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

Testimony of Linda Schwimmer, JD, President & CEO
New Jersey Health Care Quality Institute
Senate Health, Human Services and Senior Citizen Committee
March 4, 2019

Thank you for inviting the New Jersey Health Care Quality Institute (Quality Institute) to provide testimony of the bills before you today. The Quality Institute is the only independent, nonpartisan, multi-stakeholder advocate for health care safety, quality and affordability in New Jersey.

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 bills. Then, I will set forth specific comments or recommendations on the bills below.

In general, these reproductive health and maternity bills 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 interactions are the best time to share information about healthy pregnancies and reproductive health options. Other state agencies and non-governmental organizations 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 (which are 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.

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

S3364- 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.

S3365 - 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 measure reporting and reduce administrative burden and cost. Many other states have implemented episode of care pilots and seen positive results. For these reasons, we support this bill.

S3370- 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 Perinatal Risk Assessment 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 and equity.

S3371- 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 like to assist in addressing these issues.

S3372- 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

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

patient education materials are 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.

S3375- 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 decision making 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.

S3376- 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. We are currently planning to do much of this research through a grant funded initiative and will be making the findings publicly available to support any such campaign.

S3378 - 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 nonmedically indicated early elective deliveries the practice stopped for patients covered by other payers as well. For these reasons we support the bill.

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

S3405: Requires Medicaid coverage for group prenatal care services under certain circumstances.

We are supportive of the centering model for prenatal care. In this State and nationally, the Strong Start model has been shown to create more engaged and better-informed patients throughout the perinatal period. The model has been credited with improved birth outcomes for certain patient populations. The model should be supported and funded through the Medicaid program to ensure that it is sustainable.