

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.] 3. (No change in text.)

[6.] 4. 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.] 5. (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.006, **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 EPIDEMIOLOGY, 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).