Testimony of Kate Shamszad, Senior Program Officer, New Jersey Health Care Quality Institute
New Jersey Senate Health Committee – March 9th, 2021

Good Afternoon Chairman Vitale and members of the committee. My name is Kate Shamszad and I am a senior program officer for The New Jersey Health Care Quality Institute. The Quality Institute is the only independent, nonpartisan, multi-stakeholder advocate for health care quality, access, affordability, and equity in New Jersey. As both a grant funded and membership organization, we convene a unique and multi-faceted community, and are committed to improving health care quality and safety, expanding access to good care and controlling costs for employers and consumers. Thank you for the invitation to submit testimony.

Health care leaders, state officials, and community members in New Jersey share great distress about New Jersey's maternal mortality data and have been working diligently to improve care across the state. There is widespread recognition that these racially disparate outcomes are unacceptable and must improve.

Recently, New Jersey launched a multi-pronged approach to this crisis, including Medicaid coverage of community doulas and centering programs, and increased hospital safety and quality protocols and reporting. However, most of these new programs focus almost entirely on the prenatal and birthing periods, leaving women vulnerable during the post-partum and newborn period – known as "the fourth trimester." Research shows that in the fourth trimester mother and baby are both at high risk of physical and mental health complications and could benefit from greater support and care.

This fourth trimester period presents considerable challenges, such as postpartum depression, fatigue, lack of sleep, pain, breastfeeding difficulties, lack of sexual desire, and urinary incontinence. According to the American College of Obstetricians and Gynecologists (ACOG), nearly 70% of women report at least one physical health concern during the first 12 months postpartum. A specially trained nurse, who understands the physical and mental health challenges of the post-partum period, could recognize warning signs of potential medical complications, and connect the family to the appropriate community-based services.

In New Jersey, there are three evidence-based home visitation programs that are funded through the federal Title V block grants: Nurse-Family Partnership, Healthy Families TANF Initiatives for Parents, and Parents as Teachers. While each of these evidence-based programs provides comprehensive and high-quality services, due to programmatic and funding restrictions, these programs serve about 7,000 families each year out of over 100,000 births in the state.

A policy change to support voluntary universal newborn home visits would recognize that having a newborn, regardless of socioeconomic background, race, education, marriage status, or family make-up, is a time when all women and families experience significant emotional, physical, and social stress. A home visit from a trained professional can go far to promote a strong start for parents and infants. Using a universal model reduces the stigma associated with a targeted referral process. Although the model is universal, the services are unique in that interventions are tailored to meet each family's specific needs and the care must be provided by professionals that are culturally aware and adaptive for each community served. Cultural responsiveness to the individual and community should be expected to tailor interventions based on the unique values, cultures, needs of the communities that they serve, and the individual family's needs.

Funding of a new program is often a challenge. Research has shown that the relatively low cost of providing this service provides an excellent return on investment, with savings realized within the first year of program implementation. In New Jersey, approximately 60% of births are collectively covered by the State Health Benefits Program, Medicaid, and the fully insured market. The state can regulate these markets and require coverage of universal home visits. The remaining 40% of births, however, are covered by employer sponsored plans where there is no state oversight. Thus, it is important to gain provider and community support for the home visits. As the visits become the "gold standard of care," and are recommended by providers, it will be easier to convince employers to include the visits in their employee benefit plan design.

At the Quality Institute, we understand that policy change requires consensus building and realistic goals and timelines, which are outlined within the bill language. We support the model of convening an Advisory Group, building a consensus-driven model, and reporting outcomes of the work. We would welcome the opportunity to be part of or assist leading this convening, including building consensus on an implementation plan, quality measures, contract and benefits design changes, and funding mechanisms; including braiding sources of funding for the model which will support whole-person care and address social needs of the family. This plan needs to be built stepwise including a scalable implementation plan. By working closely with workgroups and local partners, the Quality Institute has extensive experience working to achieve policy change in New Jersey and a proven track record of advancing policies, which create sustainable change.

Momentum exists right now to create change. A program of universal home visits advances our mission and vision. A home visitation program would provide an excellent opportunity for New Jersey to tackle the steady increase in pregnancy-related deaths as the program would support families and help babies to get a better start in life. In closing, we thank the Committee for taking time today to review our testimony and support this bill and pilot program.