2. On a lot that [is entirely located in the Conservation Zone] does not 
contain forest, the applicant proposes no more than one individual 
subsurface disposal system or equivalent disposal unit for each [12] 25 
acres of the lot.

3. On a lot that is located entirely in the Existing Community Zone, 
the applicant proposes no more than one individual subsurface disposal 
system or equivalent disposal unit for each 11 acres of the lot.

4. To determine if a lot is located in the Protection Zone, Conservation 
Zone, and/or Existing Community Zone, the applicant shall refer to the 
Land Use Capability Zones GIS dataset constituting the Land Use 
Capability Zone Map, available from the Highlands Council website at 
http://www.highlands.state.nj.us/njhighlands/gis/downloads/index.html
(see also the metadata for the Highlands Council’s Land Use Capability 
Zones dataset, at http://www.nj.gov/njhighlands/gis/downloads/gis_data/ 
LUCZ.html.)

5. [No change in text.]

6. For a lot [that has land located in more than one of the zones 
identified at (b)1, 2, and 3 above] containing both forest and nonforest 
areas, the total number of allowable individual subsurface disposal 
systems or equivalent disposal units permitted on the lot shall be 
determined by calculating the number of acres of the lot that are [in each 
of the respective zones] forest (as determined in accordance with the 
method at N.J.A.C. 7:38-3.9), and dividing [the acreage in the Protection 
Zone by 23, the acreage in the Conservation Zone by 12, and the acreage 
in the Existing Community Zone by 11] that number by 88; calculating 
the remaining number of acres of the lot that are not forest and 
dividing that number by 25; and then summing the results. If the sum 
results in a fraction, the number shall be rounded down to the nearest 
whole number in order to determine the number of permitted individual 
subsurface disposal systems or equivalent disposal units.

7. [No change in text.]

(c) [No change.]

HEALTH

(a)

PUBLIC HEALTH SERVICES BRANCH
DIVISION OF FAMILY HEALTH SERVICES
MATERNAL AND CHILD HEALTH SERVICES
CHILD AND ADOLESCENT HEALTH PROGRAM
Screening of Children for Elevated Blood Lead Levels

Readoption with Amendments: N.J.A.C. 8:51A

Proposed: July 16, 2018, at 50 N.J.R. 1526(a).
Adopted: December 7, 2018, by Shereef M. Elnahal, M.D., M.B.A., 
Commissioner, Department of Health (in consultation with the 
Public Health Council).
Filed: December 7, 2018, as R.2019 d.008, without change.
Authority: N.J.S.A. 26:2-137.2 et seq., particularly 26:2-137.7.
Effective Dates: December 7, 2018, Readoption; January 7, 2019, Amendments.
Expiration Date: December 7, 2025.

Summary of Public Comment and Agency Response:
The Department of Health (Department) did not receive any 
comments from the public regarding the notice of rules proposed for 
readoption with amendments during the 60-day public comment 
period, which ended on September 14, 2018.

Federal Standards Statement
The only Federal regulation governing lead screening of children is a 
requirement of the U.S. Department of Health and Human Services 
that applies only to children enrolled in Medicaid and requires such children 
to be screened at 12 and 24 months, or between 36 and 72 months in 
the case of a child who has not been previously screened. The rules are as 
protective as Federal recommendations regarding childhood lead 
screening. Accordingly, N.J.A.C. 8:51A would continue to govern lead 
screening for non-Medicaid enrolled children in New Jersey. The rules 
readopted with amendments are as protective as Federal recommendations 
regarding childhood lead screening. A Federal standards analysis is not 
required.

Full text of the readopted rules can be found in the New Jersey 
Administrative Code at N.J.A.C. 8:51A.

Full text of the adopted amendments follows:

SUBCHAPTER 1. GENERAL PROVISIONS

8:51A-1.1 Scope and applicability

The rules in this chapter apply to physicians, registered professional 
nurses, as appropriate, and licensed health care facilities that provide 
services to children less than 72 months of age, and to licensed clinical 
laboratories that perform blood lead testing and to facilities that perform 
blood lead testing using tests approved for waiver under CLIA.

8:51A-1.3 Definitions

The following words and terms, when used in this chapter, shall have 
the following meanings, unless the context clearly indicates otherwise.

CLIA” means the New Jersey Clinical Laboratory Improvement Act, 
found at N.J.S.A. 45:9-42.26 et seq.

SUBCHAPTER 3. SPECIMEN COLLECTION AND 
LABORATORY TESTING

8:51A-3.2 Laboratory testing

(a) All blood lead samples collected for lead screening in accordance 
with this chapter shall be sent for testing to a clinical laboratory licensed 
by the Department in accordance with N.J.A.C. 8:44-2, or to a facility that 
performs blood lead testing using tests approved for waiver under CLIA.

(b) Laboratories shall report the results of blood lead testing to the 
Department in accordance with N.J.A.C. 8:44-2.11.

(c) Facilities that perform blood lead testing using tests approved for 
waiver under CLIA shall report the results of blood lead testing to the 
Department in the same manner as laboratory supervisors in accordance 
with N.J.A.C. 8:44-2.11.

SUBCHAPTER 4. FOLLOW-UP OF LEAD SCREENING RESULTS

8:51A-4.2 Medical follow-up of lead screening results

(a)-(c) [No change.]

(d) To the extent permitted by New Jersey law regarding patient 
confidentiality, the physician, registered professional nurse, as 
appropriate, or health care facility shall cooperate with local health 
departments by providing information needed to ensure case management 
and environmental follow-up as specified in N.J.A.C. 8:51.

(e) [No change.]

(b)

PUBLIC HEALTH SERVICES BRANCH
DIVISION OF EPIEMIOLOGY, ENVIRONMENTAL, 
AND OCCUPATIONAL HEALTH

VACCINE-PREVENTABLE DISEASE PROGRAM
Hepatitis Inoculation Fund

Readoption with Amendments: N.J.A.C. 8:57B

Proposed: July 16, 2018, at 50 N.J.R. 1529(a).
Adopted: December 11, 2018, by Shereef M. Elnahal, M.D., 
M.B.A., Commissioner, Department of Health.
Filed: December 11, 2018, as R.2019 d.008, with non-substantial 
changes not requiring additional public notice and comment (see 
N.J.A.C. 1:30-6.3).
The Department of Health (Department) received one timely comment regarding the notice of rules proposed for readoption with amendments during the 60-day public comment period, which ended on September 14, 2018. A summary of the comment and the Department’s response thereto follows:

COMMENT: Frank Marshall League Staff Attorney, New Jersey League of Municipalities submitted the following comment: “I am writing on behalf of the New Jersey State League of Municipalities to comment on proposed amendments to N.J.A.C. 8:57B. Many of the proposed amendments are simply grammatical and technical changes which will provide clarity but have no impact on the application of the Hepatitis Inoculation Fund. However, proposed amendments to sections of the code dealing with the lottery process could fundamentally change how the Fund is distributed. The Division has proposed to change the word ‘shall’ to ‘may’ in N.J.A.C. 8:57B-1.6, noting that the change is proposed for practical reasons as it would allow the Division to hold a lottery only when all eligible municipalities have not been fully refunded. While the League has no objections to amending the regulations to adopt such a practical policy of holding a lottery only when necessary, we believe that the changes as proposed will have an impact beyond this and may lead to unintended consequences. The Division’s proposed change is as follows, ‘(b) A lottery shall be held by the Division to determine the order to which eligible applicant municipalities shall receive distribution from the Fund, if funds are insufficient during the current cycle to fully reimburse all eligible municipalities.’ Based on this language the Division would be given complete discretion on whether or not to hold a lottery at all. This goes beyond the stated purpose for the rule change. The proposed amendments should be changed to ensure that the Division is required to hold a lottery, but only when necessary. We believe the Division’s stated goal is better accomplished using the language below. ‘(b) A lottery may be held by the Division to determine the order to which eligible applicant municipalities shall receive distribution from the Fund, if funds are insufficient during the current cycle to fully reimburse all eligible municipalities.’ Thank you for your consideration of our concerns. Please do not hesitate to contact me should you wish to discuss these comments further.”

RESPONSE: The Department agrees in part and disagrees in part with the comment. The Department agrees that the use of the word “may,” as proposed, would create discretion for managers of the fund that is beyond the scope of the stated purpose for the rule change. The Department disagrees, however, that the language suggested by the commenter is necessary to require the Department to hold a lottery in all cases where there are insufficient monies in the fund to reimburse all eligible municipalities. Accordingly, the Department will not adopt the proposed amendment of the word “shall” to “may” in the rule. The Department adopts the remainder of the rule as proposed.

Federal Standards Statement

There are no Federal standards applicable to the rules readopted with amendments. Therefore, no Federal standards analysis is required.

Full text of the readopted rules can be found in the New Jersey Administrative Code at N.J.A.C. 8:57B.

Full text of the adopted amendments follows (addition to proposal indicated in boldface with asterisks *thus*; deletion from proposal indicated in brackets with asterisks *[thus]*):

**8:57B-1.7 Use of hepatitis inoculation funds by municipalities**

Monies from the Fund that are distributed to the municipalities shall be used for the purposes specified in the Act and shall not supplant budgeted funding or any other available funding currently in existence.