

SENATE, No. 2305

STATE OF NEW JERSEY

INTRODUCED DECEMBER 1, 1997

By Senator CAFIERO

1 AN ACT concerning testing pregnant women, amending P.L.1995,  
2 c.174 and supplementing Title 26 of the Revised Statutes.

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

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7 1. Section 2 of P.L.1995, c.174 (C.26:5C-16) is amended to read  
8 as follows:

9 2. a. A physician or other health care practitioner who is the  
10 primary caregiver for a pregnant woman or a woman who seeks  
11 treatment within four weeks of giving birth, shall, in accordance with  
12 guidelines developed by the commissioner, test the woman for HIV,  
13 provide the woman with information about HIV and AIDS, and also  
14 inform the woman of the benefits of being tested for HIV [and present  
15 her with the option of being tested] and of the importance of treatment  
16 for HIV infection during and after pregnancy. The woman shall, on  
17 a form and in a manner prescribed by the commissioner, acknowledge  
18 receipt of the information [and indicate her preference regarding  
19 testing. A woman shall not be denied appropriate prenatal or other  
20 medical care because she decides not to be tested for HIV].

21 b. The commissioner shall establish guidelines regarding  
22 notification to a woman whose test result is positive, and to provide,  
23 to the maximum extent possible, for counseling about the significance  
24 of the test result.

25 c. Information about a woman which is obtained pursuant to this  
26 section shall be held confidential in accordance with the provisions of  
27 P.L.1989, c.303 (C.26:5C-5 et seq.).

28 (cf: P.L.1995, c.174, s.2)

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30 2. (New section) a. A physician or other health care practitioner  
31 who is the primary caregiver for a pregnant woman, shall, in  
32 accordance with guidelines developed by the Commissioner of Health  
33 and Senior Services, test the woman for Group B Streptococci,  
34 provide the woman with information about Group B Streptococcal

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

**Matter underlined thus is new matter.**

1 infection, and also inform the woman of the benefits of being tested for  
2 Group B Streptococci and of the importance of treatment during  
3 pregnancy. The woman shall, on a form and in a manner prescribed by  
4 the commissioner, acknowledge receipt of the information.

5 b. The commissioner shall establish guidelines regarding  
6 notification to a woman whose test result is positive, and to provide,  
7 to the maximum extent possible, for counseling about the significance  
8 of the test result.

9  
10 3. This act shall take effect immediately.

### 11 12 13 STATEMENT 14

15 This bill requires the testing of pregnant women for HIV and Group  
16 B Streptococci.

17 With regard to testing for HIV, the bill amends P.L.1995, c.174  
18 (C.26:5C-15 et seq.) by requiring that pregnant women be tested. The  
19 bill deletes language in P.L.1995, c.174 that gave pregnant women the  
20 option of being tested for HIV and required them to indicate their  
21 preference regarding testing, since this bill mandates the HIV testing.  
22 The bill also amends P.L.1995, c.174 to require the physician or other  
23 health care practitioner to inform the pregnant woman of the  
24 importance of treatment for HIV infection during and after pregnancy.

25 The risk of HIV infection to newborns can be significantly reduced  
26 when the mother receives zidovudine (AZT) therapy. According to  
27 preliminary results of a trial sponsored by the National Institute of  
28 Allergy and Infectious Diseases, zidovudine (AZT) therapy has  
29 reduced by two-thirds the risk of transmission of the virus from HIV-  
30 infected pregnant women to their babies.

31 In addition, the bill requires that pregnant women be tested for  
32 Group B Streptococci. Similar to the provisions regarding HIV  
33 testing, the bill requires that:

34 C a pregnant woman be provided with information about Group B  
35 Streptococcal infection, the benefits of being tested and of the  
36 importance of treatment during pregnancy;

37 C a pregnant woman acknowledge receipt of the information on a  
38 form and in a manner prescribed by the commissioner; and

39 C the commissioner establish guidelines regarding notification to a  
40 pregnant woman whose test result is positive and provide for  
41 counseling about the significance of the test result.

42 Group B Streptococci can cause bacterial infections in newborns  
43 and these infections may lead to permanent neurologic injury or even  
44 death. Both the American College of Obstetricians and Gynecologists  
45 and the American Academy of Pediatrics have endorsed testing all  
46 pregnant women for Group B Streptococci shortly before delivery,

1 and providing preventive antibiotics during delivery to those who  
2 tested positive. Group B Streptococci, which can be present in either  
3 the intestine or urinary tract of a pregnant woman without showing  
4 any visible signs of infection, are transmitted from the mother to the  
5 child prior to or during delivery. This occurs normally in about 5  
6 percent to 25 percent of pregnant women.

7 The likelihood of transmitting the bacteria and causing infection  
8 increases under certain conditions, such as a premature delivery,  
9 prolonged labor, or fever in the mother at the time of delivery. A  
10 different but equally endorsed approach to preventing Group B  
11 Streptococcal infections in newborns is to provide preventive  
12 antibiotics during delivery to women delivering a premature infant, or  
13 having prolonged labor or a fever. However, it is believed that testing  
14 all pregnant women, as required under the provisions of this bill,  
15 would reduce overall the risk of causing these potentially fatal  
16 infections in newborns because the treatment would not be limited to  
17 only higher risk pregnancies.

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Requires HIV and Group B Streptococci testing of pregnant women.