### New Jersey

#### Birth Defects Surveillance System

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<td>NJ</td>
<td>STATUTE: Title 26, Chapter 8 RULE: NJAC Title 18, Chapter 20</td>
<td>26:8-40.22 Confidential reports of abortions of fetus with or infant affected by birth defect or severe neonatal jaundice…3. a. The Commissioner of Health and Senior Services, in consultation with the Public Health Council, shall require the confidential reporting to the Department of Health and Senior Services of all cases where an infant is diagnosed with severe hyperbilirubinemia, and where a pregnancy results in a naturally aborted fetus or infant affected by a birth defect, and an electively aborted fetus that exhibits or is known to have a birth defect after</td>
<td>26:8-40.24. Nonliability for divulging confidential information No individual or organization providing information to the Department of Health in accordance with this act shall be deemed to be or held liable for divulging confidential information.</td>
<td>§ 8:20-1.2 Reporting requirements (a) A health care professional shall report any child who is born to a resident of the State of New Jersey, or who becomes a resident of the State prior to and through five years of age, and who is diagnosed as having a defect either at birth or any time through the fifth year of life to the Department, Special Child Health and Early Intervention Services Program as follows: … (b) Clinical laboratories shall report…any newborn…who has a total serum bilirubin (TSB) of 25 milligrams per deciliter (mg/dl) or</td>
<td>NO</td>
<td>NO</td>
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Statute/Rule data not inclusive. For comprehensive or updated language, access complete statute and rules online, at local library or through the state legislature. www.cchfreedom.org
15 weeks of gestation. The reporting requirement shall apply to all infants from birth through five years of age.

**b.** The Commissioner of Health and Senior Services shall determine the health care providers and facilities which shall be required to report all birth defects and all cases of severe hyperbilirubinemia, the types of conditions or defects that shall be reported, the type of information that shall be contained in the confidential report and the method for making the report. In reports concerning all fetuses with anomalies, the name of the mother shall not be submitted.

greater, or who receives an exchange transfusion….

**(c)** Any live born child with a birth defect who has not been previously registered and has expired shall be reported. Such reports shall indicate that the child has expired.

**(d)** The administrative officer of every health care facility shall be responsible for establishing the reporting procedures for that facility. The reporting procedures must insure that every infant who has a birth defect shall be reported to the Department. All presumptive, tentative, pending, or rule out diagnoses will be reported at the time of discharge, if the child will be diagnosed at a later time or if test results are pending.

**(e)** Every health care professional who treats, manages or who has any medical responsibility for, diagnoses or confirms birth defects shall report to the Department each child diagnosed as having a birth defect not known to be previously reported.

**(f)** The director of every clinical laboratory shall report to the Department results of postmortem birth defects and other patients specified by characteristics for research studies related to birth defects conducted by the and which have been approved by the after appropriate review for assuring protection of human subjects by the Department's Institutional Review Board. This shall include patients who came under the care of the health facility prior to March 4, 1985.
examination from any infant indicating the existence of a birth defect, not known to be previously reported.