



**COMMITTEE STATEMENT:**

**ASSEMBLY:** Yes Health  
Appropriations

**SENATE:** No

(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](http://www.njleg.state.nj.us))

**FLOOR AMENDMENT STATEMENT:**

No

**LEGISLATIVE FISCAL ESTIMATE:**

Yes 12/14/2021  
12/17/2021

**VETO MESSAGE:**

No

**GOVERNOR'S PRESS RELEASE ON SIGNING:**

Yes

**FOLLOWING WERE PRINTED:**

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**REPORTS:**

No

**HEARINGS:**

No

**NEWSPAPER ARTICLES:**

No

RWH/JA



Title 26.  
Chapter 2.  
Article 2.  
T. (Rename)  
Screening for  
Disorders -  
Newborn Infants  
§§1,2  
C.26:2-111.9 and  
26:2-111.10

P.L. 2021, CHAPTER 413, *approved January 18, 2022*  
Senate, No. 3975 (*Second Reprint*)

1 AN ACT concerning screening newborn infants for congenital  
2 cytomegalovirus infection and supplementing <sup>1</sup>【Title 26 of the  
3 Revised Statutes】 P.L.1977, c.321 (C.26:2-110)<sup>1</sup> .  
4

5 **BE IT ENACTED** *by the Senate and General Assembly of the State*  
6 *of New Jersey:*  
7

8 1. a. All infants born in this State shall be tested for congenital  
9 cytomegalovirus infection (cCMV) <sup>2</sup>, unless an infant's parent or legal  
10 guardian opts out of testing,<sup>2</sup> beginning six months following the  
11 occurrence of all of the following:

12 (1) the development of a reliable test or series of tests for  
13 screening newborns for cCMV using dried blood spots and quality  
14 assurance testing methodology for cCMV testing;

15 (2) the availability of quality assurance materials for the cCMV  
16 test from the federal Centers for Disease Control and Prevention;

17 (3) the inclusion of newborn screening for cCMV in the  
18 Recommended Uniform Screening Panel of the United States  
19 Secretary of Health and Human Services' Advisory Committee on  
20 Heritable Disorders in Newborns and Children, after the committee's  
21 evidence review of newborn screening for cCMV;

22 (4) the <sup>1</sup>【review by the Department of Health of the proposed test】  
23 recommendation by the Newborn Screening Advisory Review  
24 Committee established pursuant to section 2 of P.L.2019, c.296  
25 (C.26:2-110a) that the test be included in the State Newborn Screening  
26 Program;

27 (5) the Commissioner of Health's approval to include the test in  
28 the State's Newborn Screening Program, which approval shall be  
29 based on the recommendations of the Newborn Screening Advisory  
30 Review Committee<sup>1</sup> ; and

**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:

<sup>1</sup>Senate SHH committee amendments adopted November 8, 2021.

<sup>2</sup>Senate floor amendments adopted December 21, 2021.

1       ~~'[(5)] (6)'~~<sup>1</sup> the acquisition of equipment necessary to implement  
2 the expanded screening tests by the State's Newborn Screening  
3 Laboratory.

4       b. The Department of Health may charge a reasonable fee ~~'[and~~  
5 any reasonable increase in this fee as necessary,]<sup>1</sup> for the test  
6 performed pursuant to this section 'in such amount as shall be  
7 determined by the Commissioner of Health, and may periodically  
8 increase the fee by any reasonable amount as the commissioner  
9 determines to be necessary'<sup>1</sup> . The ~~'[amount of the fee and the]'~~<sup>1</sup>  
10 procedures for collecting the fee shall be determined by the  
11 ~~'[Commissioner of Health] commissioner'~~<sup>1</sup> .  
12

13       2. a. The Commissioner of Health shall establish a public  
14 awareness campaign to educate pregnant persons about  
15 cytomegalovirus (CMV) and cCMV and the value of early detection  
16 of, interventions for, and possible treatments for, CMV and cCMV.

17       b. The commissioner, in establishing the public awareness  
18 campaign, shall develop outreach efforts and provide information  
19 and educational materials to pregnant persons on CMV and cCMV  
20 including, but not limited to:

21       (1) the cause and nature of CMV and cCMV;

22       (2) diagnostic procedures and appropriate indications for their  
23 use;

24       (3) lifestyle issues relating to how a pregnant person can pass  
25 cCMV to a developing fetus; and

26       (4) the availability of CMV and cCMV diagnostic and treatment  
27 services in the community.

28       c. The commissioner shall prepare, and make available on the  
29 Department of Health's Internet website, in English and Spanish,  
30 and in a manner that is easily understandable by a pregnant person,  
31 information about the symptoms and treatment of CMV and cCMV  
32 and any other information that the commissioner deems to be  
33 necessary. This information may be revised by the department  
34 whenever new information about CMV and cCMV becomes  
35 available.  
36

37       3. The Commissioner of Health shall adopt rules and  
38 regulations, pursuant to the "Administrative Procedure Act,"  
39 P.L.1968, c.410 (C.52:14B-1 et seq.), necessary to carry out the  
40 purposes of this act.  
41

42       4. This act shall take effect immediately.  
43  
44  
45

46  
47       Establishes requirements to commence screening newborn  
48 infants for congenital cytomegalovirus infection; establishes public  
49 awareness campaign.

**SENATE, No. 3975**

**STATE OF NEW JERSEY**  
**219th LEGISLATURE**

INTRODUCED JUNE 21, 2021

**Sponsored by:**

**Senator LINDA R. GREENSTEIN**

**District 14 (Mercer and Middlesex)**

**Senator STEVEN V. OROHO**

**District 24 (Morris, Sussex and Warren)**

**SYNOPSIS**

Requires newborn infants to be screened for congenital cytomegalovirus infection; establishes public awareness campaign.

**CURRENT VERSION OF TEXT**

As introduced.



1 AN ACT concerning screening newborn infants for congenital  
2 cytomegalovirus infection 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. a. All infants born in this State shall be tested for congenital  
9 cytomegalovirus infection (cCMV) beginning six months following  
10 the occurrence of all of the following:

11 (1) the development of a reliable test or series of tests for  
12 screening newborns for cCMV using dried blood spots and quality  
13 assurance testing methodology for cCMV testing;

14 (2) the availability of quality assurance materials for the cCMV  
15 test from the federal Centers for Disease Control and Prevention;

16 (3) the inclusion of newborn screening for cCMV in the  
17 Recommended Uniform Screening Panel of the United States  
18 Secretary of Health and Human Services' Advisory Committee on  
19 Heritable Disorders in Newborns and Children, after the  
20 committee's evidence review of newborn screening for cCMV;

21 (4) the review by the Department of Health of the proposed test;  
22 and

23 (5) the acquisition of equipment necessary to implement the  
24 expanded screening tests by the State's Newborn Screening  
25 Laboratory.

26 b. The Department of Health may charge a reasonable fee and  
27 any reasonable increase in this fee as necessary, for the test  
28 performed pursuant to this section. The amount of the fee and the  
29 procedures for collecting the fee shall be determined by the  
30 Commissioner of Health.

31  
32 2. a. The Commissioner of Health shall establish a public  
33 awareness campaign to educate pregnant persons about  
34 cytomegalovirus (CMV) and cCMV and the value of early detection  
35 of, interventions for, and possible treatments for, CMV and cCMV.

36 b. The commissioner, in establishing the public awareness  
37 campaign, shall develop outreach efforts and provide information  
38 and educational materials to pregnant persons on CMV and cCMV  
39 including, but not limited to:

40 (1) the cause and nature of CMV and cCMV;

41 (2) diagnostic procedures and appropriate indications for their  
42 use;

43 (3) lifestyle issues relating to how a pregnant person can pass  
44 cCMV to a developing fetus; and

45 (4) the availability of CMV and cCMV diagnostic and treatment  
46 services in the community.

1 c. The commissioner shall prepare, and make available on the  
2 Department of Health's Internet website, in English and Spanish,  
3 and in a manner that is easily understandable by a pregnant person,  
4 information about the symptoms and treatment of CMV and cCMV  
5 and any other information that the commissioner deems to be  
6 necessary. This information may be revised by the department  
7 whenever new information about CMV and cCMV becomes  
8 available.

9  
10 3. The Commissioner of Health shall adopt rules and  
11 regulations, pursuant to the "Administrative Procedure Act,"  
12 P.L.1968, c.410 (C.52:14B-1 et seq.), necessary to carry out the  
13 purposes of this act.

14  
15 4. This act shall take effect immediately.

16

17

18

#### STATEMENT

19

20 This bill requires all infants born in the State to be tested for  
21 congenital cytomegalovirus infection (cCMV). The testing  
22 requirement will be contingent on the development and approval by  
23 both federal and State authorities of a cCMV test and the State  
24 acquiring the equipment necessary to conduct the test as part of its  
25 existing newborn screening program.

26 Cytomegalovirus (CMV) is a common viral infection that is  
27 spread through bodily fluids like saliva, blood, semen, urine and  
28 breast milk. The virus is mostly harmless and rarely causes illness.  
29 If a pregnant person is infected with CMV, that person can pass it to  
30 a developing infant, causing the cCMV infection. The virus affects  
31 one in every 200 newborns, or approximately 30,000 infants born  
32 each year, making it the most common congenital viral infection in  
33 the United States. Furthermore, one in every five children born  
34 with cCMV will develop permanent health problems, and as many  
35 as 400 infants die every year as a result of the disease.

36 The bill stipulates that the Commissioner of Health may charge a  
37 reasonable fee, as determined by the Commissioner of Health, and  
38 any reasonable increase in this fee as necessary, for the test  
39 performed pursuant to the bill.

40 The bill also requires the commissioner to establish a public  
41 awareness campaign to educate pregnant persons about  
42 cytomegalovirus (CMV) and cCMV and the value of early detection  
43 of, interventions for, and possible treatments for, CMV and cCMV.

44 The program is provide information and educational materials to  
45 pregnant persons on CMV and cCMV including, but not limited to:  
46 (1) the cause and nature of CMV and cCMV; (2) diagnostic  
47 procedures and appropriate indications for their use; (3) lifestyle  
48 issues relating to how a pregnant person can pass cCMV to a

**S3975 GREENSTEIN, OROHO**

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1 developing fetus; and (4) the availability of CMV and cCMV  
2 diagnostic and treatment services in the community.

3 The commissioner is to prepare, and make available on the  
4 DOH's Internet website, in English and Spanish, and in a manner  
5 that is easily understandable by a pregnant person, information  
6 about the symptoms and treatment of CMV and cCMV and any  
7 other information that the commissioner deems to be necessary.  
8 This information may be revised by the DOH whenever new  
9 information about CMV and cCMV becomes available.

SENATE HEALTH, HUMAN SERVICES AND SENIOR  
CITIZENS COMMITTEE

STATEMENT TO

**SENATE, No. 3975**

with committee amendments

**STATE OF NEW JERSEY**

DATED: NOVEMBER 8, 2021

The Senate Health, Human Services and Senior Citizens Committee reports favorably and with committee amendments Senate Bill No. 3975.

As amended by the committee, this bill requires all infants born in the State to be tested for congenital cytomegalovirus infection (cCMV). The testing requirement will be contingent on the development and approval by both federal and State authorities of a cCMV test and the State acquiring the equipment necessary to conduct the test as part of its existing newborn screening program.

Cytomegalovirus (CMV) is a common viral infection that is spread through bodily fluids like saliva, blood, semen, urine, and breast milk. The virus is mostly harmless and rarely causes illness. If a pregnant person is infected with CMV, that person can pass it to a developing infant, causing the cCMV infection. The virus affects one in every 200 newborns, or approximately 30,000 infants born each year, making it the most common congenital viral infection in the United States. Furthermore, one in every five children born with cCMV will develop permanent health problems, and as many as 400 infants die every year as a result of the disease.

The bill stipulates that the Commissioner of Health may charge a reasonable fee, as determined by the commissioner, and may increase the fee as is reasonable and necessary, for the test performed pursuant to the bill.

The bill also requires the commissioner to establish a public awareness campaign to educate pregnant persons about cytomegalovirus (CMV) and cCMV and the value of early detection of, interventions for, and possible treatments for, CMV and cCMV. The program is provide information and educational materials to pregnant persons on CMV and cCMV including, but not limited to: (1) the cause and nature of CMV and cCMV; (2) diagnostic procedures and appropriate indications for their use; (3) lifestyle issues relating to how a pregnant person can pass cCMV to a developing fetus; and (4) the availability of CMV and cCMV diagnostic and treatment services in the community.

The commissioner is to prepare, and make available on the Department of Health's Internet website, in English and Spanish, and in a manner that is easily understandable by a pregnant person, information about the symptoms and treatment of CMV and cCMV and any other information that the commissioner deems to be necessary. This information may be revised by the department whenever new information about CMV and cCMV becomes available.

COMMITTEE AMENDMENTS:

The committee amendments revise the bill to require that, as a condition of requiring newborn screening for CMV and cCMV, the Newborn Screening Advisory Review Committee recommend the test be included in the State's Newborn Screening Program, and the Commissioner of Health approve its inclusion based on that recommendation.

The committee amendments make a technical revision to clarify the Commissioner of Health's authority to establish and increase fees for CMV and cCMV screenings.

# SENATE BUDGET AND APPROPRIATIONS COMMITTEE

## STATEMENT TO

[First Reprint]

**SENATE, No. 3975**

# **STATE OF NEW JERSEY**

DATED: DECEMBER 6, 2021

The Senate Budget and Appropriations Committee reports favorably Senate Bill No. 3975 (1R).

This bill requires all infants born in the State to be tested for congenital cytomegalovirus infection (cCMV). The testing requirement will be contingent on the development and approval by both federal and State authorities of a cCMV test and the State acquiring the equipment necessary to conduct the test as part of its existing newborn screening program.

The bill stipulates that the Commissioner of Health may charge a reasonable fee, as determined by the commissioner, and may increase the fee as is reasonable and necessary, for the test performed pursuant to the bill.

The bill also requires the commissioner to establish a public awareness campaign to educate pregnant persons about cytomegalovirus (CMV) and cCMV and the value of early detection of, interventions for, and possible treatments for, CMV and cCMV. The program is required to provide information and educational materials to pregnant persons on CMV and cCMV, including, but not limited to: (1) the cause and nature of CMV and cCMV; (2) diagnostic procedures and appropriate indications for their use; (3) lifestyle issues relating to how a pregnant person can pass cCMV to a developing fetus; and (4) the availability of CMV and cCMV diagnostic and treatment services in the community.

The commissioner is to prepare, and make available on the Department of Health's Internet website, in English and Spanish, and in a manner that is easily understandable by a pregnant person, information about the symptoms and treatment of CMV and cCMV and any other information that the commissioner deems to be necessary. This information may be revised by the department whenever new information about CMV and cCMV becomes available.

### FISCAL IMPACT:

The Office of Legislative Services concludes that there will be no fiscal impact on the State related to the screening of newborn infants for congenital cytomegalovirus (cCMV) until the criteria set forth in

the bill for the testing of infants are met. It does not appear that the criteria will be satisfied for several years.

Annual State costs may increase when the cCMV test is implemented, but these costs cannot be determined without knowledge of what such a test would entail. The revenue generated by the fee charged to hospitals by the Department of Health (DOH) to perform the tests may or may not offset these additional State costs.

To the extent that hospital fees are imposed under the bill for the performance of the cCMV test, University Hospital, an independent non-profit legal entity that is an instrumentality of the State located in Newark, will experience an indeterminate increase in annual expenditures.

The DOH may incur marginal costs upon enactment of the bill to establish a public awareness campaign regarding the cytomegalovirus and cCMV; however, it is likely that this expense could be absorbed by the department's existing operating budget using current staff.

STATEMENT TO  
[First Reprint]  
**SENATE, No. 3975**

with Assembly Floor Amendments  
(Proposed by Senator GREENSTEIN)

ADOPTED: DECEMBER 20, 2021

These floor amendments permit an infant's parent or legal guardian to opt out of testing.

STATEMENT TO  
[First Reprint]  
**SENATE, No. 3975**

with Assembly Floor Amendments  
(Proposed by Senator GREENSTEIN)

ADOPTED: DECEMBER 20, 2021

These floor amendments permit an infant's parent or legal guardian to opt out of testing.

# LEGISLATIVE FISCAL ESTIMATE

[Second Reprint]

**SENATE, No. 3975**

## **STATE OF NEW JERSEY 219th LEGISLATURE**

DATED: JANUARY 10, 2022

### **SUMMARY**

- Synopsis:** Establishes requirements to commence screening newborn infants for congenital cytomegalovirus infection; establishes public awareness campaign.
- Type of Impact:** Potential annual State expenditure and revenue increases starting in a fiscal year to be determined; potential annual expenditure increases to University Hospital
- Agencies Affected:** Department of Health, University Hospital

#### **Office of Legislative Services Estimate**

<b>Fiscal Impact</b>	<b><u>FY 2022-FY 2023</u></b>	<b><u>FY 2024 &amp; Thereafter</u></b>
<b>State Cost Increase</b>	No Impact	No Impact or Indeterminate
<b>State Revenue Increase</b>	No Impact	No Impact or Indeterminate
<b>University Hospital-Cost Increase</b>	No Impact	No Impact or Indeterminate

- The Office of Legislative Services (OLS) concludes that there will be no fiscal impact on the State related to the screening of newborn infants for congenital cytomegalovirus (cCMV) until the criteria set forth in the bill for the testing of infants are met. It does not appear that the criteria will be satisfied for several years.
- Annual State costs may increase when the cCMV test is implemented, but these costs cannot be determined without knowledge of what such a test would entail. The revenue generated by the fee charged to hospitals by the Department of Health (DOH) to perform the tests may or may not offset these additional State costs.
- To the extent that hospital fees are imposed under the bill for the performance of the cCMV test, University Hospital, an independent non-profit legal entity that is an instrumentality of the State located in Newark, will experience an indeterminate increase in annual expenditures.
- The DOH may incur marginal costs upon enactment of the bill to establish a public awareness campaign regarding the cytomegalovirus and cCMV; however, it is likely that this expense could be absorbed by the department's existing operating budget using current staff.

## **BILL DESCRIPTION**

This bill requires that all infants born in the State, unless an infant's parent or legal guardian opts out of testing, be tested for cCMV six months after the following occurs:

(1) the development of a reliable test or series of tests for screening newborns for cCMV using dried blood spots and quality assurance testing methodology for cCMV testing;

(2) the availability of quality assurance materials for the test from the federal Centers for Disease Control and Prevention;

(3) the inclusion of newborn screening for cCMV in the Recommended Uniform Screening Panel of the United States Secretary of Health and Human Services' Advisory Committee on Heritable Disorders in Newborns and Children, after the committee's evidence review of newborn screening for cCMV;

(4) the recommendation by the State's Newborn Screening Advisory Review Committee that the test be included in the Newborn Screening Program;

(5) the Commissioner of Health's approval to include the test in the State's Newborn Screening Program; and

(6) the acquisition of equipment necessary to implement the expanded screening tests by the State's Newborn Screening Laboratory.

The DOH may charge a reasonable fee for the test and may periodically increase the fee by a reasonable amount as the department deems necessary.

The department is to establish a public awareness campaign to educate pregnant persons about cytomegalovirus and cCMV, develop outreach efforts, and provide relevant educational materials to pregnant persons.

## **FISCAL ANALYSIS**

### ***EXECUTIVE BRANCH***

None received.

### ***OFFICE OF LEGISLATIVE SERVICES***

The OLS concludes that there will be no fiscal impact on the State related to the screening of newborn infants for cCMV until the criteria set forth in the bill for the testing of infants are met. It does not appear that the criteria will be satisfied for several years.

For example, the first criterion for implementation of the bill is the development of a reliable test or series of tests for screening newborns for cCMV using dried blood spots. While recent studies performed at the University of Minnesota Medical School demonstrated that a dried blood spot taken at birth can detect a cCMV infection in a newborn with almost 90 percent accuracy, the United States Food and Drug Administration has currently only approved the marketing of a test that detects cCMV from a saliva swab.

Another criterion before screenings are implemented requires the inclusion of newborn screening for cCMV in the federal Recommended Uniform Screening Panel. In 2018, the National CMV Foundation submitted a nomination package to the federal government for such an inclusion. Upon the request for additional data to support the nomination package, the National CMV Foundation decided to delay, at least temporarily, the pursuit of the nomination. There is currently no nomination package pending for the inclusion of cCMV testing in the Recommended Uniform Screening Panel.

Even if all other criteria are met, inclusion of the cCMV test in the Newborn Screening Program is dependent on the DOH acquiring the necessary equipment to implement the expanded screening, which the department is not required to do. Furthermore, current law provides the Commissioner of Health with the authority to add additional tests to the Newborn Screening Program or not.

If a test for cCMV is added to the Newborn Screening Program, annual State expenditures may increase, but these costs cannot be determined without knowledge of what such a test would entail. The OLS is also unable to predict the number of parents or legal guardians who may opt out of testing, as authorized under the bill.

Currently, the Newborn Screening Program screens approximately 100,000 children born in New Jersey each year for a panel of 59 disorders. The current fee under the Newborn Screening Program is \$150, which the DOH levies on hospitals in order to perform the test. If the test can be conducted using the same blood sample that is used for other newborn screening tests, it is likely that additional costs would be nominal. Any additional costs to the State may or may not be offset by the revenue generated from the fee the department is authorized to charge to perform the test. To the extent that hospital fees are imposed under the bill for the performance of the cCMV test, University Hospital, an independent non-profit legal entity that is an instrumentality of the State located in Newark, will experience an indeterminate increase in annual expenditures.

The DOH may incur marginal costs upon enactment of the bill to establish a public awareness campaign regarding the cytomegalovirus and cCMV; however, it is likely that this expense could be absorbed by the department's existing operating budget using current staff as educating the public about the symptoms and treatment of health conditions is a component of the department's mission and the provisions of the bill do not require the campaign to include any printed material.

*Section: Human Services*  
*Analyst: Sarah Schmidt*  
*Senior Research Analyst II*  
*Approved: Thomas Koenig*  
*Legislative Budget and Finance Officer*

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

# ASSEMBLY, No. 5963

## STATE OF NEW JERSEY 219th LEGISLATURE

INTRODUCED NOVEMBER 8, 2021

**Sponsored by:**

**Assemblyman DANIEL R. BENSON**

**District 14 (Mercer and Middlesex)**

**Assemblywoman VALERIE VAINIERI HUTTLE**

**District 37 (Bergen)**

**Assemblyman WAYNE P. DEANGELO**

**District 14 (Mercer and Middlesex)**

**Co-Sponsored by:**

**Assemblywomen Murphy and Speight**

**SYNOPSIS**

Requires newborn infants to be screened for congenital cytomegalovirus infection; establishes public awareness campaign.

**CURRENT VERSION OF TEXT**

As introduced.



**(Sponsorship Updated As Of: 12/6/2021)**

1 AN ACT concerning screening newborn infants for congenital  
2 cytomegalovirus infection 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. a. All infants born in this State shall be tested for congenital  
9 cytomegalovirus infection (cCMV) beginning six months following  
10 the occurrence of all of the following:

11 (1) the development of a reliable test or series of tests for  
12 screening newborns for cCMV using dried blood spots and quality  
13 assurance testing methodology for cCMV testing;

14 (2) the availability of quality assurance materials for the cCMV  
15 test from the federal Centers for Disease Control and Prevention;

16 (3) the inclusion of newborn screening for cCMV in the  
17 Recommended Uniform Screening Panel of the United States  
18 Secretary of Health and Human Services' Advisory Committee on  
19 Heritable Disorders in Newborns and Children, after the  
20 committee's evidence review of newborn screening for cCMV;

21 (4) the review by the Department of Health of the proposed test;  
22 and

23 (5) the acquisition of equipment necessary to implement the  
24 expanded screening tests by the State's Newborn Screening  
25 Laboratory.

26 b. The Department of Health may charge a reasonable fee and  
27 any reasonable increase in this fee as necessary, for the test  
28 performed pursuant to this section. The amount of the fee and the  
29 procedures for collecting the fee shall be determined by the  
30 Commissioner of Health.

31  
32 2. a. The Commissioner of Health shall establish a public  
33 awareness campaign to educate pregnant persons about  
34 cytomegalovirus (CMV) and cCMV and the value of early detection  
35 of, interventions for, and possible treatments for, CMV and cCMV.

36 b. The commissioner, in establishing the public awareness  
37 campaign, shall develop outreach efforts and provide information  
38 and educational materials to pregnant persons on CMV and cCMV  
39 including, but not limited to:

40 (1) the cause and nature of CMV and cCMV;

41 (2) diagnostic procedures and appropriate indications for their  
42 use;

43 (3) lifestyle issues relating to how a pregnant person can pass  
44 cCMV to a developing fetus; and

45 (4) the availability of CMV and cCMV diagnostic and treatment  
46 services in the community.

1 c. The commissioner shall prepare, and make available on the  
2 Department of Health's Internet website, in English and Spanish,  
3 and in a manner that is easily understandable by a pregnant person,  
4 information about the symptoms and treatment of CMV and cCMV  
5 and any other information that the commissioner deems to be  
6 necessary. This information may be revised by the department  
7 whenever new information about CMV and cCMV becomes  
8 available.

9  
10 3. The Commissioner of Health shall adopt rules and  
11 regulations, pursuant to the "Administrative Procedure Act,"  
12 P.L.1968, c.410 (C.52:14B-1 et seq.), necessary to carry out the  
13 purposes of this act.

14  
15 4. This act shall take effect immediately.  
16  
17

18 STATEMENT  
19

20 This bill requires all infants born in the State to be tested for  
21 congenital cytomegalovirus infection (cCMV). The testing  
22 requirement will be contingent on the development and approval by  
23 both federal and State authorities of a cCMV test and the State  
24 acquiring the equipment necessary to conduct the test as part of its  
25 existing newborn screening program.

26 Cytomegalovirus (CMV) is a common viral infection that is  
27 spread through bodily fluids like saliva, blood, semen, urine and  
28 breast milk. The virus is mostly harmless and rarely causes illness.  
29 If a pregnant person is infected with CMV, that person can pass it to  
30 a developing infant, causing the cCMV infection. The virus affects  
31 one in every 200 newborns, or approximately 30,000 infants born  
32 each year, making it the most common congenital viral infection in  
33 the United States. Furthermore, one in every five children born  
34 with cCMV will develop permanent health problems, and as many  
35 as 400 infants die every year as a result of the disease.

36 The bill stipulates that the Commissioner of Health may charge a  
37 reasonable fee, as determined by the Commissioner of Health, and  
38 any reasonable increase in this fee as necessary, for the test  
39 performed pursuant to the bill.

40 The bill also requires the commissioner to establish a public  
41 awareness campaign to educate pregnant persons about  
42 cytomegalovirus (CMV) and cCMV and the value of early detection  
43 of, interventions for, and possible treatments for, CMV and cCMV.

44 The program is provide information and educational materials to  
45 pregnant persons on CMV and cCMV including, but not limited to:  
46 (1) the cause and nature of CMV and cCMV; (2) diagnostic  
47 procedures and appropriate indications for their use; (3) lifestyle

**A5963 BENSON, VAINIERI HUTTLE**

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1 issues relating to how a pregnant person can pass cCMV to a  
2 developing fetus; and (4) the availability of CMV and cCMV  
3 diagnostic and treatment services in the community.

4 The commissioner is to prepare, and make available on the  
5 DOH's Internet website, in English and Spanish, and in a manner  
6 that is easily understandable by a pregnant person, information  
7 about the symptoms and treatment of CMV and cCMV and any  
8 other information that the commissioner deems to be necessary.  
9 This information may be revised by the DOH whenever new  
10 information about CMV and cCMV becomes available.

# ASSEMBLY HEALTH COMMITTEE

## STATEMENT TO

### ASSEMBLY, No. 5963

with committee amendments

# STATE OF NEW JERSEY

DATED: DECEMBER 6, 2021

The Assembly Health Committee reports favorably and with committee amendments Assembly Bill No. 5963.

As amended by the committee, this bill requires all infants born in the State to be tested for congenital cytomegalovirus infection (cCMV). The testing requirement will be contingent on the development and approval by both federal and State authorities of a cCMV test and the State acquiring the equipment necessary to conduct the test as part of its existing newborn screening program.

Cytomegalovirus (CMV) is a common viral infection that is spread through bodily fluids like saliva, blood, semen, urine, and breast milk. The virus is mostly harmless and rarely causes illness. If a pregnant person is infected with CMV, that person can pass it to a developing infant, causing the cCMV infection. The virus affects one in every 200 newborns, or approximately 30,000 infants born each year, making it the most common congenital viral infection in the United States. Furthermore, one in every five children born with cCMV will develop permanent health problems, and as many as 400 infants die every year as a result of the disease.

The bill stipulates that the Commissioner of Health may charge a reasonable fee, as determined by the commissioner, and may increase the fee as is reasonable and necessary, for the test performed pursuant to the bill.

The bill also requires the commissioner to establish a public awareness campaign to educate pregnant persons about cytomegalovirus (CMV) and cCMV and the value of early detection of, interventions for, and possible treatments for, CMV and cCMV. The program is provide information and educational materials to pregnant persons on CMV and cCMV including, but not limited to: (1) the cause and nature of CMV and cCMV; (2) diagnostic procedures and appropriate indications for their use; (3) lifestyle issues relating to how a pregnant person can pass cCMV to a developing fetus; and (4) the availability of CMV and cCMV diagnostic and treatment services in the community.

The commissioner is to prepare, and make available on the Department of Health's Internet website, in English and Spanish, and in a manner that is easily understandable by a pregnant person,

information about the symptoms and treatment of CMV and cCMV and any other information that the commissioner deems to be necessary. This information may be revised by the department whenever new information about CMV and cCMV becomes available.

COMMITTEE AMENDMENTS:

The committee amendments revise the bill to require that, as a condition of requiring newborn screening for CMV and cCMV, the Newborn Screening Advisory Review Committee recommend the test be included in the State's Newborn Screening Program, and the Commissioner of Health approve its inclusion based on that recommendation.

The committee amendments update the title and synopsis and make a technical revision to clarify the Commissioner of Health's authority to establish and increase fees for CMV and cCMV screenings.

# ASSEMBLY APPROPRIATIONS COMMITTEE

## STATEMENT TO

[First Reprint]

## ASSEMBLY, No. 5963

with committee amendments

# STATE OF NEW JERSEY

DATED: DECEMBER 13, 2021

The Assembly Appropriations Committee reports favorably Assembly Bill No. 5963 (1R), with committee amendments.

As amended by the committee, this bill requires all infants born in the State to be tested for congenital cytomegalovirus infection (cCMV) unless the infant's parent or legal guardian opts out of testing. The testing requirement will be contingent on the development and approval by both federal and State authorities of a cCMV test and the State acquiring the equipment necessary to conduct the test as part of its existing newborn screening program.

Cytomegalovirus (CMV) is a common viral infection that is spread through bodily fluids like saliva, blood, semen, urine, and breast milk. The virus is mostly harmless and rarely causes illness. If a pregnant person is infected with CMV, that person can pass it to a developing infant, causing the cCMV infection. The virus affects one in every 200 newborns, or approximately 30,000 infants born each year, making it the most common congenital viral infection in the United States. Furthermore, one in every five children born with cCMV will develop permanent health problems, and as many as 400 infants die every year as a result of the disease.

The bill stipulates that the Commissioner of Health may charge a reasonable fee, as determined by the commissioner, and may increase the fee as is reasonable and necessary, for the test performed pursuant to the bill.

The bill also requires the commissioner to establish a public awareness campaign to educate pregnant persons about cytomegalovirus (CMV) and cCMV and the value of early detection of, interventions for, and possible treatments for, CMV and cCMV. The program is provide information and educational materials to pregnant persons on CMV and cCMV including, but not limited to: (1) the cause and nature of CMV and cCMV; (2) diagnostic procedures and appropriate indications for their use; (3) lifestyle issues relating to how a pregnant person can pass cCMV to a developing fetus; and (4) the availability of CMV and cCMV diagnostic and treatment services in the community.

The commissioner is to prepare, and make available on the Department of Health's Internet website, in English and Spanish, and in a manner that is easily understandable by a pregnant person, information about the symptoms and treatment of CMV and cCMV and any other information that the commissioner deems to be necessary. This information may be revised by the department whenever new information about CMV and cCMV becomes available.

COMMITTEE AMENDMENTS:

The committee amendments permit an infant's parent or legal guardian to opt out of testing.

FISCAL IMPACT:

The Office of Legislative Services (OLS) concludes that there will be no fiscal impact on the State related to the screening of newborn infants for congenital cytomegalovirus (cCMV) until the criteria set forth in the bill for the testing of infants are met. It does not appear that the criteria will be satisfied for several years.

Annual State costs may increase when the cCMV test is implemented, but these costs cannot be determined without knowledge of what such a test would entail. The revenue generated by the fee charged to hospitals by the Department of Health (DOH) to perform the tests may or may not offset these additional State costs.

To the extent that hospital fees are imposed under the bill for the performance of the cCMV test, University Hospital, an independent non-profit legal entity that is an instrumentality of the State located in Newark, will experience an indeterminate increase in annual expenditures.

The DOH may incur marginal costs upon enactment of the bill to establish a public awareness campaign regarding the cytomegalovirus and cCMV; however, it is likely that this expense could be absorbed by the department's existing operating budget using current staff.

# LEGISLATIVE FISCAL ESTIMATE

[First Reprint]

## ASSEMBLY, No. 5963

### STATE OF NEW JERSEY 219th LEGISLATURE

DATED: DECEMBER 14, 2021

#### SUMMARY

- Synopsis:** Establishes requirements to commence screening newborn infants for congenital cytomegalovirus infection; establishes public awareness campaign.
- Type of Impact:** Potential annual State expenditure and revenue increases starting in a fiscal year to be determined; potential annual expenditure increases to University Hospital
- Agencies Affected:** Department of Health, University Hospital

#### Office of Legislative Services Estimate

<b>Fiscal Impact</b>	<b><u>FY 2022-FY 2023</u></b>	<b><u>FY 2024 &amp; Thereafter</u></b>
<b>State Cost Increase</b>	No Impact	No Impact or Indeterminate
<b>State Revenue Increase</b>	No Impact	No Impact or Indeterminate
<b>University Hospital-Cost Increase</b>	No Impact	No Impact or Indeterminate

- The Office of Legislative Services (OLS) concludes that there will be no fiscal impact on the State related to the screening of newborn infants for congenital cytomegalovirus (cCMV) until the criteria set forth in the bill for the testing of infants are met. It does not appear that the criteria will be satisfied for several years.
- Annual State costs may increase when the cCMV test is implemented, but these costs cannot be determined without knowledge of what such a test would entail. The revenue generated by the fee charged to hospitals by the Department of Health (DOH) to perform the tests may or may not offset these additional State costs.
- To the extent that hospital fees are imposed under the bill for the performance of the cCMV test, University Hospital, an independent non-profit legal entity that is an instrumentality of the State located in Newark, will experience an indeterminate increase in annual expenditures.
- The DOH may incur marginal costs upon enactment of the bill to establish a public awareness campaign regarding the cytomegalovirus and cCMV; however, it is likely that this expense could be absorbed by the department's existing operating budget using current staff.

## **BILL DESCRIPTION**

This bill requires that all infants born in the State be tested for cCMV six months after the following occurs:

(1) the development of a reliable test or series of tests for screening newborns for cCMV using dried blood spots and quality assurance testing methodology for cCMV testing;

(2) the availability of quality assurance materials for the test from the federal Centers for Disease Control and Prevention;

(3) the inclusion of newborn screening for cCMV in the Recommended Uniform Screening Panel of the United States Secretary of Health and Human Services' Advisory Committee on Heritable Disorders in Newborns and Children, after the committee's evidence review of newborn screening for cCMV;

(4) the recommendation by the State's Newborn Screening Advisory Review Committee that the test be included in the Newborn Screening Program;

(5) the Commissioner of Health's approval to include the test in the State's Newborn Screening Program; and

(6) the acquisition of equipment necessary to implement the expanded screening tests by the State's Newborn Screening Laboratory.

The DOH may charge a reasonable fee for the test and may periodically increase the fee by a reasonable amount as the department deems necessary.

The department is to establish a public awareness campaign to educate pregnant persons about cytomegalovirus and cCMV, develop outreach efforts, and provide relevant educational materials to pregnant persons.

## **FISCAL ANALYSIS**

### ***EXECUTIVE BRANCH***

None received.

### ***OFFICE OF LEGISLATIVE SERVICES***

The OLS concludes that there will be no fiscal impact on the State related to the screening of newborn infants for cCMV until the criteria set forth in the bill for the testing of infants are met. It does not appear that the criteria will be satisfied for several years.

For example, the first criterion for implementation of the bill is the development of a reliable test or series of tests for screening newborns for cCMV using dried blood spots. While recent studies performed at the University of Minnesota Medical School demonstrated that a dried blood spot taken at birth can detect a cCMV infection in a newborn with almost 90 percent accuracy, the United States Food and Drug Administration has currently only approved the marketing of a test that detects cCMV from a saliva swab.

Another criterion before screenings are implemented requires the inclusion of newborn screening for cCMV in the federal Recommended Uniform Screening Panel. In 2018, the National CMV Foundation submitted a nomination package to the federal government for such an inclusion. Upon the request for additional data to support the nomination package, the National CMV Foundation decided to delay, at least temporarily, the pursuit of the nomination. There is currently no nomination package pending for the inclusion of cCMV testing in the Recommended Uniform Screening Panel.

Even if all other criteria are met, inclusion of the cCMV test in the Newborn Screening Program is dependent on the DOH acquiring the necessary equipment to implement the expanded screening, which the department is not required to do. Furthermore, current law provides the Commissioner of Health with the authority to add additional tests to the Newborn Screening Program or not.

If a test for cCMV is added to the Newborn Screening Program, annual State expenditures may increase, but these costs cannot be determined without knowledge of what such a test would entail. Currently, the Newborn Screening Program screens approximately 100,000 children born in New Jersey each year for a panel of 59 disorders. The current fee under the Newborn Screening Program is \$150, which the DOH levies on hospitals in order to perform the test. If the test can be conducted using the same blood sample that is used for other newborn screening tests, it is likely that additional costs would be nominal. Any additional costs to the State may or may not be offset by the revenue generated from the fee the department is authorized to charge to perform the test. To the extent that hospital fees are imposed under the bill for the performance of the cCMV test, University Hospital, an independent non-profit legal entity that is an instrumentality of the State located in Newark, will experience an indeterminate increase in annual expenditures.

The DOH may incur marginal costs upon enactment of the bill to establish a public awareness campaign regarding the cytomegalovirus and cCMV; however, it is likely that this expense could be absorbed by the department's existing operating budget using current staff as educating the public about the symptoms and treatment of health conditions is a component of the department's mission and the provisions of the bill do not require the campaign to include any printed material.

*Section: Human Services*  
*Analyst: Sarah Schmidt*  
*Senior Research Analyst II*  
*Approved: Thomas Koenig*  
*Legislative Budget and Finance Officer*

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

# LEGISLATIVE FISCAL ESTIMATE

[Second Reprint]

**ASSEMBLY, No. 5963**

## **STATE OF NEW JERSEY 219th LEGISLATURE**

DATED: DECEMBER 17, 2021

### SUMMARY

- Synopsis:** Establishes requirements to commence screening newborn infants for congenital cytomegalovirus infection; establishes public awareness campaign.
- Type of Impact:** Potential annual State expenditure and revenue increases starting in a fiscal year to be determined; potential annual expenditure increases to University Hospital
- Agencies Affected:** Department of Health, University Hospital

#### Office of Legislative Services Estimate

<b>Fiscal Impact</b>	<b><u>FY 2022-FY 2023</u></b>	<b><u>FY 2024 &amp; Thereafter</u></b>
<b>State Cost Increase</b>	No Impact	No Impact or Indeterminate
<b>State Revenue Increase</b>	No Impact	No Impact or Indeterminate
<b>University Hospital-Cost Increase</b>	No Impact	No Impact or Indeterminate

- The Office of Legislative Services (OLS) concludes that there will be no fiscal impact on the State related to the screening of newborn infants for congenital cytomegalovirus (cCMV) until the criteria set forth in the bill for the testing of infants are met. It does not appear that the criteria will be satisfied for several years.
- Annual State costs may increase when the cCMV test is implemented, but these costs cannot be determined without knowledge of what such a test would entail. The revenue generated by the fee charged to hospitals by the Department of Health (DOH) to perform the tests may or may not offset these additional State costs.
- To the extent that hospital fees are imposed under the bill for the performance of the cCMV test, University Hospital, an independent non-profit legal entity that is an instrumentality of the State located in Newark, will experience an indeterminate increase in annual expenditures.

- The DOH may incur marginal costs upon enactment of the bill to establish a public awareness campaign regarding the cytomegalovirus and cCMV; however, it is likely that this expense could be absorbed by the department's existing operating budget using current staff.

## **BILL DESCRIPTION**

This bill requires that all infants born in the State, unless an infant's parent or legal guardian opts out of testing, be tested for cCMV six months after the following occurs:

(1) the development of a reliable test or series of tests for screening newborns for cCMV using dried blood spots and quality assurance testing methodology for cCMV testing;

(2) the availability of quality assurance materials for the test from the federal Centers for Disease Control and Prevention;

(3) the inclusion of newborn screening for cCMV in the Recommended Uniform Screening Panel of the United States Secretary of Health and Human Services' Advisory Committee on Heritable Disorders in Newborns and Children, after the committee's evidence review of newborn screening for cCMV;

(4) the recommendation by the State's Newborn Screening Advisory Review Committee that the test be included in the Newborn Screening Program;

(5) the Commissioner of Health's approval to include the test in the State's Newborn Screening Program; and

(6) the acquisition of equipment necessary to implement the expanded screening tests by the State's Newborn Screening Laboratory.

The DOH may charge a reasonable fee for the test and may periodically increase the fee by a reasonable amount as the department deems necessary.

The department is to establish a public awareness campaign to educate pregnant persons about cytomegalovirus and cCMV, develop outreach efforts, and provide relevant educational materials to pregnant persons.

## **FISCAL ANALYSIS**

### ***EXECUTIVE BRANCH***

None received.

### ***OFFICE OF LEGISLATIVE SERVICES***

The OLS concludes that there will be no fiscal impact on the State related to the screening of newborn infants for cCMV until the criteria set forth in the bill for the testing of infants are met. It does not appear that the criteria will be satisfied for several years.

For example, the first criterion for implementation of the bill is the development of a reliable test or series of tests for screening newborns for cCMV using dried blood spots. While recent studies performed at the University of Minnesota Medical School demonstrated that a dried blood spot taken at birth can detect a cCMV infection in a newborn with almost 90 percent accuracy, the United States Food and Drug Administration has currently only approved the marketing of a test that detects cCMV from a saliva swab.

Another criterion before screenings are implemented requires the inclusion of newborn screening for cCMV in the federal Recommended Uniform Screening Panel. In 2018, the National

CMV Foundation submitted a nomination package to the federal government for such an inclusion. Upon the request for additional data to support the nomination package, the National CMV Foundation decided to delay, at least temporarily, the pursuit of the nomination. There is currently no nomination package pending for the inclusion of cCMV testing in the Recommended Uniform Screening Panel.

Even if all other criteria are met, inclusion of the cCMV test in the Newborn Screening Program is dependent on the DOH acquiring the necessary equipment to implement the expanded screening, which the department is not required to do. Furthermore, current law provides the Commissioner of Health with the authority to add additional tests to the Newborn Screening Program or not.

If a test for cCMV is added to the Newborn Screening Program, annual State expenditures may increase, but these costs cannot be determined without knowledge of what such a test would entail. The OLS is also unable to project the number of parents or legal guardians who may opt out of testing, as authorized under the bill.

Currently, the Newborn Screening Program screens approximately 100,000 children born in New Jersey each year for a panel of 59 disorders. The current fee under the Newborn Screening Program is \$150, which the DOH levies on hospitals in order to perform the test. If the test can be conducted using the same blood sample that is used for other newborn screening tests, it is likely that additional costs would be nominal. Any additional costs to the State may or may not be offset by the revenue generated from the fee the department is authorized to charge to perform the test. To the extent that hospital fees are imposed under the bill for the performance of the cCMV test, University Hospital, an independent non-profit legal entity that is an instrumentality of the State located in Newark, will experience an indeterminate increase in annual expenditures.

The DOH may incur marginal costs upon enactment of the bill to establish a public awareness campaign regarding the cytomegalovirus and cCMV; however, it is likely that this expense could be absorbed by the department's existing operating budget using current staff as educating the public about the symptoms and treatment of health conditions is a component of the department's mission and the provisions of the bill do not require the campaign to include any printed material.

*Section: Human Services*  
*Analyst: Sarah Schmidt*  
*Senior Research Analyst II*  
*Approved: Thomas Koenig*  
*Legislative Budget and Finance Officer*

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

# Governor Murphy Takes Action on Legislation

01/18/2022

**TRENTON** – Governor Murphy today signed the following bills:

**S-384/A-1964 (Weinberg, Singleton/Stanley, Munoz, McKeon, Sumter, Lampitt, Vainieri Huttle, Wimberly, Mosquera, Downey, Chiaravalloti)** – Expands training for judges, law enforcement officers and assistant county prosecutors concerning handling of domestic violence cases

**S-386/A-1763 (Weinberg, Singleton/Munoz, Vainieri Huttle, Downey, Mosquera, Lampitt, Benson)** - Establishes mandatory domestic violence training for municipal prosecutors

**S-396/A-4903 (Weinberg, Addiego/Johnson, Mukherji)** – Adjusts statute of limitations on damage claim for construction defect in common interest communities

**S-705/A-1077 (Ruiz, Cunningham/Speight, Vainieri Huttle, Downey)** – Requires DOH to develop and implement plan to improve access to perinatal mood and anxiety disorder screening

**SCS for S-844 and 2533/ACS for A-4635 (Pou, Greenstein/Zwicker, Lopez)** – Revises reporting requirements for charitable organizations and non-profit corporations

**S-867/A-2316 (Pou/Jimenez, Giblin, Johnson)** – Permits physical therapists to perform dry needling under certain circumstances

**S-896/A-2396 (Pou, Turner/Wimberly, Timberlake, Murphy)** – Expands Office of Public Defender representation of juveniles; repeals section 4 of P.L.1968, c.371

**S-969WGR/ACS for A-2687 (Ruiz, Turner/Mazzeo, Lampitt, Moen)** – Establishes loan redemption program for certain teachers to redeem loan amounts received under New Jersey College Loans to Assist State Students Loan Program through employment in certain schools; makes annual appropriation of \$1 million

**S-994/A-6248 (Sweeney, Singleton/Lopez)** – Requires State agencies and political subdivisions to make good faith effort to purchase five percent of goods and services from Central Nonprofit Agency

**SCS for S-1016/ACS for A-2070 (Smith, Bateman/Calabrese, Mukherji, Benson)** – Restricts use of neonicotinoid pesticides

**S-1020/AS for ACS for A-1184 and 4414 (Ruiz, Gopal/Zwicker, Conaway, Verrelli, Caputo)** – Requires School Report Card to include demographic breakdown of students who receive disciplinary actions; requires Commissioner of Education to establish Statewide database concerning certain disciplinary actions

**S-1559/A-1659 (Scutari, Diegnan/Quijano, Bramnick, Mukherji, Sumter, Downey, Dancer)** – “New Jersey Insurance Fair Conduct Act”

**S-1771/A-1489 (Madden, Turner/Moriarty, Mosquera, Vainieri Huttle)** – Expressly prohibits invasive examination of unconscious patient by health care practitioner without patient’s prior informed written consent

**S-2160wGR/A-5701 (Sweeney, Oroho, Singer/Carter, Lampitt, Jasey)** – Creates special education unit within the Office of Administrative Law; requires annual report

**SCS for S-2515/ACS for A-4676 (Smith, Greenstein/Quijano, Jasey, McKeon)** – Establishes postconsumer recycled content requirements for rigid plastic containers, glass containers, paper and plastic carryout bags, and plastic trash bags; prohibits sale of polystyrene loose fill packaging

**S-2723/A-2614 (Sweeney, Turner/Murphy, Benson, Timberlake)** – “21st Century Integrated Digital Experience Act”

**S-2830/A-5291 (Ruiz, Singleton/Quijano)** – Requires educator preparation program to report passing rates of students who complete certain tests and to disseminate information on test fee waiver programs, and permits collection of student fee for certain testing costs

**S-2835/A-5292 (Ruiz, Cunningham/Quijano, Lampitt, Jasey)** – Requires compilation of data and issuance of annual reports on New Jersey teacher workforce

**S-2921/A-5554 (Gopal, Greenstein/Houghtaling, Downey, Mukherji)** – Allows municipalities to designate outdoor areas upon which people may consume alcoholic beverages

**S-3009/A-4847 (Vitale, Gopal, Gill/Vainieri Huttle, Quijano, Verrelli)** – Authorizes expanded provision of harm reduction services to distribute sterile syringes and provide certain support services to persons who use drugs intravenously

**S-3081/A-5219 (Singleton/McKeon, Dunn)** – Repeals law concerning excess rates and charges for title insurance; makes agreement to use services of title or settlement service company subject to attorney review

**S-3164/A-4987 (Gopal, Singleton/Houghtaling, Vainieri Huttle, Giblin)** – Creates NJ Legislative Youth Council

**S-3265/A-5074 (Diegnan, Greenstein/DeAngelo, Dancer, Mukherji)** – Permits members of SPRS to purchase service credit for prior public employment with federal government or another state

**S-3342/A-5463 (Codey, Singleton/Jasey, Giblin, Timberlake)** – Directs NJT to erect statue in honor of A. Philip Randolph; appropriates \$90,000

**S-3465/A-4336 (Oroho, Sweeney/Houghtaling, Space)** – Directs Department of Agriculture to pay annual premiums to enrolled dairy farmers for certain coverage under the federal Dairy Margin Coverage Program; appropriates \$125,000

**S-3488wGR/A-5537 (Sweeney, Gopal, O'Scanlon/Burzichelli, Dancer, Spearman)** – Modifies certain procedures pertaining to school district regionalization; establishes grant program for cost reimbursement of conducting regionalization feasibility studies; and provides financial incentives for regionalization

**S-3493/A-5458 (Vitale, Gill/Vainieri Huttle, Mukherji, McKnight)** – Permits expungement of possession or distribution of hypodermic syringe or needle offense in cases of previous expungement; repeals criminal offense of possession of syringe

**S-3539/A5409 (T. Kean, Gopal/Houghtaling)** – Directs DEP to establish grant program for local governments to support development of community gardens

**S-3594/A-5509 (Singleton, Scutari/Zwicker, Reynolds-Jackson, Verrelli)** – Provides that in personal

injury or wrongful death lawsuits, calculations of lost or impaired earnings capacity not be reduced because of race, ethnicity, gender identity or expression, or affectional or sexual orientation

**S-3672/A-6009 (Singleton, Turner, Moen, Johnson, McKnight)** – Permits exemption from civil service examination requirement for entry-level law enforcement officers, sheriff's officers, and State and county correctional police officers; permits hiring or appointment of such officers under certain conditions, and makes appropriation

**S-3673/A-6219 (Gopal, Greenstein/Burzichelli)** – Authorizes limited breweries and craft distilleries to sell at retail and offer for sampling purposes product bottled and stored off-site under certain circumstances

**S-3685/A-5576 (Ruiz, Codey/Jasey, Lampitt, Mukherji)** – Permits teacher and professional staff member who provides special services retired from TPAF to return to employment for up to two years without reenrollment in TPAF if employment commences during 2021-2022 and 2022-2023 school years

**S-3707/A-5673 (Vitale, Ruiz/Vainieri Huttie, Downey, Zwicker)** – Repeals statute criminalizing sexual penetration while infected with venereal disease or HIV under certain circumstances; requires that in prosecutions for endangering another by creating substantial risk of transmitting infectious disease, name of defendant and other person be kept confidential

**S-3764/A-3369 (Gopal, Weinberg/Johnson, Stanley, Karabinchak)** – Establishes Commission on Asian American Heritage in DOE

**S-3810/ACS for A-5862 (Sweeney, Addiego, Greenstein/Benson, Quijano)** – "Responsible Collective Negotiations Act"

**S-3968/A-5930 (Singleton, Beach/Sumter, Karabinchak)** – Increases purchasing threshold permitting Director of Division of Purchase and Property to delegate authority to agencies; increases bid advertising threshold on certain contracts by same scale

**S-3975/A-5963 (Greenstein, Oroho/Benson, Vainieri Huttie, DeAngelo)** – Establishes requirements to commence screening newborn infants for congenital cytomegalovirus infection; establishes public awareness campaign

**S-4004wGR/A-5950 (Weinberg, Greenstein/Sumter, Benson, Reynolds-Jackson)** – Establishes database of certain appointed positions and elected offices

**S-4020/A-5867 (Gopal, Cunningham/Chiaravalloti, Jasey, Carter)** – Expands bonding authority of New Jersey Educational Facilities Authority to permit financing for general funding needs at New Jersey's institutions of higher education

**S-4021/A-6100 (Gopal, Ruiz/Mukherji, Jasey, Timberlake, Stanley)** – Requires school districts to provide instruction on history and contributions of Asian Americans and Pacific Islanders as part of implementation of New Jersey Student Learning Standards in Social Studies

**S-4043/A-6005 (Cunningham/Jasey, Greenwald)** – Raises statutory threshold for certain public bidding, permits bidder disqualification due to prior negative experience, adds exemptions to public bidding requirement under "State College Contracts Law," and establishes process for cooperative pricing system

**S-4063/A-6220 (Sweeney/Giblin, Egan)** – Removes New Jersey Maritime Pilot and Docking Pilot Commission from appropriations act provision that limits compensation and health benefits; clarifies PERS and SHBP eligibility for members of commission

**S-4068/ACS for A-6110 and 6185 (Sarlo, Oroho/Benson, Mukherji, Bramnick)** – Revises elective pass-through entity business alternative income tax

**S-4074wGR/A-6000 (Ruiz, Beach/Verrelli, Lampitt, Carter)** – Allows alternative evaluation in place of basic skills testing requirements for certain teacher certification

**SCS for S-4102/A-6230 (Sweeney, Ruiz/Benson, Mejia, Zwicker)** – Establishes Direct Support Professional Career Development Program; appropriates \$1,000,000

**S-4128/A-6231 (Sweeney, Pou/Houghtaling, Conaway, Dancer)** – Requires that only fruits and vegetables grown and packaged in NJ may be labeled by food retailers as local to State

**S-4207/A-6119 (Sweeney, Beach/Mukherji, Egan, Pintor Marin)** – Concerns apprenticeship programs of public works contractors

**S-4210/A-6062 (Sweeney, Greenstein/Greenwald, McKnight, Mukherji)** – Requires EDA to establish loan program to assist certain businesses with funding to provide reasonable accommodations for employees with disabilities

**S-4211/A-6228 (Sweeney, Corrado/Benson, Speight, Zwicker)** – Establishes county college-based adult centers for transition for individuals with developmental disabilities; makes annual appropriation of \$4.5 million

**S-4218/A-6256 (Scutari/Reynolds-Jackson, Wimberly, Mukherji)** – Appropriates \$2 million to CRDA to support costs associated with hosting NAACP National Convention in Atlantic City

**S-4233/A-6229 (Scutari, Gopal/Mukherji, Jimenez)** – Limits fees charged to patients and authorized third parties for copies of medical and billing records

**S-4252/A-6182 (Madden/Murphy, Chaparro)** – Limits extension of mandatory retirement to 90 days from State Police Retirement System during emergencies

**A-259/S-2224 (DeAngelo, Mukherji, Benson/Gopal, Pennacchio)** – Provides civil service preference to military service members who did not serve in theater of operation but received campaign or expedition medal

**A-798/S-52 (Verrelli, Vainieri Huttel, Armato/Singer, Greenstein)** – Establishes local drug overdose fatality review teams

**A-802/S-1352 (Verrelli, Reynolds-Jackson, Murphy/Turner, Pou)** – Requires certain retailers to train employees on gift card fraud

**A-862wGR/S-962 (Chiaravalloti, Karabinchak/Pennacchio, Pou)** – Permits municipalities to refund excess property taxes paid by a taxpayer who wins an assessment appeal as a property tax credit

**A-953/S-4031 (Karabinchak, Houghtaling/Pou)** – Requires architects disclose insurance coverage

**ACS for A-998 and 2349/S-4312 (Moen, Downey, Houghtaling, Benson, Vainieri Huttel/Ruiz, Beach, Singleton)** – The “New Jersey Social Innovation Act”; establishes social innovation loan pilot program and study commission within EDA

**A-1121/S-1871 (Murphy, Dancer, Stanley/Lagana, Pennacchio)** – Upgrades certain crimes of misrepresenting oneself as member or veteran of US Armed Forces or organized militia

**A-1219wGR/S-1054 (Chaparro, McKnight/Stack)** – Requires owner notification of rabies testing protocol prior to testing of owner’s animal for rabies

**A-1229wGR/S-2161 (Schaer, Mosquera, Tucker, Lampitt, Vainieri Huttle, Quijano, Wimberly, Pintor Marin, Jasey/Turner, Singleton)** – Requires DCA to make information on homeless prevention programs and services available on its Internet website

**A-1293/S-3977 (Greenwald, Burzichelli, Mukherji/Greenstein, Gopal)** – Establishes advisory council for the brewery, cidery, meadery, and distillery industries in NJ and provides for funding through certain alcoholic beverage tax receipts

**A-1663/S-1842 (Quijano, Vainieri Huttle, Karabinchak/Cryan, Scutari)** – Establishes “New Jersey Nonprofit Security Grant Program”

**A-2186/S-1599 (Mukherji, Chaparro, McKnight/Codey, Pou)** – Establishes Statewide database of beds in shelters for the homeless

**A-2360/S-3285 (Chaparro, Karabinchak, Johnson/Greenstein, Stack)** – Requires electric public utility to charge residential rate for service used by residential customer for electric vehicle charging at charging stations within certain designated parking spaces

**A-2685wGR/S-4209 (Armato, Mazzeo, Mukherji/Stack)** – Concerns information on property condition disclosure statement

**A-2772/S-1040 (Downey, Houghtaling, Benson/Gopal)** – Authorizes certain Medicaid recipients residing on post-secondary school campus to participate remotely in meetings of non-medical nature regarding Medicaid benefits

**A-2877/S-1149 (Dancer, Vainieri Huttle, Reynolds-Jackson/Ruiz)** – Requires registration of certain vacant and abandoned properties with municipalities and provides enforcement tools related to maintenance of these properties

**A-3007/S-3127 (Lampitt, Dunn, Benson/Lagana, Gopal)** – Requires institutions of higher education to provide students with access to mental health care programs and services and to establish a hotline to provide information concerning the availability of those services

**A-3392/S-1219 (Reynolds-Jackson, Timberlake, Jasey/Turner, Beach)** – Requires student representative be appointed to each board of education of school district and board of trustees of charter school that includes grades nine through 12

**A-3804/S-1590 (Armato, Murphy, S. Kean/Beach, A.M. Bucco)** – Designates 9-1-1 operators or dispatchers as 9-1-1 first responder dispatchers

**A-3870/S-2807 (Karabinchak, Johnson, Mukherji/Greenstein, Pou)** – “Defense Against Porch Pirates Act”; amends theft statute

**A-3950wGR/S-3180 (Verrelli, Benson, Zwicker/Greenstein, Turner)** – Prohibits employer use of tracking device in vehicle operated by employee under certain circumstances

**A-4002wGR/S-2257 (Caputo, Dancer, Murphy/Gopal, Sarlo)** – Allows deduction of promotional gaming credit from gross revenue on sports wagering

**A-4232/S-4231 (Houghtaling, Dancer, Wirths/Oroho, Smith)** – Creates program in Department of Agriculture for deer fencing on certain farmland

**A-4238/S-2561 (Chiaravalloti, Schaer, Benson/Gopal, Singer)** – Establishes minimum Medicaid reimbursement rate for adult medical day care services

**A-4241/S-2894 (Downey, Vainieri Huttle, Murphy/Pou)** – Requires DHS to conduct biennial survey of SNAP experience

**ACS for A-4253/S-3233 (Conaway, Pinkin, Jimenez/Cryan)** – Requires certain electronic medical programs to include demographic data entry feature; requires laboratories to record certain patients' demographic information; requires certain hospitals and laboratories to implement cultural competency training program

**A-4366/S-2801 (Taliaferro, Sumter, Mukherji/Pou, Greenstein)** – Requires Police Training Commission to contract with crisis intervention training center to provide mental health training to police officers and establish curriculum specific to persons experiencing economic crisis or substance use disorder

**A-4434wGR/S-2716 (Greenwald, Lampitt, Mukherji/Beach, Ruiz)** – Establishes Student Wellness Grant Program in DOE

**A-4478/S2759 (Vainieri Huttle, Speight, Schepisi, DeCroce/Vitale, Madden)** – Establishes additional requirements for DOH to assess sanctions and impose penalties on nursing homes; revises reporting requirements for nursing homes

**A-4569/S-3535 (Reynolds-Jackson, Benson, Karabinchak/Turner)** – Requires BPU, electric power suppliers, and gas suppliers to publish certain information related to filing of customer complaints

**ACS for A-4655/S-3595 (Reynolds-Jackson, Wimberly, Carter/Turner)** – Limits police presence at polling places and ballot drop boxes; prohibits electioneering within 100 feet of ballot drop box

**A-4771/S-2951 (Downey, Armato, Mukherji/Gopal, Singleton)** – Expands offenses eligible for expungement upon successful discharge from drug court

**A-4856/S-3094 (Lampitt, Benson, Caputo/Ruiz, Beach)** – Requires Internet websites and web services of school districts, charter schools, renaissance schools, and the Marie H. Katzenbach School for the Deaf to be accessible to persons with disabilities

**A-5033wGR/S-3279 (Benson, Dancer, Verrelli/Gopal)** – Authorizes motor vehicle dealers to sell motor vehicles online and obtain electronic signatures for motor vehicle transactions

**ACS for A-5075wGR/S-4001 (Burzichelli, Dancer, Johnson/Sweeney, A.M. Bucco)** – Removes Fire Museum and Fallen Firefighters Memorial from auspices of DEP and establishes museum as independent organization; makes \$200,000 supplemental appropriation

**A-5160/S-3324 (DeAngelo, Conaway, Zwicker/Smith, Bateman)** – Establishes minimum energy and water efficiency standards for certain products sold, offered for sale, or leased in the State

**A-5294/S-3418 (Speight, Vainieri Huttle, Verrelli/Gopal, Madden)** – Provides fast track hiring and advancement employment opportunities by State for persons with significant disabilities

**A-5296/S-3426 (Speight, Vainieri Huttle, McKnight/T. Kean, Schepisi)** – Provides for employment by State of certain persons with disabilities

**A-5322/S-3433 (Mosquera, Vainieri Huttle, DePhillips/Cruz-Perez, T. Kean)** – Provides for process to vacate and expunge certain arrests, charges, complaints, convictions, other dispositions, and DNA

records, associated with violations by certain human trafficking victims

**A-5336wGR/S-3441 (Benson, Freiman, Vainieri Huttie/Diegnan, Madden)** – Requires DHS to establish payment programs for purchase of transportation services from private sector and government transportation service providers

**A-5439/S-3760 (Caputo, Dancer, Murphy/Gopal, Beach)** – Changes deadline for New Jersey Racing Commission's annual report from end of calendar year to end of State fiscal year

**A-5694/S-3783 (Houghtaling, Downey, Dancer/Gopal, Madden)** – Permits dependents of military member to enroll in school district in advance of military member's relocation to district

**A-5814/S-3851 (Swain, Tully, Benson/Lagana, Diegnan)** – Creates Office of School Bus Safety in Department of Education; appropriates \$200,000

**A-5864wGR/S-3939 (Speight, Pintor Marin, Chaparro, McKnight, DeAngelo, Bergen/Gopal, Cryan)** – Allows law enforcement officers to review body worn camera recordings prior to creating initial report

**A-5997/S-4084 (Coughlin, Lopez/Sweeney, O'Scanlon)** – Removes requirement for Legislature, DOE, free public libraries, and historical societies to purchase "Manual of the Legislature of New Jersey"

**A-6012/S-4076 (Moen, Murphy, Freiman/Sarlo, Gopal)** – Appropriates \$500,000 for USS New Jersey Commissioning Committee to support commissioning of boat and assigned personnel

**A-6020/S-4114 (Conaway, Jimenez, Vainieri Huttie/Codey)** – Establishes requirements for certain tobacco product retailers to stock and sell nicotine replacement therapy products

**A-6060/S-4272 (Tucker, Caputo, Mukherji/Cunningham)** – Makes supplemental appropriation of \$8 million to DHS to increase reimbursement for funeral, burial, and crematory services provided to certain beneficiaries of Work First New Jersey and Supplemental Security Income programs

**A-6073/S-4140 (Verrelli/Vitale)** – Temporarily waives certain basic life support services crewmember requirements

**A-6093/S-4201 (Stanley, Benson, Timberlake/Greenstein, Gopal)** – Mandates periodic cancer screening examinations for firefighters enrolled in SHBP

**A-6108wGR/S-4247 (DeAngelo, Egan, Houghtaling/Madden)** – Updates licenses offered by and certain licensure requirements from Board of Examiners of Electrical Contractors

**A-6132/S-4235 (Schaer, Greenwald, Conaway/Singer, Gopal)** – Permits volunteer paramedics to operate within mobile intensive care units

**A-6133/S-4251 (Bramnick, Mukherji, Downey/Scutari)** – Allows certain persons not yet appointed as administrator of estate to pursue lawsuit for damages for wrongful death on behalf of deceased's survivors

**A-6150/S-4119 (DeAngelo, Karabinchak, Wirths/Oroho, Pou)** – Revises penalties for transfer of certain professional and occupational licenses

**A-6159/S-4236 (Coughlin, McKnight/Vitale, Ruiz)** – Revises and renames Office of Food Insecurity Advocate

**A-6162/S-4246 (Benson, Stanley/Gopal)** – Requires certain motor vehicle dealers to maintain certain

requirements for business premises

**A-6205/S-4270 (Coughlin, McKeon/Pou)** – Amends certain requirements concerning insurance holding companies

**A-6206wGR/S-4260 (Wimberly/Diegnan, Oroho)** – Codifies right of real estate broker-salespersons and salespersons to define relationship with broker as one between broker and independent contractor or employee and enforces current and previous written agreements addressing relationship

**A-6207/S-4222 (Greenwald, Lampitt, Benson/Sweeney)** – Eliminates requirement for DOE to set certain tuition rates for approved private schools for students with disabilities in certain cases

**A-6208/S-4151 (Mosquera, DeAngelo, Armato/Greenstein, Cruz-Perez)** – Appropriates \$60,940,361 from constitutionally dedicated CBT revenues to State Agriculture Development Committee for farmland preservation purposes

**A-6209/S-4154 (Freiman, Spearman, Egan/Turner, Oroho)** – Appropriates \$18 million from constitutionally dedicated CBT revenues to State Agriculture Development Committee for county planning incentive grants for farmland preservation purposes

**A-6210/S-4150 (Taliaferro, Moriarty, Burzichelli/Cruz-Perez, Greenstein)** – Appropriates \$4.5 million from constitutionally dedicated CBT revenues to State Agriculture Development Committee for municipal planning incentive grants for farmland preservation purposes

**A-6211/S-4149 (Houghtaling, Reynolds-Jackson, Downey/Cruz-Perez, Greenstein)** – Appropriates \$440,240 from constitutionally dedicated CBT revenues to State Agriculture Development Committee for grants to certain nonprofit organizations for farmland preservation purposes

**A-6212/S-4148 (Jimenez, Swain, Timberlake/Codey, Corrado)** – Appropriates \$54.5 million from constitutionally dedicated CBT revenues for recreation and conservation purposes to DEP for State capital and park development projects

**A-6213/S-4155 (Kennedy, Carter, Tully/Bateman, Smith)** – Appropriates \$49.932 million from constitutionally dedicated CBT revenues to DEP for State acquisition of lands for recreation and conservation purposes, including Blue Acres projects, and Green Acres Program administrative costs

**A-6214/S-4153 (Danielsen, Zwicker, Conaway/Greenstein, Smith)** – Appropriates \$80,539,578 from constitutionally dedicated CBT revenues and various Green Acres funds to DEP for local government open space acquisition and park development projects

**A-6215/S-4152 (Stanley, Murphy, Jasey/Smith, Greenstein)** – Appropriates \$14,687,510 to DEP from constitutionally dedicated CBT revenues for grants to certain nonprofit entities to acquire or develop lands for recreation and conservation purposes

**A-6246/S-4295 (Karabinchak/Sweeney)** – Concerns changes in control of hotels and disruptions of hotel services

**A-6257/S-4311 (McKnight/Sweeney, Singleton)** – Imposes surcharge on casino hotel occupancies to fund public safety services

**A-6262/S-4314 (Burzichelli, Reynolds-Jackson, Mukherji/Sweeney, Oroho, T. Kean)** – Permits PERS retiree to return to employment in NJ Legislature after retirement under certain circumstances

**A-6263/S-4315 (Burzichelli, Reynolds-Jackson, Mukherji/Sweeney, Oroho, T. Kean)** – Appropriates \$2 million to Legislative Services Commission

**Governor Murphy pocket vetoed the following bills:**

**S-73/A-4580 (Bateman, Sarlo/Zwicker, Thomson, McKnight)** – Establishes requirements for sale of cottage food products

**S-995/A-6172 (Sweeney, A.M. Bucco/Downey, McKnight)** – Requires DOLWD and DHS to conduct assessment of community rehabilitation programs and community businesses

**S-1934/A-1158 (Sweeney, Pou, Cryan/Freiman, Lopez, Murphy)** – Authorizes use of disability benefits for transportation provided by transportation network companies

**S-2679/A-1979 (Beach, Smith/Stanley, Lopez, Kennedy)** – Requires paint producers to implement or participate in paint stewardship program

**S-2768/A-4664 (Singleton, Ruiz/Reynolds-Jackson, Stanley, Sumter)** – Authorizes State Chief Diversity Officer to conduct disparity study concerning utilization of minority-owned and women-owned businesses in State procurement process

**S-3458/A-6245 (Lagana, Gopal/Coughlin, Jimenez, Mukherji)** – Revises out-of-network arbitration process

**S-3529/A-5442 (Addiego, Diegnan/DeAngelo, Dancer, Dunn)** – Clarifies that member of SPRS may receive accidental disability benefit under certain circumstances

**S-3715/A-5804 (Cryan/Quijano, Mukherji)** – Modifies certain definitions related to transient accommodation taxes and fees

**S-4189/A-6112 (Vitale, Cruz-Perez/Lopez)** – Permits PERS retiree to return to elective public office after retirement under certain circumstances

**A-1073/S-3432 (Speight, Pintor Marin, McKnight, Timberlake/Ruiz, O'Scanlon)** – Establishes requirements to screen certain people who are pregnant and who have given birth for preeclampsia

**A-1269/S-3490 (Greenwald, Giblin, Calabrese/Cruz-Perez, Beach)** – Eliminates one percent tax on purchasers of Class 4A commercial property transferred for consideration in excess of \$1 million

**A-4958/S-3740 (Tully, Armato, Zwicker/Lagana, Oroho)** – Provides temporary exemption under sales and use tax for winterizing certain small business operations

**A-5334/S-3442 (Lopez, Mazzeo, Stanley/Diegnan, T. Kean)** – Requires DOT, NJT, and DHS to study and implement transportation mobility and accessibility improvements for persons with autism and developmental disabilities

**A-5484/S-3817 (Dancer, Caputo, Houghtaling/Lagana)** – Requires New Jersey Racing Commission to adopt procedures to enforce internal controls; requires annual audit

**A-6033/S-4194 (Bramnick/Sweeney, T. Kean)** – Classifies golf caddies as independent contractors for purposes of State employment laws

**A-6157/S-4202 (Speight, Moen/Ruiz, Beach)** – Prohibits circumventing intergovernmental transfer process for law enforcement officers in certain circumstances

