

R.S. 39:3-10.4 to 10.8

October 22, 1971

LEGISLATIVE NOTES ON R.S.39:3-10.4 to 39:3-10.8
(Epileptiform seizures - report to Director of Motor Vehicles)

COPY NO. 1

974.90 New Jersey. Motor Vehicle Driver License
A939 Study Commission.
1969 Interim report. 1969. p.5 recommendation A.

974.90 New Jersey Special Commission to Study Laws
A939 Relating to the Suspension and Revocation
1969a of Motor Vehicle Driver's Licenses.
Public hearing, held Feb.20, 1969 and
March 14, 1969.
2 vol.

L.1970 - chap.195 - S 573.
Feb.16 - Introduced by Beadleston and Maraziti.
Statement - (copies enclosed)
Not amended during passage.

Periodical notation located:

974.905 Journal of the Medical Society of New Jersey.
M49 vol.67, no.7, July 1970, p. 350:

Listed as "drafted by Medical Society
of New Jersey"

JH/EH
Encl.

SENATE, No. 573

STATE OF NEW JERSEY

INTRODUCED FEBRUARY 16, 1970

By Senator BEADLESTON

Referred to Committee on Air and Water Pollution and Public Health

AN ACT concerning reporting of epileptiform seizures, repealing R. S. 26:5-1 through R. S. 26:5-13 and supplementing chapter 3 of Title 39 of the Revised Statutes.

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

1 1. Each physician treating any person 16 years of age or older
2 for recurrent convulsive seizures or for recurrent periods of uncon-
3 sciousness or for impairment or loss of motor coordination due to
4 conditions such as, but not limited to, epilepsy in any of its forms,
5 when such conditions persist or recur despite medical treatments,
6 shall, within 24 hours after his determination of such fact, report
7 the same to the Director of the Division of Motor Vehicles. The
8 director, in consultation with the State Commissioner of Health,
9 shall prescribe and furnish the forms on which such reports shall
10 be made.

1 2. Each person subject to recurrent convulsive seizures or re-
2 current periods of unconsciousness or impairment or loss of motor
3 coordination due to conditions such as, but not limited to, epilepsy
4 in any of its forms, shall at the time of his initial application
5 for a driver's license or any subsequent application for a renewal
6 thereof or at such other time as prescribed by the Director of the
7 Division of Motor Vehicles, report the existence of such conditions
8 to the Director of the Division of Motor Vehicles in a manner to be
9 prescribed by the director.

1 3. In order to be assured that no person is unwarrantedly
2 denied the privilege of operating a motor vehicle in this State
3 because of reports submitted under the provisions of this act, the
4 Director of the Division of Motor Vehicles, in consultation with
5 the State Commissioner of Health, shall establish a procedure for
6 evaluation and screening of cases so reported.

1 4. Reports submitted pursuant to the provisions of this act

2 shall be for the information of the Director of the Division of
3 Motor Vehicles in enforcing State motor vehicle laws and shall be
4 kept in the confidence of the Division of Motor Vehicles and shall
5 not be revealed or used by the division in any manner or any cir-
6 cumstances except for the purpose of determining the eligibility
7 of any person to operate a motor vehicle on the highways of this
8 State.

1 5. Any person who is guilty of a violation of section 1 of this
2 act shall be subject to a fine of \$50.00 for each violation. Any
3 person who is guilty of a violation of section 2 of this act shall be
4 subject to a fine of \$50.00 and, in the discretion of the Director of
5 the Division of Motor Vehicles, to suspension or revocation of his
6 driving privileges in accordance with the procedures prescribed
7 by R. S. 39:5-30.

1 6. R. S. 26:5-1 to R. S. 26:5-13, inclusive, are repealed.

1 7. This act shall take effect immediately.

STATEMENT

At the time at which the current statute was enacted, medical knowledge concerning epileptic seizures was limited. The cause of epilepsy was unknown and there existed no means of controlling its manifestations. It was believed that crimes could be committed by epileptics preceding or during their "spells," and that protection both of the public and of the epileptics was best achieved by segregating the latter in institutions, or "colonies."

To facilitate this, mandatory reporting by physicians of epileptics and mental defectives was enacted.

Medical science in the past 50 years has shown that on proper medication upwards of 80% of epileptics can be maintained satisfactorily free of seizures. This, together with the general willingness of epileptics to receive treatment in order to lead normal and useful lives, has resulted in a need to rescind useless and discriminatory legislation and to replace it with a practical measure for assisting public safety. In addition, individuals subject to conditions other than epilepsy but manifested by convulsive seizures, loss of consciousness, or impairment or loss of motor coordination would be included under this act.

Moreover, society has a moral responsibility to the epileptic to afford him legal protection of his rights and privileges. The overwhelming majority of affected individuals are controllable by medication and are working, able human beings. They have basic rights to be respected. In protection of those rights, the present discriminatory legislation should be replaced.

FISCAL NOTE TO
SENATE, No. 573

STATE OF NEW JERSEY

DATED: MARCH 19, 1970

Senate Bill No. 573 requires the reporting, by the physician making the diagnosis, of epileptiform seizures to the Director of Motor Vehicles.

The Department of Law and Public Safety states that enactment of this legislation will not add any administrative costs.

In compliance with written request received, there is hereby submitted a fiscal estimate for the above bill, pursuant to P. L. 1962, c. 27.

tion to dogs and for the humane care, transportation and handling of dogs and other animals. . . . Actively opposed by MSNJ. Bill did not come out of Senate committee to which it was referred.

A-322 —To repeal the gross receipts excise tax on unincorporated businesses. . . . Actively supported by MSNJ. Bill did not come out of Assembly committee to which it was referred.

A-589 —To create a Governor-appointed commission, known as the Rutgers South Jersey Medical and Dental College Planning Council, to choose a site for a medical-dental school in South Jersey. . . . Actively supported by MSNJ. Bill did not come out of Assembly committee to which it was referred.

A-1054—To require boards of education to retain an optometrist or a diplomate of the American Board of Ophthalmology licensed to practice medicine and surgery. . . . Actively opposed by MSNJ. Bill did not move out of Assembly committee to which it was referred.

SOCIETY-SUPPORTED LEGISLATION THUS FAR INTRODUCED (1970 SESSION)

S-258 —To provide for the confidentiality of information and data secured by and in the possession of utilization review committees established by hospitals or extended medical care facilities. . . . Re-introduced on 13 January 1970 as S-258 by Senator Wallwork (Essex). Referred to the Senate Committee on Commerce, Industry and Professions. On 9 February 1970 Senator Wallwork introduced S-559 an amended version of S-258. S-559 was referred to the same Senate Committee as S-258.

S-573 —To provide for reporting of epileptiform seizures to the Director of Motor Vehicles by physicians and persons subject thereto. . . . Introduced on 16 February 1970 by Senator Beadleston (Monmouth). This bill which was drafted by MSNJ has, as of the 16th of March, passed in the Senate by a vote of 36-0 and was received in the Assembly.

A-802 —To include under the immunity clause of the Medical Practice Act any person who successfully completes a State Board of Medical Examiners approved course of training for certain ancillary medical services. . . . Re-introduced on 19 March 1970 by Assemblyman Ewing (Somerset) *et al.* Referred to Senate Committee on Commerce, Industry, and Professions.

LEGISLATION TO DISCONTINUE LICENSING OF CHIROPRACTORS

The Council on Legislation, in conformity with the direction of the House of Delegates, early addressed itself to the drafting of legislation to accomplish the discontinuance of licensing of chiropractors in New Jersey.

On 19 October 1969 the Board approved a Council-prepared draft and ordered it circulated among component societies.

At its meeting on 5 February 1970, the Council considered and approved revisions to the original draft, submitted by the Bergen County Medical Society.

Subsequently the Bergen County Medical Society offered further proposals for the Council's consideration at its April meeting. As of this writing, therefore, the final version of the proposed legislation has not been agreed upon.

SPECIALTY SOCIETIES

The Council on Legislation continues its established policy to invite an official representative from each specialty society to all Council meetings. Although a copy of a memorandum announcing the date of the Council's next meeting is sent to all MSNJ's Official Intermediaries with New Jersey Specialty Societies, the attendance of the representatives at the Council meetings remains small. The Council urges that more representatives attend its meetings so that it may have the benefit of the thinking of specialty societies concerning proposed legislation affecting the specialty fields.

FEDERAL LEGISLATION

At this writing there have been introduced in the Congress approximately 100 bills that would include chiropractic as an eligible service under Medicare. The significance of these measures is that the sponsors of these bills represent almost every aspect of the political spectrum and draw upon a large constituency. Apparently chiropractic is pressing to strengthen its position on the federal level. This occurrence may be attributed to the frequently expressed feeling of some legislators that since these practitioners are recognized by licensure in 48 states they should be entitled to participate in Federal Health Care Programs.

There are seven proposals for either a voluntary or compulsory national health insurance