## [First Reprint] ASSEMBLY, No. 2705

# STATE OF NEW JERSEY 218th LEGISLATURE

**INTRODUCED FEBRUARY 1, 2018** 

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Co-Sponsored by: Assemblywomen McKnight, Reynolds-Jackson, Pintor Marin, Assemblyman Conaway and Assemblywoman Murphy

#### SYNOPSIS

Revises Newborn Screening program in DHSS.

### CURRENT VERSION OF TEXT

As reported by the Assembly Women and Children Committee on March 11, 2019, with amendments.



(Sponsorship Updated As Of: 12/17/2019)

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1 AN ACT concerning screening for disorders in newborn infants, 2 amending P.L.1977, c.321, and supplementing Title 26 of the 3 **Revised Statutes.** 4 5 **BE IT ENACTED** by the Senate and General Assembly of the State 6 of New Jersey: 7 8 1. Section 1 of P.L.1977, c.321 (C.26:2-110) is amended to 9 read as follows: 10 1. It is hereby declared to be the public policy of this State that in the interests of public health every effort should be made to 11 detect in newborn infants, hypothyroidism, galactosemia, 12 phenylketonuria, and other preventable biochemical disorders 13 14 which may cause mental retardation or other permanent disabilities 15 and to treat affected individuals. 16 The Legislature finds and declares that: Newborn screening is an essential public health activity that 17 a. strives to screen every newborn infant for a variety of congenital 18 disorders, which, if not detected and managed early, can result in 19 significant morbidity, mortality, and disability. The State's newborn 20 screening system <sup>1</sup>[must provide the infrastructure for universal 21 access and rapid and effective follow-up] shall be a coordinated and 22 23 comprehensive effort to provide education, screening, follow-up, 24 diagnosis, treatment and management, and program evaluation activities<sup>1</sup>; 25 b. Ongoing advances in technologies and treatment modalities make it possible to screen newborn infants for a wide array of 26 <sup>1</sup>biochemical<sup>1</sup> disorders. It is imperative that the State adjust its 27 <sup>1</sup>[newborn screening program] Newborn Screening Program<sup>1</sup> to 28 incorporate these <sup>1</sup>biochemical<sup>1</sup> disorders to ensure that the 29 program remains at the forefront of these advances; and 30 31 c. It is the intent of this act to protect the health and quality of 32 life of newborn infants born in this State by enhancing the capacity 33 to screen for congenital disorders and by providing: all newborn 34 infants with screens for certain conditions and with appropriate 35 referrals and early medical intervention when warranted; and 36 newborn data collection is standardized, and conditions detected by newborn screening are tracked and monitored. Further, information 37 38 on newborn screening and conditions for which a newborn can be 39 screened should be readily accessible, current, and understandable 40 to both health care providers and parents or guardians. 41 (cf: P.L.1988, c.24, s.2) 42 43 2. (New section) The Commissioner of Health shall establish 44 a Newborn Screening Advisory Review Committee to annually 45 review the disorders included in the Newborn Screening

EXPLANATION – Matter enclosed in **bold-faced brackets** [thus] in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined <u>thus</u> is new matter.

Matter enclosed in superscript numerals has been adopted as follows: <sup>1</sup>Assembly AWC committee amendments adopted March 11, 2019.

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1 <sup>1</sup>[program] <u>Program</u><sup>1</sup>, screening technologies, treatment options, 2 and educational and follow-up procedures. The committee shall include, but need not be limited to, medical, hospital, and public 3 4 health professionals, scientific experts, and consumer 5 representatives and advocates. The committee shall meet annually 6 to review and revise the list of disorders recommended for inclusion in the Newborn Screening <sup>1</sup>[program] Program<sup>1</sup>. The committee 7 8 shall allow for public input in the course of conducting its review 9 and issue recommendations to the commissioner on the 10 improvement of the Newborn Screening <sup>1</sup>[program] <u>Program</u><sup>1</sup>. 11

12 3. Section 2 of P.L.1977, c.321 (C.26:2-111) is amended to 13 read as follows:

14 [All] <u>The Newborn Screening Program in the Department of</u> 2. 15 Health shall screen all infants born in this State [shall be tested for 16 hypothyroidism, galactosemia and phenylketonuria] based on the 17 list of disorders that is recommended by the Newborn Screening 18 Advisory Review Committee and approved by the Commissioner of Health, <sup>1</sup>[consistent]<sup>1</sup> with <sup>1</sup>consideration of <sup>1</sup> the Recommended 19 Uniform Screening Panel of the United States Secretary of Health 20 21 and Human Services. The Commissioner of Health [shall] may 22 issue regulations to assure that newborns are [so tested] screened in 23 a manner approved by the commissioner. [The commissioner shall 24 ensure that treatment services are available to all identified 25 individuals.]

The [State] Department of Health [may] shall charge a 26 27 reasonable fee for the [tests] screening, follow-up, treatment, and 28 education performed pursuant to this act. The amount of the fee 29 and the shall be adjusted by the commissioner as necessary to 30 support the screening, follow-up, and treatment of newborn infants, 31 and the education of physicians, hospital staffs, nurses, and the 32 public as required by this act. The procedures for collecting the fee 33 shall be determined by the commissioner. The commissioner shall 34 apply all revenues collected from the fees to the [testing] 35 screening, follow-up, education, and treatment procedures performed pursuant to this act. The fee shall be used to support the 36 37 program, including, but not limited to, ongoing infrastructure 38 upgrades, including provides electronic access to physicians to 39 obtain screening results, and follow-up recommendations.

40 [The] Based on the recommendations of the Newborn Screening 41 Advisory Review Committee established pursuant to section 2 of 42 P.L., c. (C. ) (pending before the Legislature as this bill), 43 the commissioner may also require [testing] the screening of 44 newborn infants for other [preventable biochemical] disorders if 45 reliable and efficient [testing] screening techniques are available. 46 If the commissioner determines that an additional test shall be 47 required, [90] the commissioner, at least 60 days prior to requiring

the test [he], shall so advise the President of the Senate [,] and the
Speaker of the General Assembly [and chairmen of the standing
reference committees on Revenue, Finance and Appropriations and
Institutions, Health and Welfare of his determination].

5 The commissioner shall provide <sup>1</sup>laboratory services and <sup>1</sup> a 6 follow-up program [of reviewing and following up] on positive 7 screen cases in order that measures may be taken to prevent [mental 8 retardation] death or intellectual or other permanent disabilities. 9 The program shall provide timely <sup>1</sup>[intervention and, as 10 appropriate, referrals] information and recommendations for referral<sup>1</sup> to specialist treatment centers for newborn infants who 11 screen positive for disorders pursuant to this section. 12

13 The commissioner shall collect screening information on 14 newborn infants in a standardized manner and develop a system for quality assurance which includes the periodic assessment of 15 16 indicators that are measurable, functional, and appropriate to the 17 conditions for which newborn infants are screened pursuant to this 18 section. The commissioner shall have the authority to use the 19 information collected to provide follow-up to newborn infants 20 <sup>1</sup>[and children]<sup>1</sup> with screened positive diagnoses to provide <sup>1</sup>[appropriate] information and recommendations for<sup>1</sup> referral. 21 22 Information on newborn infants [and their families] compiled 23 pursuant to this section [may] shall be used by the department and 24 agencies designated by the commissioner for the purposes of 25 carrying out this act, but otherwise the information shall be 26 confidential and not divulged or made public so as to disclose the 27 identity of any person to which it relates, except as provided by law. 28 The department shall [conduct an intensive educational and] 29 provide education or training on the Newborn Screening <sup>1</sup>[program] <u>Program</u><sup>1</sup> [among] to physicians, [hospitals] <u>hospital</u> 30 31 staffs, [public health] nurses, and the public concerning [those biochemical disorders] newborn screening. [This program shall 32 include information concerning the nature of the disorders, testing 33 34 for the detection of these disorders and treatment modalities for 35 these disorders.

The provisions of this section shall not apply if the parents of a newborn infant <sup>1</sup>provide written notice to the hospital or birthing facility where the newborn infant was delivered, in a manner designated by the commissioner, that they<sup>1</sup> object <sup>1</sup>[in writing]<sup>1</sup> to the [testing] screening on the grounds that it would conflict with their religious tenets or practices.

42 (cf: P.L.1988, c.24, s.3)

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44 4. The Department of Health may adopt, pursuant to the
45 "Administrative Procedure Act," P.L.1968 c.410 (C.52:14B46 1 et seq.), rules and regulations necessary to implement the
47 provisions of this act.

5. This act shall take effect on the 180th day following 1 enactment, except that the Commissioner of Health may take such 2 anticipatory action in advance as shall be necessary for its 3 implementation. 4