

NEW JERSEY DEPARTMENT OF HEALTH

PUBLIC HEALTH SERVICES BRANCH-DIVISION OF FAMILY HEALTH SERVICES

SPECIAL CHILD HEALTH & EARLY INTERVENTION SERVICES

NEWBORN SCREENING & GENETIC SERVICES

GUIDANCE 1 – 2018

DATE ISSUED: MAY 17, 2018

EFFECTIVE DATE: May 17, 2018

SUBJECT: HEMOPHILIA DEFINED

The Department of Health (Department) provides this Guidance to facilitate the understanding of the term “Hemophilia” as it is used by the New Jersey Legislature at N.J.S.A. 26:2-90. In establishing a Departmental program for the care and treatment of persons suffering from hemophilia, the legislature defined the condition as follows:

N.J.S.A. 26:2-90. Hemophilia defined

For purposes of this act “hemophilia” means a bleeding tendency resulting from a genetically determined deficiency factor in the blood.

The Department has been guided by this definition since the effective date of N.J.S.A. 26:2-90 on August 15, 1972. The definition was crafted to establish a program for the care and treatment of persons who inherited hemophilia through a parent’s genes or through a change in a person’s own genes. Hemophilia that arises in this way will not resolve.

In rare cases, a person can develop hemophilia later in life. This condition, called acquired hemophilia, is not a bleeding tendency resulting from a genetically determined deficiency factor in the blood. There is no family or personal history associated with it. Acquired hemophilia can occur in association with other underlying conditions such as cancer, pregnancy, and autoimmune disorders. It often resolves with appropriate treatment. Since it is not genetic in nature, it is not covered by the hemophilia services program established pursuant to N.J.S.A. 26:2-90 et seq.