ASSEMBLY, No. 6166

STATE OF NEW JERSEY

221st LEGISLATURE

INTRODUCED DECEMBER 4, 2025

Sponsored by:
Assemblywoman CAROL A. MURPHY
District 7 (Burlington)

SYNOPSIS

Revises certain references to Advisory Committee on Immunization Practices in statutory and regulatory law.

CURRENT VERSION OF TEXT

As introduced.

AN ACT concerning the Advisory Committee on Immunization Practices and amending various parts of statutory law.

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

1. Section 2 of P.L.2003, c.284 (C.18A:62-15.1) is amended to read as follows:

2. a. Beginning in September 2004, a new student enrolling in a public or private institution of higher education in this State shall have received immunization for meningococcal disease as recommended by the **[**Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention**]** Department of Health as a condition of attendance at that institution, except as provided in section 3 of P.L.2003, c.284 (C.18A:62-15.2).

b. A student shall present evidence of the vaccination required pursuant to subsection a. of this section to the institution in a manner prescribed by the institution.

c. The Department of Health shall require each public or private institution of higher education in this State to offer the immunization required pursuant to subsection a. of this section to its students through the institution's student health services program or through a contractual agreement with a community health care provider.

d. The Commissioner of Health shall adopt rules and regulations pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.) to carry out the purposes of subsections a., b. and c. of this section and section 3 of P.L.2003, c.284 (C.18A:62-15.2).

(cf: P.L.2019, c.332, s.1)

2. Section 7 of P.L.1995, c.316 (C.26:2-137.1) is amended to read as follows:

7. The Department of Health shall specify by regulation, pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.):

a. The lead screening requirements provided for under P.L.1995, c.316 (C.17:48E-35.10 et al.), including the age of the child when initial screening should be conducted, the time intervals between screening, when follow-up testing is required, the methods that shall be used to conduct the lead screening, and, in accordance with the latest recommendations of the federal Centers for Disease Control and Prevention and the provisions of P.L.1995, c.328 (C.26:2-137.2 et seq.), the level of lead in the bloodstream that shall necessitate the undertaking of responsive action; 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.

b. The childhood immunizations recommended by the [Advisory Committee on Immunization Practices of the United States Public Health Service and the Department of Health] Department of Health.
(cf: P.L.2017, c.7, s.2)

3. Section 1 of P.L.2019, c.330 (C.26:2H-18.79) is amended to read as follows:

1. a. As used in this act:

"Commissioner" means the Commissioner of Health.

"Health care facility" means a general or special hospital, nursing home, or home health care agency licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.).

b. Commencing with the onset of the first influenza season next following the effective date of this act, each health care facility shall establish and implement an annual influenza vaccination program in accordance with the current recommendations of the [Advisory Committee on Immunization Practices of the federal Centers for Disease Control and Prevention] Department of Health and any rules and regulations adopted by the commissioner pursuant to this act.

c. For the purposes of its annual influenza vaccination program, each health care facility shall:

(1) annually provide an on-site or off-site influenza vaccination to each of its employees;

(2) require that each employee at the facility receive an influenza vaccination annually, no later than December 31 of the current influenza season as determined by the federal Centers for Disease Control and Prevention, which vaccination shall be provided by the health care facility, except that an employee may, in lieu of receiving the influenza vaccination at the facility, present acceptable proof, comprising:

(a) an attestation from the employee, which shall be submitted in a form and manner designated by the facility, of a current influenza vaccination if the employee receives the vaccination from another vaccination source, which attestation shall include the lot number of the vaccination the employee received or;

(b) a medical exemption, which shall be submitted using a form designated by the Department of Health, stating that the influenza vaccination for that employee is medically contraindicated, as enumerated by the [Advisory Committee on Immunization Practices of the federal Centers for Disease Control and Prevention] Department of Health. An attestation of a medical exemption shall be subject to approval by the facility following a review by the facility to confirm the medical exemption is consistent with standards enumerated by the [Advisory Committee on Immunization Practices] Department of Health;

(3) maintain a record or attestation, as applicable, of influenza vaccinations and medical exemptions for each employee and report to the Department of Health, in a manner and according to a schedule prescribed by the commissioner, the vaccination percentage rate of its workforce in receiving influenza vaccinations as part of the facility's annual vaccination program or by other means as attested to by the workforce, as applicable. The report may also include other information that the facility deems relevant to its vaccination percentage rate, including, but not limited to, the number of employees who received medical exemptions;

(4) provide an educational component to its program that is designed to inform employees about: influenza vaccination; non-vaccine influenza control measures; and the symptoms, transmission, and potential impact of influenza;

(5) annually conduct an evaluation of the program with the goal of improving the rate of vaccination among its employees; and

(6) require any employee who does not receive an influenza vaccination to wear a surgical or procedural mask when in direct contact with patients and in common areas, as specified in facility policy, or to be removed from direct patient care responsibilities during influenza season.

d. A health care facility may suspend its annual influenza vaccination program pursuant to this act in the event of a shortage of influenza vaccine as determined by the commissioner.

e. (1) The commissioner may assess such penalties and take other actions against a health care facility, as provided in P.L.1971, c.136 (C.26:2H-1 et seq.), or any rules and regulations adopted pursuant thereto, for any determination by the commissioner of noncompliance by a health care facility or any of its employees with the provisions of this act.

(2) The commissioner shall seek to minimize any record-keeping burden imposed on a health care facility pursuant to this act and shall take such actions as are necessary to ensure the confidentiality of any data furnished to the department pursuant to this act that may contain information identifying an individual employee.

(3) The commissioner shall make available to the public aggregate data reported by a facility pursuant to paragraph (3) of subsection c. of this section.

f. A health care facility shall not discharge or reduce the pay of an employee who receives a medical exemption from the annual influenza vaccination requirement.

g. Nothing in this section shall be construed to prohibit a health care facility from adopting additional policies and procedures with regard to the annual influenza vaccine that are not inconsistent with the requirements of this section.

(cf: P.L.2019, c.330, s.1)

4. The head of each State agency shall adopt such rules and regulations, pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), as the head of the State agency may deem necessary, in order to replace any references to the immunization or vaccination recommendations or guidance of the Advisory Committee on Immunization Practices of the federal Centers for Disease Control and Prevention in rule or regulation with references to the recommendations of, and guidance issued by the Department of Health.

5. This act shall take effect immediately.

STATEMENT

This bill revises certain references to Advisory Committee on Immunization Practices in statutory and regulatory law. Specifically, the bill replace references to Advisory Committee on Immunization Practices recommendations concerning vaccinations and immunizations with references to the recommendations of the Department of Health.

The bill requires the head of each State agency to adopt such rules and regulations, as the head of the State agency may deem necessary, in order to replace any references to the immunization or vaccination recommendations or guidance of the Advisory Committee on Immunization Practices of the federal Centers for Disease Control and Prevention in rule or regulation with references to the recommendations of, and guidance issued by the Department of Health.