEALTH CARE QUALITY INSTITUTE
Quality powered.

Stone House at Carnegie Center
3628 Route 1
Princeton, NJ 08540
Tel: 609-452-5980
Fax: 609-452-5983
www.njhcqi.org

AR219- Encourages DOH to develop set of standards for respectful care at birth and to conduct public outreach initiative.
No comment.

In closing, we thank the committee for taking the time to discuss the issue of maternal and infant health and for your commitment to improving the health and lives of all New Jersey residents.