

ASSEMBLY, No. 1424

STATE OF NEW JERSEY

222nd LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2026 SESSION

Sponsored by:

Assemblywoman ELLEN J. PARK

District 37 (Bergen)

Assemblywoman CAROL A. MURPHY

District 7 (Burlington)

SYNOPSIS

"Lyme Screening Act."

CURRENT VERSION OF TEXT

As reported by the Assembly Health Committee with technical review.



(Sponsorship Updated As Of: 3/9/2026)

1 AN ACT concerning pediatric Lyme screening and supplementing
2 Title 26 of the Revised Statutes.

3

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

6

7 1. This act shall be known and may be cited as the “Lyme
8 Screening Act.”

9

10 2. As used in this act:

11 “Commissioner” means the Commissioner of Health.

12 “Department” means the Department of Health.

13 “Lyme” means a bacterial infection which is spread by certain
14 ticks.

15 “Standardized Lyme screening checklist” means a brief set of
16 questions developed by the Department of Health to assess risk of
17 Lyme exposure and symptoms.

18 “Well-child visit” means a preventive child wellness
19 examination during which a child’s health care provider conducts a
20 physical examination, developmental assessment, and administers
21 recommended immunizations.

22

23 3. a. A health care facility that serves children and is licensed
24 pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.), and any other
25 agency or program that serves children and is designated by the
26 Commissioner of Health to perform well-child visits, shall perform
27 a Lyme screening on each child that the facility, agency, or program
28 serves, unless the facility, agency, or program has knowledge that
29 the child has already undergone Lyme screening.

30 b. The Department of Health, in coordination with appropriate
31 State agencies, shall develop a standardized Lyme screening
32 checklist to be used by licensed health care practitioners who
33 provide pediatric well-child care in this State. Practitioners shall
34 administer the standardized Lyme screening checklist at the
35 periodic intervals adopted by the department and consistent with
36 recognized pediatric guidelines.

37 c. Each health care provider who conducts a well-child visit, or
38 a symptom-related visit for fever, fatigue, rash, joint pain, or
39 headache occurring between April 1 and October 31 of each year,
40 shall administer the standardized Lyme screening checklist to
41 determine if the child has had any known recent tick exposure or is
42 experiencing fatigue, joint pain, fever, rash, or headaches.

43 d. The provider shall document the child’s responses in the
44 patient’s medical record. If the responses or clinical findings
45 indicate potential risk for Lyme, the provider shall either:

46 (1) order Lyme testing in accordance with department
47 guidelines; or

1 (2) refer the patient for further evaluation and testing as
2 clinically appropriate.

3

4 4. The State Board of Medical Examiners shall:

5 (1) require that the number of credits of continuing medical
6 education required of each person licensed as a physician, as a
7 condition of biennial registration pursuant to section 1 of P.L.1971,
8 c.236 (C.45:9-6.1), include one mandatory credit of educational
9 programs or topics concerning Lyme. The continuing medical
10 education requirement in this subsection shall be subject to the
11 provisions of section 10 of P.L.2001, c.307 (C.45:9-7.1); and

12 (2) adopt rules and regulations if necessary to effectuate the
13 purposes of this section pursuant to the "Administrative Procedure
14 Act," P.L.1968, c.410 (C.52:14B-1 et seq.).

15

16 5. a. The mandatory credit of educational programs and topics
17 concerning Lyme established in section 4 of this act shall include
18 training modules on:

19 (1) preventive measures and available treatments;

20 (2) health risks and complications of pediatric Lyme;

21 (3) best practices for screening, diagnosis, and clinical
22 management of Lyme in children; and

23 (4) effective communication strategies for discussing Lyme
24 prevention, symptoms, and follow-up care with parents and
25 guardians.

26 b. Training required under this section shall be made available
27 through a variety of formats to ensure accessibility for all
28 physicians and pediatric health care providers, including online
29 courses, webinars, workshops, and in-person seminars. These
30 options shall allow providers to complete the required training at
31 their own pace and according to their schedules.

32 c. Physicians and other licensed health care providers shall
33 receive continuing medical education credits for completion of the
34 Lyme education modules, which shall count toward their required
35 continuing medical education hours for license renewal.

36

37 6. This act shall take effect the first day of the sixth month
38 following enactment, except that the Department of Health may
39 take any anticipatory administrative action necessary for its timely
40 implementation.