[First Reprint]

SENATE, No. 484

STATE OF NEW JERSEY

218th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2018 SESSION

Sponsored by:

Senator JOSEPH F. VITALE

District 19 (Middlesex)

Senator NIA H. GILL

District 34 (Essex and Passaic)

Assemblyman JOHN F. MCKEON

District 27 (Essex and Morris)

Assemblywoman SHANIQUE SPEIGHT

District 29 (Essex)

Assemblywoman VALERIE VAINIERI HUTTLE

District 37 (Bergen)

Co-Sponsored by:

Senators Greenstein, Ruiz, Pou, Assemblywomen McKnight, Reynolds-Jackson, Pintor Marin, Assemblyman Conaway and Assemblywoman Murphy

SYNOPSIS

Revises Newborn Screening program in DOH.

CURRENT VERSION OF TEXT

As amended by the Senate on December 17, 2018.

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

AN ACT concerning screening for disorders in newborn infants and amending and supplementing P.L.1977, c.321.

BE IT ENACTED by the Senate and General Assembly of the State of New Jersey:

- 1. Section 1 of P.L.1977, c.321 (C.26:2-110) is amended to read as follows:
- 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 detect in newborn infants, hypothyroidism, galactosemia, phenylketonuria, and other preventable biochemical disorders which may cause mental retardation or other permanent disabilities and to treat affected individuals. **]**

The Legislature finds and declares that:

- a. Newborn screening is an essential public health activity that strives to screen every newborn infant for a variety of congenital disorders, which, if not detected and managed early, can result in significant morbidity, mortality, and disability. The State's newborn screening system ¹ [must provide the infrastructure for universal access and rapid and effective follow-up] shall be a coordinated and comprehensive effort to provide education, screening, follow-up, diagnosis, treatment and management, and program evaluation activities ¹;
- b. Ongoing advances in technologies and treatment modalities make it possible to screen newborn infants for a wide array of 'biochemical' disorders. It is imperative that the State adjust its 'Inewborn screening program' Newborn Screening Program' to incorporate these 'biochemical' disorders to ensure that the program remains at the forefront of these advances; and
- c. It is the intent of this act to protect the health and quality of life of newborn infants born in this State by enhancing the capacity to screen for congenital disorders and by providing: all newborn infants with screens for certain conditions and with appropriate referrals and early medical intervention when warranted; and newborn data collection is standardized, and conditions detected by newborn screening are tracked and monitored. Further, information on newborn screening and conditions for which a newborn can be screened should be readily accessible, current, and understandable to both health care providers and parents or guardians.
- 41 (cf: P.L.1988, c.24, s.2)

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.

- ¹ [program] Program¹, screening technologies, treatment options, and educational and follow-up procedures. The committee shall include, but need not be limited to, medical, hospital, and public health professionals, scientific experts, and consumer representatives and advocates. The committee shall meet annually to review and revise the list of disorders recommended for inclusion
- in the Newborn Screening ¹[program] Program¹. The committee 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 ¹[program] Program¹.

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individuals.

- 3. Section 2 of P.L.1977, c.321 (C.26:2-111) is amended to read as follows:
- 14 [All] The Newborn Screening Program in the Department of 15 <u>Health shall screen all</u> 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, ¹[consistent] with ¹consideration of the Recommended 19 20 Uniform Screening Panel of the United States Secretary of Health 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
 - The [State] Department of Health [may] shall charge a reasonable fee for the [tests] screening, follow-up, treatment, and education performed pursuant to this act. The amount of the fee [and the] shall be adjusted by the commissioner as necessary to support the screening, follow-up, and treatment of newborn infants, and the education of physicians, hospital staffs, nurses, and the public as required by this act. The procedures for collecting the fee shall be determined by the commissioner. The commissioner shall apply all revenues collected from the fees to the [testing] screening, follow-up, education, and treatment procedures performed pursuant to this act. The fee shall be used to support the program, including, but not limited to, ongoing infrastructure upgrades, including provides electronic access to physicians to obtain screening results, and follow-up recommendations.
- 39 The Based on the recommendations of the Newborn Screening 40 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

S484 [1R] VITALE, GILL 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]. The commissioner shall provide ¹<u>laboratory services and</u> ¹ a follow-up program [of reviewing and following up] on positive screen cases in order that measures may be taken to prevent [mental retardation death or intellectual or other permanent disabilities. The program shall provide timely ¹[intervention and, as appropriate, referrals information and recommendations for referral to specialist treatment centers for newborn infants who screen positive for disorders pursuant to this section. The commissioner shall collect screening information on newborn infants in a standardized manner and develop a system for quality assurance which includes the periodic assessment of indicators that are measurable, functional, and appropriate to the conditions for which newborn infants are screened pursuant to this section. The commissioner shall have the authority to use the information collected to provide follow-up to newborn infants ¹[and children] ¹ with screened positive diagnoses to provide ¹[appropriate] information and recommendations for referral.

section. The commissioner shall have the authority to use the information collected to provide follow-up to newborn infants

¹ [and children] ¹ with screened positive diagnoses to provide

¹ [appropriate] information and recommendations for ¹ referral.

Information on newborn infants [and their families] compiled pursuant to this section [may] shall be used by the department and agencies designated by the commissioner for the purposes of carrying out this act, but otherwise the information shall be confidential and not divulged or made public so as to disclose the identity of any person to which it relates, except as provided by law.

The department shall [conduct an intensive educational and]

provide education or training on the Newborn Screening [program] Program [among] to physicians, [hospitals] hospital staffs, [public health] nurses, and the public concerning [those biochemical disorders] newborn screening. [This program shall include information concerning the nature of the disorders, testing for the detection of these disorders and treatment modalities for these disorders.]

The provisions of this section shall not apply if the parents of a newborn infant ¹provide written notice to the hospital or birthing facility where the newborn infant was delivered, in a manner designated by the commissioner, that they ¹ object ¹[in writing] ¹ 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)

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

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