

HEALTH

HEALTH SYSTEMS BRANCH

DIVISION OF CERTIFICATE OF NEED AND LICENSING

OFFICE OF CERTIFICATE OF NEED AND HEALTHCARE FACILITY LICENSURE

HEALTH FACILITIES EVALUATION AND LICENSING DIVISION

General Licensure Procedures and Standards Applicable to All Licensed Facilities

Manual of Standards for Licensing of Ambulatory Care Facilities

Hospital Licensing Standards

Explicit and Implicit Bias Training

Adopted Amendment: N.J.A.C. 8:43E-3.4

Adopted New Rules: N.J.A.C. 8:43A-28.14 and 8:43G-19.39

Proposed: May 5, 2025, at 57 N.J.R. 889(a).

Adopted: January 29, 2026, by Dr. Raynard E. Washington, Acting Commissioner,
Department of Health, with the approval of the Health Care Administration Board.

Filed: April 17, 2026, as R.2026 d.070, **with non-substantial changes** not requiring
additional public notice and comment (see N.J.A.C. 1:30-6.3).

Authority: P.L. 2021, c. 79, § 8, and N.J.S.A. 26:2H-1 et seq., specifically 26:2H-5.

Effective Date: May 18, 2026.

Expiration Dates: November 30, 2028, N.J.A.C. 8:43A;
April 13, 2027, N.J.A.C. 8:43E; and
October 17, 2031, N.J.A.C. 8:43G.

Summary of Public Comments and Agency Responses:

The Department of Health (Department) received comments from the following:

1. American Citizen; and

2. Christine Stearns, Chief Government Relations Officer, New Jersey Hospital Association, Princeton, New Jersey.

Quoted, summarized, and/or paraphrased below are the comments and the Department's responses. The numbers in parentheses following each comment corresponds to the numbers representing the commenters.

1. COMMENT: A commenter states, with respect to the "alleged bias training program," that "there has been no evidence shown that there exists any need for such training. [I]t is extraneous to the work or [(sic, should be 'of'?)] birthing a baby and keeping the mother alive. [I]t is a venal interpretation of the services provided by nurses and other medical personnel. [T]here is no showing this is necessary[. [I]t is a hateful interpretayeful peeion [(sic)] to push this hateful unnecessary training. [N]o need for it. [H]ateful people are pushing this. [D]eny this change now." (1)

RESPONSE: The Department disagrees with the statement that there is no evidence supporting the need for implicit and explicit bias training. New Jersey's maternal mortality rate exceeds the national average, with Black non-Hispanic pregnant people, in 2016 to 2018 data, facing a sevenfold-higher risk of dying from pregnancy-related complications compared to White non-Hispanic pregnant people. Nantwi, AK, Kraus, RN, and Slutzky, CB, *New Jersey Maternal Mortality Report 2016-2018* (2022) at 7, and 17-19, available at <https://www.nj.gov/health/fhs/maternalchild/mchepi/mortality-reviews>. The New Jersey Maternal Mortality Review Committee determined that "[t]argeted efforts to reduce maternal mortality among Black, non-Hispanic [pregnant people] should be aimed at addressing racial inequities stemming from unconscious

bias and racial discrimination in provider care to enhanced and accessible support programs within the community.” *Id.* at 22. Accordingly, in 2019, Governor Murphy and First Lady Tammy Murphy launched Nurture NJ, a Statewide initiative to transform New Jersey into the safest and most equitable state in the nation to deliver and raise a baby, to tackle these birth-related fatalities, which frequently arise from racial disparities linked to implicit and explicit biases. The stated purposes of the Nurture NJ initiative include reducing the maternal and infant mortality epidemic in New Jersey and ensuring equitable care among pregnant people and children of all races and ethnicities. See <https://nurturenj.nj.gov>.

Title 26 and Title 45 of the Revised Statutes (the Act) directs the Department to promulgate rules requiring all hospitals and birthing centers in the State offering inpatient maternity services to provide an evidence-based explicit and implicit bias training program. The proposed amendment and new rules would implement the Department’s rulemaking obligation pursuant to the Act. Accordingly, the Department will make no change upon adoption in response to the comment.

2. COMMENT: A commenter “appreciates the [Department’s] efforts to improve maternal and infant health outcomes and reduce racial, ethnic, and economic disparities. Implicit bias training can be a vital tool for improving patient-provider communication and promoting more objective, evidence-based clinical decision-making.” (2)

RESPONSE: The Department acknowledges the commenter’s support of the Department’s efforts.

3. COMMENT: A commenter is concerned “about how the [proposed amendment and new rules would define the term] ‘supportive services staff member’ to include non-clinical staff and other employee categories beyond the intent of the [Act],” and states that this definition would be “overly broad,” and “[go] beyond clinical personnel.” The commenter states that “[a]ny hospital team member who may interact with a pregnant person is included in the scope of the training requirement. The wide array of roles include: admissions and intake services; clergy, spiritual, and pastoral care services; patient transport services; patient care services; food services; security services; medical billing services; and telephone operator, ‘help desk,’ and patient and family information services. All would be required to attend the designated bias training, regardless of their status as full-time, part-time, compensated, volunteer, or contracted. This would result in a facility needing to ensure that nearly all team members attend the training to ensure compliance with the [proposed amendment and new rules]. Expanding the training requirement to include all non-clinical support staff creates significant operational challenges and exceeds the intent of the statute, imposing an undue administrative burden on healthcare facilities. Hospitals may not be able to identify which support services staff have direct contact with pregnant patients, and out of caution, would need to require all support staff to complete the training. [The commenter] has calculated the cost of staff time to complete the proposed training at approximately \$33 million every two years, assuming it can be completed in two hours. For these reasons, [the commenter] urges the Department to clarify that the required

implicit bias training should apply only to healthcare professionals and clinical staff who are directly engaged in the care of pregnant patients.” (2)

RESPONSE: The legislative history of the Act shows that it initially would have required a facility to train “all administrative and clerical staff members,” and was revised upon enactment to require a facility to train “all supportive services staff members, as defined by the Department of Health, who interact with pregnant persons at the hospital or birthing center.” Compare Senate Bill 703 (1R) (July 22, 2020) to Senate Bill 703 (3R) (February 24, 2021), and P.L. 2021, c. 79. By its use of this latter phrase to modify the term “supportive services staff members,” the Act establishes a broad standard for the identification of personnel who are to receive bias training.

Proposed new N.J.A.C. 8:43A-28.14(b)1 through 8 and 8:43G-19.39(b)1 through 8 would identify the personnel listed therein as “[e]xamples” of personnel who might be “supportive services staff members.” However, in stating “as determined at the discretion of the [facility]” proposed new N.J.A.C. 8:43A-28.14(b) and 8:43G-19.39(b) would defer to each facility to determine the personnel who must receive the training and, at N.J.A.C. 8:43A-28.14(d) and 8:43G-19.39(d), to identify these personnel in each facility’s policies and procedures. Nonetheless, the determination as to whether a person must receive training hinges on whether the person “interact[s] with pregnant persons” at a facility. N.J.S.A. 26:2H-12.108.a(2).

Therefore, the Department disagrees with the assertion that the proposed definition of the term “supportive services staff member” would impose a more burdensome standard than the Act requires, because the proposed definition would track the statutory criteria for that term. The Department is without discretion to

establish a lesser standard than this statutorily imposed criterion by limiting the scope of the personnel who must receive training to those who “directly” interact with pregnant persons, as the commenter suggests. However, the Department will make a change on adoption to delete medical billing and food services personnel from the examples of “supportive services staff members” who must receive training, due to their lack of direct interaction with pregnant persons.

4. COMMENT: A commenter states that “[m]any supportive services staff members subject to the rule are not part of hospitals’ learning management systems (LMS). LMS software applications are used for administration, documentation, tracking, reporting, automation, and delivery of educational courses. Physicians in private practice with admitting privileges, non-clinical staff, and non-employed individuals, like clergy and volunteers, do not have access to the LMS software. For this group, hospitals would need to develop manual systems to ensure participation, track completion, and confirm compliance, further compounding administrative burden.” (2)

RESPONSE: The Department acknowledges that the training requirement in the proposed new rules would necessitate additional recordkeeping. However, N.J.A.C. 8:43G, Hospital Licensing Standards, for example, already requires significant training for hospital personnel, including staff, employees, personnel, and volunteers, addressing matters, such as basic orientation, use of new equipment and procedures, identification and reporting of victims of abuse, patient rights, and areas identified in a hospital-wide quality assurance program. Hospitals have recordkeeping practices in place to maintain compliance with existing training standards and, thus, must expand

their capacity to integrate training of recordkeeping consistent with the Act. While some individuals requiring training might not have access to a facility's LMS, the Department does not anticipate that integrating physicians in private practice and supportive services staff members to a facility's LMS would be overly burdensome and expects that this would be a straightforward and inexpensive process. Given the breadth of the Act's identification of personnel who must receive training, the Department is without authority to limit the scope of the personnel who must receive training only to persons who already have an account within a facility's LMS. Therefore, each facility must integrate employees who do not have LMS accounts into the LMS so they may access the training.

Alternatively, the Act (at N.J.S.A. 45:9-1.a, 45:9-7.9, 45:9-27.25.c, 45:10-23, and 45:11-26.4) requires a physician in private practice, and other licensed healthcare professionals, to take an implicit and explicit bias course as a continuing education requirement as a condition of maintaining their professional licenses. A health care professional who obtains the training through a continuing education course could simply provide a facility documentation evidencing the health care professional's completion of the training, which would satisfy the obligation that N.J.A.C. 8:43A-28.14 and 8:43G-19.39 would establish. Accordingly, the Department will make no change upon adoption in response to the comment.

5. COMMENT: A commenter states that the "designated training is designed for maternal health providers[,] physicians, midwives, nurses, and other licensed clinical staff who are directly involved in the care and treatment of pregnant patients. Hospitals

report that the Rutgers training course takes [two to three] hours to complete by clinicians. While the training rightfully focuses on the experiences of Black mothers, it should be more inclusive of all mothers. The training is lengthy, somewhat redundant, and not always practical for implementation in busy hospital environments. Clinical providers found it challenging to complete when balancing their other demanding responsibilities.

Additionally, the training is not tailored for non-clinical supportive services staff whose roles do not involve patient care or clinical decision-making. These staff members may have limited or no direct interaction with patients in a clinical capacity.

The literacy level of the material is higher than is appropriate, when considering the breadth of educational levels represented in the target audience. Additionally, the Rutgers course is not offered in multiple languages, raising concerns about equitable access. Requiring non-clinical supportive services staff to complete training intended for licensed clinical providers may dilute the focus and effectiveness of the training program.”

The commenter “believes effective training can be completed in one hour, consistent with the requirements for health care professionals as required by [the Act]. A focused approach will help ensure that the training’s goals -improving communication and clinical decision-making -are met, while avoiding unnecessary confusion or resource strain for non-clinical support personnel.” (2)

RESPONSE: The Department acknowledges the commenter’s feedback on the course content and form. The Act was passed in 2021, and the Department began working immediately to identify and develop a training that thoroughly covers the

compulsory aspects of bias as required by the Act. The Department developed the training and made it available to learners in August 2023 on the Rutgers University CLOUD CME. Many hospitals have also downloaded the training onto their LMS systems and have assigned their staff to take the training.

The Department disagrees with the assertion that the training is insufficiently inclusive of all mothers. The training addresses all pregnancies but is focused on those who experience the highest disparities in birth outcomes that may be attributed to explicit and implicit bias, namely Black mothers. The training emphasizes racial minorities because it was designed to advance the goals of the Nurture NJ initiative, described in the Response to Comment 1.

The Department disagrees with the assertions that the training is too long and redundant. The training provides two credit hours to learners and takes approximately two hours to complete. The training was designed to be foundational and contains information to help learners understand both the historical and systemic nature of bias. The Department acknowledges that the training is extensive, but the training was specifically designed to thoroughly cover the compulsory aspects of bias as required pursuant to the Act. This comprehensive training is essential for addressing both explicit and implicit biases. As such, the Department disagrees with the assertion that the training could be completed within one hour. However, as noted in the Response to Comment 4, licensed health care professionals may alternatively complete a continuing education course that covers this material in a potentially shorter amount of time and still maintain compliance with the proposed rules and the Act.

The Department disagrees with the assertion that the training, as designed, is set at too high a literacy level for all learners. The training has an evaluation component through which learners can provide feedback on the training. The Department has not received any feedback or comments from learners who have completed the course that the literacy level is too high or that the training is too difficult to understand. The training provides many basic definitions relevant to the content, foundational history of explicit and implicit bias, and is interactive to help learners apply the skills and information presented in real time.

The Department disagrees with the assertion that the training is overly clinical. The training is geared toward clinical providers but provides historical information about medical bias and environmental factors that contribute to disparate outcomes for different racial groups that is useful information for all learners. As mentioned above, the training evaluation component where learners can provide feedback on the training has not captured any feedback or comments from learners who have completed the course indicating that the training is too difficult to understand due to the clinical nature of the training.

The Department acknowledges that the training is currently only offered in English but disagrees that this will be a prohibitive issue for learners. The commenter provides no specific language into which the course must be translated to ensure compliance. The Department does not anticipate that there will be a substantial number of learners who would be unable to complete the training without translation of the training. However, translating the training would impose an administrative burden and cost upon the Department.

Moreover, the Department has given facilities the discretion to determine which supportive services staff titles have sufficient and ongoing contact with pregnant women to warrant taking the training. The facility can consider the content, literacy level, and language barriers into account when determining which personnel are required to take the training. Therefore, the Department will make no change upon adoption in response to the comment.

6. COMMENT: A commenter is “concerned that the Department’s designated training does not offer continuing education credits for physician assistants or nurses. This presents a compliance challenge for hospitals. [Pursuant to the Act], hospitals are required to ensure that healthcare professionals participating in the training are eligible to receive continuing education credit. Without credits available through the Department’s program, hospitals are not able to comply with the statute.” The commenter “urges the Department to address this gap to avoid imposing an unnecessary and duplicative burden on hospitals and clinical staff.” (2)

RESPONSE: The commenter’s assertion that continuing education credits are unavailable for physician assistants or nurses is incorrect. The Act requires that a hospital or birthing center that implements an explicit and implicit bias training program shall ensure that the program permits health care professionals to be eligible to receive continuing education credits for participation in the program. The Act further requires that a health care professional who provides perinatal treatment and care to pregnant persons at a hospital that provides inpatient maternity services or a birthing center receive a certification of completion from the hospital or birthing center upon successful completion of the training program. The training, as currently designed, provides two

credit hours of training which was specifically designed to thoroughly cover the compulsory aspects of bias as required by the Act. The training tool recognized by the Department is accredited by the continuing education providers that are recognized in each of the relevant boards' rules, at N.J.A.C. 13:35-2B.8 and 13:37-5.3 and 7.8 for physician assistants and nurses. Therefore, the training would be recognized as continuing education. The training is housed in the Center for Continuing Education of the Rutgers University Behavioral Health Care. Hospitals and birthing centers would issue certificates of completion and/or two continuing education credit hours to personnel upon course completion. Accordingly, both the New Jersey State Board of Nursing and the State Board of Medical Examiners will accept a certificate of completion from a hospital or birthing center as proof of a physician assistant's and a nurse's completion of continuing education coursework.

7. COMMENT: A commenter states that “[e]ffective evidence-based explicit and implicit bias training programs are being implemented by hospitals now and should be recognized.” The commenter suggests that “[w]aivers should be permitted to substitute existing trainings programs to reduce administrative burden while achieving the intent of the statute.” (2)

RESPONSE: Pursuant to the Act, the Department must identify an explicit and implicit bias training tool that a facility is to use and implement. Proposed new N.J.A.C. 8:43A-28.14(e)1 and 8:43G-19.39(e)1 would identify that tool. Proposed new N.J.A.C. 8:43A-28.14(k) and 8:43G-19.39(k) would allow a licensed healthcare professional to meet this training requirement by providing proof of completion of a continuing

education course that addresses the same material to a hospital or birthing center. Nonetheless, in response to the comment, the Department will make a change on adoption at proposed new N.J.A.C. 8:43A-28.14(e) and 8:43G-19.39(e) to allow a birthing center and a hospital to use an equivalent training program in lieu of the designated training tool, provided the training program demonstrates conformity with the required course content at N.J.S.A. 26:2H-12.108.b and is structured in a manner that permits a health care professional to be eligible to receive continuing education credits for participation in the program.

Summary of Agency-Initiated Changes Upon Adoption:

1. At N.J.A.C. 8:43G-19.39(j) and 8:43A-28.14(j), the Department is correcting a statutory citation to the Act.

2. At N.J.A.C. 8:43G-19.39(e)1ii and 8:43A-28.14(e)1ii, the Department is removing the course download option. Trials of the downloading process with hospitals over the last year have revealed the process to be cumbersome and overly burdensome on facilities, making implementation on a Statewide level unfeasible and unnecessary given the expansion of the rule to include the availability of additional training options.

Federal Standards Statement

The adopted amendment and new rules are not being adopted pursuant to the authority of, or to implement, comply with, or participate in, any program established pursuant to Federal law or any State statute that incorporates or refers to any Federal law, standard, or requirements. Therefore, a Federal standards analysis is not required.

Full text of the adoption follows (additions to proposal indicated in boldface with asterisks ***thus***; deletions from proposal indicated in brackets with asterisks *[thus]*):

CHAPTER 43A

MANUAL OF STANDARDS FOR LICENSING OF AMBULATORY CARE FACILITIES

SUBCHAPTER 28. BIRTH CENTERS

8:43A-28.14 Explicit and implicit bias training

(a) (No change from proposal.)

(b) As used in this section*[,]* "supportive services staff member" means any person who directly interacts routinely with pregnant persons at a birthing center, regardless of whether the pregnant person has been admitted. Examples of a "supportive services staff member" include, but are not limited to, the following, regardless of status as full-time, part-time, compensated, volunteer, or contracted and as determined at the discretion of the birthing center:

1.-4. (No change from proposal.)

[5. Food services;]

[6.] *5.* Security services; *and*

[7. Medical billing services; and]

[8.] *6.* Telephone operator, "help desk," and patient and family information services.

(c)-(d) (No change from proposal.)

(e) A birthing center shall use ***one of*** the following as the minimum explicit and implicit bias training tool to implement an explicit and implicit bias training program pursuant to N.J.S.A. 26:2H-12.108 (designated training tool):

1. The course entitled, "Maternal Health Provider Training: Reproductive Justice for Equitable Maternal Health ***(MHPT)***", as amended and supplemented, incorporated

herein by reference, which the Center for Continuing Education of Rutgers University Behavioral Health Care **[(UHBHC)]** administers, for which it provides continuing education credits upon a participant's successful completion of training and maintains related training records, and which it makes available and accessible*[:

i. For]* ***for*** viewing and administration on the website at

[https://ubhc.rutgers.edu/education/center-for-](https://ubhc.rutgers.edu/education/center-for-continuingeducation/continuingeducation-at-ubhc.xml)

[continuingeducation/continuingeducation-at-ubhc.xml](https://ubhc.rutgers.edu/education/center-for-continuingeducation/continuingeducation-at-ubhc.xml)]; **[and]** ***or***

[ii. For downloading by a facility into its learning management system, in which case the facility shall monitor training completion, manage the issuance of certificates of completion and continuing education credits, and maintain related records in accordance with (l) below.]

2. An equivalent program that demonstrates conformity with the course content at N.J.S.A. 26:2H-12.108.b and is structured in a manner that permits a health care professional to be eligible to receive continuing education credits for participation in the program.

(f)-(g) (No change from proposal.)

(h) A birthing center shall ensure that health care professionals and supportive services staff members complete explicit and implicit bias training, either by successful completion of the designated training tool or in accordance with N.J.S.A. 26:2H-12.108(d):

1. By **[(six months from the effective date of this rulemaking)]** ***November 18, 2026***, for existing personnel; and

2. (No change from proposal.)

(i) (No change from proposal.)

(j) The Department shall ensure that the vendor under contract with the Department ***identified at (e)1 above*** issues a certificate of completion to each person who successfully completes the ***[designated training tool]* **MHPT*****:

1. (No change from proposal.)

2. Demonstrating the conformity of the course content to N.J.S.A. 26:2H-
[108(b)]**12.108.b.

(k)-(q) (No change from proposal.)

CHAPTER 43G

HOSPITAL LICENSING STANDARDS

SUBCHAPTER 19. OBSTETRICS

8:43G-19.39 Explicit and implicit bias training

(a) (No change from proposal.)

(b) As used in this section^{*,[,]} "supportive services staff member" means any person who directly interacts routinely with pregnant persons at a hospital, regardless of whether the pregnant person has been admitted. Examples of a "supportive services staff member" include, but are not limited to, the following, regardless of status as full-time, part-time, compensated, volunteer, or contracted and as determined at the discretion of the birthing center:

1.-4. (No change from proposal.)

^{*,[5.]} Food services;]

^{*,[6.]} ***5.*** Security services; ***and***

[7. Medical billing services; and]

[8.] ***6.*** Telephone operator, "help desk," and patient and family information services.

(c)-(d) (No change from proposal.)

(e) A hospital shall use ***one of*** the following as the minimum explicit and implicit bias training tool to implement an explicit and implicit bias training program pursuant to N.J.S.A. 26:2H-12.108 (designated training tool):

1. The course entitled, Maternal Health Provider Training: Reproductive Justice for Equitable Maternal Health ***(MHPT)***, ***[which is]*** incorporated herein by reference, as amended and supplemented, which the Center for Continuing Education of Rutgers University Behavioral Health Care ***(UHBHC)*** administers, for which it provides continuing education credits upon a participant's successful completion of training and maintains related training records, and which it makes available and accessible*[:

i. For]* ***for*** viewing and administration on the website at

<https://ubhc.rutgers.edu/education/center-for-continuing-education/continuingeducation-at-ubhc.xml>; ***[and]* *or***

[ii. For downloading by a facility into its learning management system, in which case the facility shall monitor training completion, manage the issuance of certificates of completion and continuing education credits, and maintain related records in accordance with (l) below.]

***2. An equivalent program that demonstrates conformity with the course content at N.J.S.A. 26:2H-12.108.b and is structured in a manner that permits a**

health care professional to be eligible to receive continuing education credits for participation in the program.*

(f)-(g) (No change from proposal.)

(h) A hospital shall ensure that health care professionals and supportive services staff members complete explicit and implicit bias training, either by successful completion of the designated training tool or in accordance with (e) above:

1. By *[(six months from the effective date of this rulemaking)]* ***November 18, 2026***, for existing personnel; and

2. (No change from proposal.)

(i) (No change from proposal.)

(j) The Department shall ensure that the vendor under contract with the Department ***identified at (e)1 above*** issues a certificate of completion to each person who successfully completes the *[designated training tool]* ***MHPT***:

1. (No change from proposal.)

2. Demonstrating the conformity of the course content to N.J.S.A. 26:2H-
*[108(b)]****12.108.b***.

(k)-(q) (No change from proposal.)