30:6D-5

LEGISLATIVE HISTORY CHECKLIST

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LAWS OF: 2011 **CHAPTER:** 182

NJSA: 30:6D-5 (Clarifies informed consent provisions of "Access to Medical Research Act" for persons with developmental disabilities)

BILL NO: S941 (Substituted for A3940)

SPONSOR(S) Bateman and others

DATE INTRODUCED: February 4, 2010

COMMITTEE: **ASSEMBLY:** Human Services

SENATE: Health, Human Services and Senior Citizens

AMENDED DURING PASSAGE: Yes

DATE OF PASSAGE: **ASSEMBLY:** January 9, 2012

SENATE: June 21, 2010

DATE OF APPROVAL: January 17, 2012

FOLLOWING ARE ATTACHED IF AVAILABLE:

FINAL TEXT OF BILL (First reprint enacted)

S941

SPONSOR'S STATEMENT: (Begins on page 3 of introduced bill) Yes

COMMITTEE STATEMENT: **ASSEMBLY**: Yes

SENATE: Yes

(Audio archived recordings of the committee meetings, corresponding to the date of the committee statement, ***may possibly*** be found at www.njleg.state.nj.us)

FLOOR AMENDMENT STATEMENT: No

LEGISLATIVE FISCALNOTE: No

A3940

SPONSOR'S STATEMENT: (Begins on page 4 of introduced bill) Yes

COMMITTEE STATEMENT: **ASSEMBLY**: Yes

SENATE: No

FLOOR AMENDMENT STATEMENT: No

LEGISLATIVE FISCAL ESTIMATE: No

(continued)

VETO MESSAGE: No

GOVERNOR'S PRESS RELEASE ON SIGNING: No

FOLLOWING WERE PRINTED:

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REPORTS: No

HEARINGS: No

NEWSPAPER ARTICLES: No

LAW/RWH

P.L.2011, CHAPTER 182, ***approved January 17, 2012***
Senate, No. 941 ***(First Reprint)***

AN ACT concerning informed consent for medical research and amending P.L.1977, c. 82.

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

1. Section 5 of P.L.1977, c. 82 (30:6D-5) is amended to read as follows:

5. a. No person receiving services for the developmentally disabled at any facility shall:

(1) be subjected to any corporal punishment;

(2) be administered any medication or chemical restraint, except upon the written authorization of a physician when necessary and appropriate as an element of the service being received or as a treatment of any medical or physical condition in conformity with accepted standards for such treatment. The nature, amount of, and reasons for the administration of any medication or chemical restraint shall be promptly recorded in such person's medical record;

(3) be physically or chemically restrained or isolated in any manner, except in emergency situations for the control of violent, disturbed or depressed behavior which may immediately result in or has resulted in harm to such person or other person or in substantial property damage.

The chief administrator of the facility, or his designee, shall be notified immediately upon the application of any such restraint or isolation, and thereafter such restraint or isolation shall be continued only upon the written order of the administrator or designee. Such order shall be effective for not more than 24 hours, and may be renewed for additional periods of not more than 24 hours each if the administrator or designee shall determine that such continued restraint or isolation is necessary. While in restraint or isolation, such person shall be checked by an attendant every 15 minutes, and bathed every 24 hours. Such restraint or isolation shall be terminated at any time if an attending physician shall find such restraint or isolation to be medically contraindicated. The nature, duration of, reasons for and notation of attendant checks shall be promptly recorded in such person's medical record;

(4) be subjected to shock treatment, psychosurgery, sterilization or medical behavioral or pharmacological research without the express and informed consent of such person, if a competent adult, or of such person's guardian ad litem specifically appointed by a

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 thus is new matter.
Matter enclosed in superscript numerals has been adopted as follows:
[1]Senate SHH committee amendments adopted May 27, 2010.

court for the matter of consent to these proceedings, if a minor or an incompetent adult or a person administratively determined to be mentally deficient. Such consent shall be made in writing and shall be placed in such person's record.

Either the party alleging the necessity of such procedure or such person or such person's guardian ad litem may petition a court of competent jurisdiction to hold a hearing to determine the necessity of such procedure at which the client is physically present, represented by counsel, and provided the right and opportunity to be confronted with and to cross-examine all witnesses alleging the necessity of such procedure. In such proceedings, the burden of proof shall be on the party alleging the necessity of such procedure. In the event that a person cannot afford counsel, the court shall appoint an attorney not less than 10 days before the hearing. An attorney so appointed shall be entitled to a reasonable fee to be determined by the court and paid by the county from which the person was admitted. Under no circumstances may a person in treatment be subjected to hazardous or intrusive experimental research which is not directly related to the specific goals of his treatment program.

(5) Notwithstanding ᵗthe provisions ofᵗ paragraph (4) of this subsection to the contrary, nothing in this ᵗ[act] sectionᵗ shall prohibit consent obtained or research conducted pursuant to the provisions of P.L. 2007, c.316 (C.26:14-1 et seq.) ᵗas provided in this paragraph (5).

(a) In addition to meeting the requirements of sections 4 and 5 of P.L.2007, c.316 (C.26:14-4 and 26:14-5), medical research involving persons who are protected by the provisions of this subsection shall also meet the approval of the Interdisciplinary Research Committee established herein.

(b) The members of the Interdisciplinary Research Committee shall be appointed by the Assistant Commissioner of the Division of Developmental Disabilities in the Department of Human Services, and shall serve at the pleasure of the Assistant Commissioner. The members shall have diverse backgrounds, represent a variety of professions, and include at least one self-advocate and one family member, neither of whom shall be an employee of the department.

(c) The committee shall independently determine whether the criteria set forth in section 3 of P.L.2007, c.316 (C.26:14-3), and where required, the informed consent provisions of section 4 of P.L.2007, c.316 (C.26:14-4), have been met. In addition, the committee may impose such other conditions on approval as it determines are necessary to protect the health, safety, and autonomy of the individuals participating in the medical research.

(d) Notices of proposals for medical research received by the committee, and the committee’s action on the proposals, shall be posted on the department’s website and forwarded to the New Jersey Council on Developmental Disabilities, The Elizabeth M.

Boggs Center on Developmental Disabilities, and Disability Rights New Jersey.

(e) Two years after enactment of P.L. , c. (pending before the Legislature as this bill) and every two years thereafter, the division shall provide to the Legislature, pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), and post on the division's Internet website, a summary of the research proposals reviewed by the committee and the actions taken[1].

b. Every developmentally disabled person in residence at any facility shall be provided with a nutritionally adequate and sufficient diet and shall receive appropriate and sufficient medical and dental care on a regular basis and whenever otherwise necessary.

c. Every developmentally disabled person between the ages of 5 and 21, inclusive, in residence or full-time attendance at any facility shall be provided a thorough and efficient education suited to such person's age and abilities.

(cf: P.L.1977, c.82, s.5)

2. This act shall take effect immediately.

Clarifies informed consent provisions of "Access to Medical Research Act" for persons with developmental disabilities.

SENATE, No. 941

STATE OF NEW JERSEY

214th LEGISLATURE

INTRODUCED FEBRUARY 4, 2010

Sponsored by:
Senator CHRISTOPHER "KIP" BATEMAN
District 16 (Morris and Somerset)
Senator ROBERT W. SINGER
District 30 (Burlington, Mercer, Monmouth and Ocean)

SYNOPSIS

Clarifies informed consent provisions of "Access to Medical Research Act" for persons with developmental disabilities.

CURRENT VERSION OF TEXT

As introduced.

(Sponsorship Updated As Of: 5/28/2010)

AN ACT concerning informed consent for medical research and amending P.L.1977, c. 82.

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

1. Section 5 of P.L. 1977, c. 82 (30:6D-5) is amended to read as follows:

a. No person receiving services for the developmentally disabled at any facility shall:

(1) be subjected to any corporal punishment;

(2) be administered any medication or chemical restraint, except upon the written authorization of a physician when necessary and appropriate as an element of the service being received or as a treatment of any medical or physical condition in conformity with accepted standards for such treatment. The nature, amount of, and reasons for the administration of any medication or chemical restraint shall be promptly recorded in such person's medical record;

(3) be physically or chemically restrained or isolated in any manner, except in emergency situations for the control of violent, disturbed or depressed behavior which may immediately result in or has resulted in harm to such person or other person or in substantial property damage.

The chief administrator of the facility, or his designee, shall be notified immediately upon the application of any such restraint or isolation, and thereafter such restraint or isolation shall be continued only upon the written order of the administrator or designee. Such order shall be effective for not more than 24 hours, and may be renewed for additional periods of not more than 24 hours each if the administrator or designee shall determine that such continued restraint or isolation is necessary. While in restraint or isolation, such person shall be checked by an attendant every 15 minutes, and bathed every 24 hours. Such restraint or isolation shall be terminated at any time if an attending physician shall find such restraint or isolation to be medically contraindicated. The nature, duration of, reasons for and notation of attendant checks shall be promptly recorded in such person's medical record;

(4) be subjected to shock treatment, psychosurgery, sterilization or medical behavioral or pharmacological research without the express and informed consent of such person, if a competent adult, or of such person's guardian ad litem specifically appointed by a court for the matter of consent to these proceedings, if a minor or an incompetent adult or a person administratively determined to be mentally deficient. Such consent shall be made in writing and shall

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.

be placed in such person's record.

Either the party alleging the necessity of such procedure or such person or such person's guardian ad litem may petition a court of competent jurisdiction to hold a hearing to determine the necessity of such procedure at which the client is physically present, represented by counsel, and provided the right and opportunity to be confronted with and to cross-examine all witnesses alleging the necessity of such procedure. In such proceedings, the burden of proof shall be on the party alleging the necessity of such procedure. In the event that a person cannot afford counsel, the court shall appoint an attorney not less than 10 days before the hearing. An attorney so appointed shall be entitled to a reasonable fee to be determined by the court and paid by the county from which the person was admitted. Under no circumstances may a person in treatment be subjected to hazardous or intrusive experimental research which is not directly related to the specific goals of his treatment program.

(5) Notwithstanding paragraph (4) of this subsection to the contrary, nothing in this act shall prohibit consent obtained or research conducted pursuant to the provisions of P.L. 2007, c.316 (C.26:14-1 et seq.).

b. Every developmentally disabled person in residence at any facility shall be provided with a nutritionally adequate and sufficient diet and shall receive appropriate and sufficient medical and dental care on a regular basis and whenever otherwise necessary.

c. Every developmentally disabled person between the ages of 5 and 21, inclusive, in residence or full-time attendance at any facility shall be provided a thorough and efficient education suited to such person's age and abilities.

(cf: P.L.1977, c. 82, s. 5)

2. This act shall take effect immediately.

STATEMENT

This bill amends section 5 of P.L.1977, c. 82 (C.30:6D-5), which contains, among other measures that protect persons with developmental disabilities, informed consent provisions in connection with an individual’s participation in medical research. This law requires informed consent for medical behavioral and pharmacological research, and requires a court-appointed guardian ad litem to represent a person who is a minor, incompetent adult, or person administratively determined to be mentally deficient. The law prohibits certain research that is not directly related to the specific goals of the individual’s treatment program.

The amendment in this bill is intended to eliminate confusion and potential statutory conflict with the "Access to Medical Research Act," P.L. 2007, c.316 (C.26:14-1 et seq.), which permits a broader range of research, provided that an institutional review board approves and oversees the research, and which authorizes certain individuals other than a guardian ad litem to provide surrogate consent for medical research when specific protective criteria are met. Those individuals, in descending order of priority, are:

- a guardian with authority to make health care decisions;
- the person's health care representative under an advance directive for health care;
- the spouse or civil union partner, as applicable;
- the person's domestic partner;
- the person's adult son or daughter;
- a custodial parent;
- an adult brother or sister;
- an adult grandchild; and
- an available adult relative with the closest degree of kinship to the person.

This bill would take effect immediately.

SENATE HEALTH, HUMAN SERVICES AND SENIOR CITIZENS COMMITTEE

STATEMENT TO

SENATE, No. 941

with committee amendments

STATE OF NEW JERSEY

DATED: MAY 27, 2010

The Senate Health, Human Services and Senior Citizens Committee reports favorably and with amendments Senate Bill No. 941.

As amended by the committee, this bill amends section 5 of P.L.1977, c.82 (C.30:6D-5), which protects persons with developmental disabilities when they are participants in medical research. This law requires informed consent and requires a court-appointed guardian ad litem to represent a minor, incompetent adult, or person administratively determined to be mentally deficient. The law prohibits certain research that is not directly related to the specific goals of the individual's treatment program.

The purpose of this bill is to eliminate confusion and potential statutory conflict with the "Access to Medical Research Act," P.L. 2007, c.316 (C.26:14-1 et seq.), which permits a broader range of research when an institutional review board approves and oversees the research, and which authorizes specified individuals other than a guardian ad litem to provide surrogate consent for medical research when specific protective criteria are met.

The committee amendments add the following requirements:

- Medical research also shall be approved by an Interdisciplinary Research Committee (IRC), the members of which would be appointed by the Assistant Commissioner of the Division of Developmental Disabilities. The IRC members are to represent diverse backgrounds, and include at least one self-advocate and one family member who are not employees of the department.
- The ICR would independently determine whether the above protective measures and consent requirements have been met, and could impose such other conditions on approval as it determines are necessary.
- The division is to post on its Internet website notices of proposals for medical research received by the IRC as well as the IRC's actions on those proposals, and forward them to the New Jersey Council on Developmental Disabilities, The

Elizabeth M. Boggs Center on Developmental Disabilities, and Disability Rights New Jersey.

- Two years after enactment of the bill and every two years thereafter, the division is to post a summary of the research proposals reviewed by the IRC and the actions taken by the IRC on the division's Internet website and provide the summary to the Legislature.

ASSEMBLY HUMAN SERVICES COMMITTEE

STATEMENT TO

[First Reprint]
SENATE, No. 941

STATE OF NEW JERSEY

DATED: JANUARY 5, 2012

The Assembly Human Services Committee reports favorably Senate Bill No. 941(1R).

This bill amends current law, which protects persons with developmental disabilities by requiring consent of the person's guardian ad litem when they are participants in medical research, so that it conforms with the State's "Access to Medical Research Act" (AMRA), which authorizes other specified individuals to provide surrogate consent for medical research and permits research when an institutional review board approves and oversees the research.

Specifically, current law is amended to add that consent may be obtained or research conducted pursuant to AMRA, under which consent is obtained, in descending order of priority, from: a guardian with authority to make health care decisions; the person’s health care representative under an advance directive for health care; the spouse or civil union partner, as applicable; the person’s domestic partner; the person’s adult son or daughter; a custodial parent; an adult brother or sister; an adult grandchild; and an available adult relative with the closest degree of kinship to the person.

The bill also establishes an Interdisciplinary Research Committee (IRC). The members of the IRC would be appointed by the Assistant Commissioner of the Division of Developmental Disabilities (division) in the Department of Human Services (DHS), would represent diverse backgrounds, and would include at least one self-advocate and one family member who are not employees of DHS.

The IRC would independently determine whether protective measures and consent requirements have been met, and could impose other conditions on approval as it determines are necessary.

The bill requires the division to post on its website notices of proposals for medical research received by the IRC as well as the IRC’s actions on those proposals, and forward them to the New Jersey Council on Developmental Disabilities, The Elizabeth M. Boggs Center on Developmental Disabilities, and Disability Rights New Jersey. In addition, two years after enactment of the bill and every two years thereafter, the division is to post on its website a summary of the

research proposals reviewed and the actions taken by the IRC, and also provide the summary to the Legislature.

As reported, the bill is identical to Assembly Bill No. 3940 (Jasey), which the committee also reported favorably on this date.

ASSEMBLY, No. 3940

STATE OF NEW JERSEY

214th LEGISLATURE

INTRODUCED MAY 5, 2011

Sponsored by:
Assemblywoman MILA M. JASEY
District 27 (Essex)

SYNOPSIS

Clarifies informed consent provisions of "Access to Medical Research Act" for persons with developmental disabilities.

CURRENT VERSION OF TEXT

As introduced.

AN ACT concerning informed consent for medical research and amending P.L.1977, c. 82.

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

1. Section 5 of P.L.1977, c. 82 (30:6D-5) is amended to read as follows:

5. a. No person receiving services for the developmentally disabled at any facility shall:

(1) be subjected to any corporal punishment;

(2) be administered any medication or chemical restraint, except upon the written authorization of a physician when necessary and appropriate as an element of the service being received or as a treatment of any medical or physical condition in conformity with accepted standards for such treatment. The nature, amount of, and reasons for the administration of any medication or chemical restraint shall be promptly recorded in such person's medical record;

(3) be physically or chemically restrained or isolated in any manner, except in emergency situations for the control of violent, disturbed or depressed behavior which may immediately result in or has resulted in harm to such person or other person or in substantial property damage.

The chief administrator of the facility, or his designee, shall be notified immediately upon the application of any such restraint or isolation, and thereafter such restraint or isolation shall be continued only upon the written order of the administrator or designee. Such order shall be effective for not more than 24 hours, and may be renewed for additional periods of not more than 24 hours each if the administrator or designee shall determine that such continued restraint or isolation is necessary. While in restraint or isolation, such person shall be checked by an attendant every 15 minutes, and bathed every 24 hours. Such restraint or isolation shall be terminated at any time if an attending physician shall find such restraint or isolation to be medically contraindicated. The nature, duration of, reasons for and notation of attendant checks shall be promptly recorded in such person's medical record;

(4) be subjected to shock treatment, psychosurgery, sterilization or medical behavioral or pharmacological research without the express and informed consent of such person, if a competent adult, or of such person's guardian ad litem specifically appointed by a court for the matter of consent to these proceedings, if a minor or an incompetent adult or a person administratively determined to be mentally deficient. Such consent shall be made in writing and shall be placed in such person's record.

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.

Either the party alleging the necessity of such procedure or such person or such person's guardian ad litem may petition a court of competent jurisdiction to hold a hearing to determine the necessity of such procedure at which the client is physically present, represented by counsel, and provided the right and opportunity to be confronted with and to cross-examine all witnesses alleging the necessity of such procedure. In such proceedings, the burden of proof shall be on the party alleging the necessity of such procedure. In the event that a person cannot afford counsel, the court shall appoint an attorney not less than 10 days before the hearing. An attorney so appointed shall be entitled to a reasonable fee to be determined by the court and paid by the county from which the person was admitted. Under no circumstances may a person in treatment be subjected to hazardous or intrusive experimental research which is not directly related to the specific goals of his treatment program.

(5) Notwithstanding the provisions of paragraph (4) of this subsection to the contrary, nothing in this section shall prohibit consent obtained or research conducted pursuant to the provisions of P.L. 2007, c.316 (C.26:14-1 et seq.) as provided in this paragraph (5).

(a) In addition to meeting the requirements of sections 4 and 5 of P.L.2007, c.316 (C.26:14-4 and 26:14-5), medical research involving persons who are protected by the provisions of this subsection shall also meet the approval of the Interdisciplinary Research Committee established herein.

(b) The members of the Interdisciplinary Research Committee shall be appointed by the Assistant Commissioner of the Division of Developmental Disabilities in the Department of Human Services, and shall serve at the pleasure of the Assistant Commissioner. The members shall have diverse backgrounds, represent a variety of professions, and include at least one self-advocate and one family member, neither of whom shall be an employee of the department.

(c) The committee shall independently determine whether the criteria set forth in section 3 of P.L.2007, c.316 (C.26:14-3), and where required, the informed consent provisions of section 4 of P.L.2007, c.316 (C.26:14-4), have been met. In addition, the committee may impose such other conditions on approval as it determines are necessary to protect the health, safety, and autonomy of the individuals participating in the medical research.

(d) Notices of proposals for medical research received by the committee, and the committee’s action on the proposals, shall be posted on the department’s website and forwarded to the New Jersey Council on Developmental Disabilities, The Elizabeth M. Boggs Center on Developmental Disabilities, and Disability Rights New Jersey.

(e) Two years after enactment of P.L. , c. (pending before the Legislature as this bill) and every two years thereafter, the division

shall provide to the Legislature, pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), and post on the division's Internet website, a summary of the research proposals reviewed by the committee and the actions taken.

b. Every developmentally disabled person in residence at any facility shall be provided with a nutritionally adequate and sufficient diet and shall receive appropriate and sufficient medical and dental care on a regular basis and whenever otherwise necessary.

c. Every developmentally disabled person between the ages of 5 and 21, inclusive, in residence or full-time attendance at any facility shall be provided a thorough and efficient education suited to such person's age and abilities.

(cf: P.L.1977, c.82, s.5)

2. This act shall take effect immediately.

STATEMENT

This bill amends section 5 of P.L.1977, c.82 (C.30:6D-5), which protects persons with developmental disabilities when they are participants in medical research. This law requires informed consent and requires a court-appointed guardian ad litem to represent a minor, incompetent adult, or person administratively determined to be mentally deficient. The law prohibits certain research that is not directly related to the specific goals of the individual's treatment program.

The purpose of this bill is to eliminate confusion and potential statutory conflict with the "Access to Medical Research Act," P.L. 2007, c.316 (C.26:14-1 et seq.), which permits a broader range of research when an institutional review board approves and oversees the research, and which authorizes specified individuals other than a guardian ad litem to provide surrogate consent for medical research when specific protective criteria are met. Those individuals, in descending order of priority, are:

- a guardian with authority to make health care decisions;
- the person's health care representative under an advance directive for health care;
- the spouse or civil union partner, as applicable;
- the person's domestic partner;
- the person's adult son or daughter;
- a custodial parent;
- an adult brother or sister;
- an adult grandchild; and
- an available adult relative with the closest degree of kinship to the person.

In addition, this bill provides that:

- Medical research also shall be approved by an Interdisciplinary Research Committee (IRC), the members of which would be appointed by the Assistant Commissioner of the Division of Developmental Disabilities. The IRC members are to represent diverse backgrounds, and include at least one self-advocate and one family member who are not employees of the department.
- The ICR would independently determine whether the above protective measures and consent requirements have been met, and could impose such other conditions on approval as it determines are necessary.
- The division is to post on its Internet website notices of proposals for medical research received by the IRC as well as the IRC's actions on those proposals, and forward them to the New Jersey Council on Developmental Disabilities, The Elizabeth M. Boggs Center on Developmental Disabilities, and Disability Rights New Jersey.
- Two years after enactment of the bill and every two years thereafter, the division is to post a summary of the research proposals reviewed by the IRC and the actions taken by the IRC on the division's Internet website and provide the summary to the Legislature.

The bill takes effect immediately.

ASSEMBLY HUMAN SERVICES COMMITTEE

STATEMENT TO

ASSEMBLY, No. 3940

STATE OF NEW JERSEY

DATED: JANUARY 5, 2012

The Assembly Human Services Committee reports favorably Assembly Bill No. 3940.

This bill amends current law, which protects persons with developmental disabilities by requiring consent of the person's guardian ad litem when they are participants in medical research, so that it conforms with the State's "Access to Medical Research Act" (AMRA), which authorizes other specified individuals to provide surrogate consent for medical research and permits research when an institutional review board approves and oversees the research.

Specifically, current law is amended to add that consent may be obtained or research conducted pursuant to AMRA, under which consent is obtained, in descending order of priority, from: a guardian with authority to make health care decisions; the person’s health care representative under an advance directive for health care; the spouse or civil union partner, as applicable; the person’s domestic partner; the person’s adult son or daughter; a custodial parent; an adult brother or sister; an adult grandchild; and an available adult relative with the closest degree of kinship to the person.

The bill also establishes an Interdisciplinary Research Committee (IRC). The members of the IRC would be appointed by the Assistant Commissioner of the Division of Developmental Disabilities (division) in the Department of Human Services (DHS), would represent diverse backgrounds, and would include at least one self-advocate and one family member who are not employees of DHS.

The IRC would independently determine whether protective measures and consent requirements have been met, and could impose other conditions on approval as it determines are necessary.

The bill requires the division to post on its website notices of proposals for medical research received by the IRC as well as the IRC’s actions on those proposals, and forward them to the New Jersey Council on Developmental Disabilities, The Elizabeth M. Boggs Center on Developmental Disabilities, and Disability Rights New Jersey. In addition, two years after enactment of the bill and every two years thereafter, the division is to post on its website a summary of the research proposals reviewed and the actions taken by the IRC, and also provide the summary to the Legislature.

As reported, the bill is identical to Senate Bill No. 941 (1R) (Bateman/Singer), which the committee also reported favorably on this date.