

**HEALTH**

**PUBLIC HEALTH SERVICES BRANCH**

**Reportable Communicable Diseases, Infections, and Conditions; Reportable**

**Zoonotic Diseases Occurring in Animals; Communicable Disease Reporting and**

**Surveillance System; New Jersey Immunization Information System; Childhood**

**Immunization; and Immunization of Collegians**

**Collection, Processing, Storage and Distribution of Blood**

**New Jersey Youth Camp Safety Standards**

**Tanning Facilities**

**Standards for Licensure of Assisted Living Residences, Comprehensive Personal**

**Care Homes, and Assisted Living Programs**

**Standards for Licensure of Long-Term Care Facilities**

**Manual of Standards for Licensing of Ambulatory Care Facilities**

**Standards for Licensure of Pediatric Community Transitional Homes**

**Hospital Licensing Standards**

**Public Health Practice Standards of Performance for Local Boards of Health In**

**New Jersey**

**Adopted Repeals and New Rules: N.J.A.C. 8:57-1.1, 4.5, 4.9, 4.10, 4.11, 4.12, 4.13,**

**8:57-5 Appendices A and B, and 6.1 through 6.15**

**Adopted New Rules: N.J.A.C. 8:57-1.8, 2.1, 2.5, 2.12, 2.13, 4.3, and 4.6, and 8:57**

**Appendices A through M, and P through U**

**Adopted Repeals: N.J.A.C. 8:57-1.2 and 1.12, 8:57-1 Appendices A and B, 3.2, 3.3, 3.17, 3.18, 3.21, 3.23, 8:57-3 Appendices A through J, 4.7, 4.8, 4.14 through 4.21, 4.23, 8:57-4 Appendix, 6.16, 6.18, 6.19, 6.20, 6.21, and 8:57-6 Appendix**

**Adopted Recodifications with Amendments: N.J.A.C. 8:57-1.15, 4.24, 1.14, 1.4 through 1.11, 1.13, and 4.6 as 8:57-1.14, 1.5, 1.7, 2.2 through 2.10, 2.11, and 4.4, Respectively**

**Adopted Amendments: N.J.A.C. 8:8-5.2; 8:25-1.4 and 5.5; 8:28-1.2; 8:36-18.4; 8:39-19.4 and 27.4; 8:43A-14.2; 8:43B-6.10; 8:43D-15.4; 8:43G-14.1 and 19.15; 8:52-3.3, 12.3, and 14.1 and 8:52 Appendix; 8:57-1.3, 3.1, 3.4 through 3.16, 3.19, 3.20, 3.22, 4.1, 4.2, 4.3, 4.4, 4.22, 5.1, 5.3 through 5.6, 5.8 through 5.12, 5.14, 5.16, and 6.17; and 8:111-9.1**

Proposed: September 15, 2025, at 57 N.J.R. 2058(a).

Adopted: December 22, 2025, by Jeffrey A. Brown, Acting Commissioner, Department of Health, in consultation with the Public Health Council.

Filed: December 22, 2025, as R.2026 d.027, **with non-substantial changes** not requiring additional public notice and comment (see N.J.A.C. 1:30-6.3).

Authority: N.J.S.A. 4:19-15.14 et seq.; 17:23A-13.1; 17:48-6i and 6m; 17:48A-7h; 17:48E-35.6 and 35.10; 17B:26-2.1h; 17B:27-46.1h and 46.1l; 17B:27A-7; 18A:40-20, 21.1, 21.2, 26, and 42; 18A:61D-1 et seq., specifically 18A:61D-6; 18A:62-15, 15.1 and 15.2; 18A:75A-1 et seq., specifically 18A:75A-4, 5, and 13; 24:15-10; 26:1A-1 et seq., specifically 26:1A-7, 9, 9.1, and 15; 26:2-137.1 and 137.7; 26:2F-3, 13, and 13.2; 26:2H-1 et seq., specifically 26:2H-5 and 18.79; 26:2J-4.6 and 4.10; 26:2N-1 et seq., specifically 2N-2, 7.1, and 7.2; 26:2T-1 et seq., specifically 26:2T-4; 26:4-1 through

26:4-59; 26:4-60 through 72, specifically 26:4-70; 26:4-78 through 95; 26:4-96 through 26:4-100.13, specifically 26:4-100.3; 26:4-129 and 130; 26:4-131 through 138, specifically 26:4-134; 26:12-1 et seq., specifically 26:12-5 and 16; 26:13-1 et seq.; 30:5B-1 et seq., specifically 30:5B-5; 34:9A-12 and 13; 45:9-42 through 45:9-42.25, specifically 45:9-42.24; 45:9-42.26 through 42.49, specifically 45:9-42.34 and 42.35; and 47:1A-1 et seq.; and P.L. 2005, c. 222, § 35; Reorganization Plan No. 003-2005.

Effective Date: January 20, 2026.

Expiration Dates: October 15, 2031; N.J.A.C. 8:8;  
May 17, 2031; N.J.A.C. 8:25;  
May 30, 2030; N.J.A.C. 8:28;  
November 29, 2028; N.J.A.C. 8:36;  
November 22, 2028; N.J.A.C. 8:39;  
November 30, 2028; N.J.A.C. 8:43A;  
September 12, 2030; N.J.A.C. 8:43D;  
October 17, 2031; N.J.A.C. 8:43G;  
August 4, 2032; N.J.A.C. 8:43H;  
June 13, 2029; N.J.A.C. 8:52; and  
January 3, 2031; N.J.A.C. 8:57.

**Summary** of Public Comments and Agency Responses:

The Department of Health (Department) received comments from the following: Commenters whose name is succeeded by numbers in superscript submitted the indicated numbered templates from the website of Stand for Health Freedom (SFHF).

1. The Honorable John V. Azzariti, Jr., M.D., Assemblyman, 39th Legislative District, Montvale, NJ<sup>1, 2, 3, 4, 6</sup>
2. The Honorable Al Barlas, Assemblyman, 40th Legislative District, Fairfield, NJ
3. Peter Blumenthal, MD, President, Medical Society of New Jersey, Trenton, NJ
4. Stephen Burm, Director, and Ian McLaughlin, PhD, Senior Vice President, BioNJ, Trenton, NJ
5. The Honorable Kristin M. Corrado, Senator, 40th Legislative District, Totowa, NJ
6. Irina Daskalaki, MD, Assistant Director, Global and Community Health, and Melissa Marks, MD, Director, Medical Services, University Health Services, Princeton University, Princeton, NJ
7. The Honorable Christopher P. DePhillips, Assemblyman, 40th Legislative District, Franklin Lakes, NJ
8. The Honorable Dawn Fantasia, Assemblywoman, 24th Legislative District, Chester and Sparta, NJ
9. The Honorable Michael Inganamort, Assemblyman, 24th Legislative District, Chester and Sparta, NJ
10. Quinton Law, New Jersey Government Relations Director, American Cancer Society Cancer Action Network, Moorestown, NJ
11. Thomas A. Leach, also commenting as Tom Leach, Executive Director, New Jersey Association for Biomedical Research, Atco, NJ
12. Linda Schwimmer, JD, President and CEO, New Jersey Health Care Quality Institute, Princeton, NJ

13. Jeremy Snively, Association of American Physicians and Surgeons®,  
Tucson, AZ<sup>1, 2, 3, 4, 5, 7, 9</sup>
14. The Honorable Parker Space, Senator, 24th Legislative District, Chester and  
Sparta, NJ
15. Kyle Sullender, Director of Government and External Relations, and Chrissy  
Buteas, President and CEO, HealthCare Institute of New Jersey®, Trenton,  
NJ
16. Brian Oliveira, PharmD, Interim CEO, New Jersey Pharmacists Association,  
Princeton, NJ
17. The Honorable Michael L. Testa Jr., Senator, 1st Legislative District, Vineland,  
NJ
18. The Honorable Jay Webber, Assemblyman, 26th Legislative District,  
Parsippany, NJ
19. Kyle Weisholtz, DNP, APN, President, New Jersey College Health  
Association, Ewing, NJ
20. Angelique Volpe, President, and Phyllis Camera, Vice President, Colts Neck  
Township Board of Education, Colts Neck, NJ
21. Joanna Abc, Wayne, NJ<sup>9</sup>
22. Victoria Accardo, Lake Hopatcong, NJ<sup>1, 3, 4, 5, 7, 8, 9, 12</sup>
23. Traci Ahearn, Ringwood, NJ
24. Ann Ahrens, North Caldwell, NJ
25. Stephanie Aiello, Florham Park, NJ<sup>6</sup>
26. Pamela Albano, Kendall Park, NJ<sup>2, 3, 5, 6, 7, 9, 12</sup>

27. Renee Albrecht, Ringwood, NJ<sup>3</sup>
28. Grace Alena, Belford, NJ
29. Melissa Alfieri-Collins, Belford, NJ
30. Yudelka Almonte, Woodland Park, NJ<sup>1, 2, 3, 4, 5, 6, 7, 8, 9, 10</sup>
31. Angela Amato, Secaucus, NJ<sup>6</sup>
32. Cris Amato, Morristown, NJ
33. Bianca Ambrosio, Weehawken, NJ<sup>1</sup>
34. Monika Andraos, Chester Township, NJ<sup>1, 2, 3, 4, 5, 6, 7</sup>
35. Dominique Andreasen, West Milford, NJ<sup>1</sup>
36. Paul Andreasen, West Milford, NJ<sup>7</sup>
37. Alane Andrian, Glen Gardner, NJ<sup>9</sup>
38. Nicholas Andrian, Hampton, NJ<sup>2</sup>
39. Jenny Angelica, Haledon, NJ<sup>6, 7, 9</sup>
40. Kaitlyn Anecchini, Washington Twp, NJ
41. Danae Apel, Mays Landing, NJ<sup>1, 3, 4, 5, 7, 8, 9, 12</sup>
42. Denise Arias, also commenting as Densie Arias, West Milford, NJ
43. Christine Arnold, Upper Saddle River, NJ<sup>1, 3, 4, 5, 7, 11</sup>
44. Bala Arunachalam, Princeton Junction, NJ<sup>8</sup>
45. Kelly Ann Arzberger, Randolph, NJ<sup>1, 2, 3, 4, 5, 6, 8, 9, 12</sup>
46. Danielle Aspromatis, Mountainside, NJ<sup>12</sup>
47. Kim Aubry, Roebling, NJ
48. Dominique Austin, Haddon Township, NJ<sup>2, 5, 8, 12</sup>
49. Amanda Avery, Westfield, NJ<sup>8</sup>

50. Robert Azarian, Montville, NJ<sup>5</sup>
51. John Babbini, Brick Township, NJ<sup>1</sup>
52. Kristen Babbini, Brick Township, NJ<sup>1</sup>
53. Kelley Badishkanian, Spring Lake, NJ<sup>5, 7, 12</sup>
54. Patricia Bahrle, Forked River, NJ
55. Kara Bailey, Mendham, NJ
56. Mary Bailey, Tabernacle, NJ
57. Ryan Bailey, Randolph, NJ<sup>1, 2, 3, 4, 5, 6, 7, 8, 9, 12</sup>
58. Sean Bailey, Mendham, NJ
59. Rosemarie Bakk, Haskell, NJ
60. Alex Barletta, Lavallette, NJ<sup>2</sup>
61. Meagan Barr, Tinton Falls, NJ<sup>6, 7, 8</sup>
62. Janine Barrera, Allentown, NJ
63. Suzanne Bassolino, Madison, NJ<sup>7, 8</sup>
64. Eilene Beck, Monroe Township, NJ<sup>2, 3, 4</sup>
65. Barbara Becmer, also commenting under Barbara A Becmer, Chester, NJ<sup>8, 9,</sup>
- 12
66. Sebas Bedna, Jersey City, NJ<sup>1</sup>
67. Kerry Belanus, Wyckoff, NJ<sup>2, 3, 4, 5, 8, 9, 12</sup>
68. Lauren Belasco, Little Falls, NJ
69. Analesa Berg, Morristown, NJ<sup>7</sup>
70. D Bernhardt, Point Pleasant, NJ
71. Brittany Bewalder, Ledgewood, NJ

72. Pamira Bezmen, Essex Fells, NJ
73. Elisa Billis, Franklin Lakes, NJ
74. Leah Birchler, Flanders, NJ<sup>1, 2, 3, 4, 5, 6, 7, 8, 9, 10</sup>
75. Faith Blasi, Montclair, NJ
76. Irina Blinicheva, Livingston, NJ<sup>3, 4, 6, 9</sup>
77. Maria Blomgren, Cranbury, NJ
78. Nikki Boland, Westmont, NJ<sup>3</sup>
79. Anthony Bombardieri, Hamilton, NJ<sup>1, 2, 3, 4, 5, 6, 7, 8, 9, 10</sup>
80. Laura Bomberger, Lafayette, NJ
81. Daniel Bouchard, Bloomfield, NJ<sup>4</sup>
82. Jamie Boulos, Aberdeen, NJ<sup>1</sup>
83. Frances Bowen, Haddonfield, NJ
84. Sabrina Boyd, Ramsey, NJ<sup>1, 9</sup>
85. Christy Boyle, Alpha, NJ<sup>1, 3, 5, 7, 8, 9, 12</sup>
86. Kelly Boyle, Sewell, NJ<sup>4, 5, 6, 7, 8, 9</sup>
87. Blaine Braunstein, Basking Ridge, NJ<sup>5</sup>
88. Melissa Breda, Boonton Twp, NJ<sup>7, 10</sup>
89. Amaris Briones, Oakland, NJ, Amaris Briones<sup>1</sup>
90. Jennifer Brogan, Wall Township, NJ
91. Lori Brooks, Paramus, NJ<sup>6</sup>
92. Glen Brown, Point Pleasant, NJ
93. Yazid Bryant, Newark, NJ
94. Gabrielle Buchholz, Brick, NJ



95. Rachael Buck, Flemington, NJ<sup>1, 2, 3, 4, 5, 7, 10</sup>
96. Keith Buckley, Jackson, NJ
97. Veronika Buder-Collado, Midland Park, NJ
98. Lauren Bulko, Manahawkin, NJ<sup>5</sup>
99. Linda Bullaro, Lavallette, NJ<sup>5, 12</sup>
100. Brittany Burke, Hammonton, NJ<sup>1, 3, 4, 5, 7</sup>
101. Brittany Burkhardt, Forked River, NJ<sup>1</sup>
102. Jennifer Butler, Elmer, NJ
103. James Caffrey, Morris Plains, NJ<sup>6, 7, 10</sup>
104. Kristina Cagno, Pottersville, NJ<sup>12</sup>
105. Chelsey Cahilly, Ringwood, NJ
106. Francine Calandra, Bridgeton, NJ<sup>1</sup>
107. Kimberly Caldwell, also commenting as Kim Caldwell, Summit, NJ
108. Rhiannon Campagna, Towaco, NJ<sup>1</sup>
109. Kimberly Campbell, New Egypt, NJ<sup>1</sup>
110. Vincent Candela, Summit, NJ<sup>5, 7, 12</sup>
111. Ethan Cao, Sewell, NJ<sup>1</sup>
112. Meghan Caputo, Forked River, NJ<sup>1</sup>
113. Michael Caputo, Forked River, NJ<sup>1</sup>
114. Brooke Carrell, Newton, NJ<sup>1, 2, 3, 5, 7, 8, 9, 10</sup>
115. Ann Casaceli, Cream Ridge, NJ
116. Marjorie Cass, Lanoka Harbor, NJ<sup>3</sup>
117. Josue Castillo, East Rutherford, NJ<sup>1, 2, 3, 4, 5, 6, 8, 9, 12</sup>

118. Susan Cattermole, MSW, LCSW, Ocean, NJ<sup>1, 3, 4, 5, 7, 8</sup>
119. Christin Cerullo, Hamilton, NJ<sup>1, 2, 3, 4, 5, 6, 7, 8, 9, 12</sup>
120. Mary Ann Chezik, Sicklerville, NJ<sup>2, 3, 6</sup>
121. Melanie Chiappone, Toms River, NJ
122. Alison Chieffo, Summit, NJ
123. Elias Cho, Hopatcong, NJ
124. Kim Christman, Parsippany, NJ<sup>1, 2</sup>
125. Maria Eckel Cifrese, East Windsor, NJ<sup>1</sup>
126. Michael Cifrese, East Windsor, NJ<sup>1, 2, 3, 4, 5, 6, 8, 9, 12</sup>
127. Jodi Eckel Cifrese, East Windsor, NJ<sup>1, 2, 3, 4, 5, 6, 8, 9, 12</sup>
128. Maria Eckel Cifrese, East Windsor, NJ<sup>1</sup>
129. Drew Cifrodelli, Edison, NJ<sup>1, 2, 3, 5, 7, 10</sup>
130. Jennifer Cimmino, Red Bank, NJ<sup>1, 3, 12</sup>
131. Priscilla Cito, Clark, NJ<sup>1, 2</sup>
132. Lenora Clark, also commenting as Lenors Clark, Madison, NJ
133. Brooke Clary, Cape May, NJ<sup>2, 3, 4, 5, 6, 7, 8, 9, 10</sup>
134. Zazu Clews, Wyckoff, NJ
135. Andrew Coffman, Berkeley Heights, NJ<sup>5, 12</sup>
136. Eli Cohen, Warren, NJ<sup>2, 7, 8, 9</sup>
137. Jennifer Colby, Wrightstown, NJ<sup>1, 2, 3, 4</sup>
138. Janet Coley-Lima, Chatham, NJ<sup>4, 9</sup>
139. Michael Colicchio, Brielle, NJ
140. Michael Collado, Midland Park, NJ

- 141. Linda Compagnone, Flemington, NJ<sup>3</sup>
- 142. Rhyannon Conklin, Wanaque, NJ<sup>2</sup>
- 143. Robert Conkling, Wall, NJ
- 144. Matthew Connolly, Ridgewood, NJ
- 145. Susan Cook, Woodbury Heights, NJ
- 146. Diana Corado, Butler, NJ<sup>1, 2, 3, 4, 5, 7, 9</sup>
- 147. Sam Costa, Wildwood Crest, NJ
- 148. Lara Costanzo, Ringwood, NJ<sup>3</sup>
- 149. Lauren Coyle, Pompton Plains, NJ<sup>3</sup>
- 150. John Coyle, Morristown, NJ<sup>10</sup>
- 151. Aoife Coyle, West New York, NJ<sup>7</sup>
- 152. Elizabeth Crescibene, Succasunna, NJ<sup>1, 2, 3, 4, 5, 6, 7, 8, 9, 10</sup>
- 153. Eugene Crescibene, Succasunna, NJ<sup>1, 2, 3, 4, 5, 6, 7, 8, 9</sup>
- 154. Noreen Crowle, Brick Township, NJ
- 155. Camara Crozier, Neptune, NJ<sup>3</sup>
- 156. Rosmery Cubilete, Bloomfield, NJ
- 157. Charleen Cucci, Neptune, NJ<sup>7</sup>
- 158. Christine Cuello, South Amboy, NJ<sup>6, 8</sup>
- 159. Christopher Curtis, Denville, NJ<sup>1</sup>
- 160. Nicole D, Stockton, NJ
- 161. Joanne Danckwerth, Wayne, NJ<sup>1, 4</sup>
- 162. Sylvia Dandrea, Princeton, NJ<sup>1, 4, 7</sup>
- 163. Nicole Danley, Freehold, NJ<sup>1</sup>

164. Ralph Davila, East Brunswick, NJ
165. Ted Davis, Boonton, NJ
166. Andrea Dehoyos, New Providence, NJ<sup>6</sup>
167. Jessica Deichman, Point Pleasant Beach, NJ
168. Elizabeth Delabarre, New York, NY<sup>6</sup>
169. Alyssa Deleonibus, Jackson, NJ<sup>1, 2</sup>
170. Danielle Delucas, Sewell, NJ<sup>1, 2, 6, 7, 8, 9, 12</sup>
171. Linda Denichilo, Scotch Plains, NJ
172. Therese Deppe, Berlin, NJ<sup>1, 4, 9</sup>
173. Anita Desimone, South Plainfield, NJ<sup>1, 3, 4, 7, 10</sup>
174. Paul Desimone, South Plainfield, NJ<sup>1, 3, 4, 5, 7, 8, 11</sup>
175. Michele Devito, Barnegat, NJ
176. Kevin Devlin, Egg Harbor Township, NJ<sup>9</sup>
177. Jennifer Diaz, Fairlawn, NJ<sup>1</sup>
178. Robert Dickinson, City of Vineland Health Department, Vineland, NJ
179. Lindsey Dicks, Denville, NJ<sup>1, 5, 7</sup>
180. Crystal Diebold, Keansburg, NJ<sup>1</sup>
181. Michael Digirolamo, Clark, NJ<sup>2</sup>
182. Robert Dillon, Morristown, NJ
183. Ashley Dinella, Swedesboro, NJ<sup>5</sup>
184. Tracey Dipasquale, Howell, NJ<sup>1, 3, 4, 6, 11</sup>
185. Helena Disarro, East Hanover, NJ<sup>1, 3, 4, 5, 7, 8, 9, 10</sup>
186. Tiffany Divenere, Ramsey, NJ<sup>1, 2, 3, 4, 5, 6, 7, 8, 9, 12</sup>

187. Brian Dob, Rockaway, NJ<sup>5</sup>
188. Jane Donadio, Newton, NJ
189. Samantha Donegan, Barrington, NJ<sup>1, 3, 4, 5, 7, 8, 9, 12</sup>
190. Stacy Dougherty, Toms River, NJ
191. David Dovalo, Rutherford, NJ<sup>12</sup>
192. Hilary Downing, Whitehouse Station, NJ<sup>5</sup>
193. Melanie Dragone, Hawthorne, NJ<sup>5</sup>
194. A Dragonetti, Freehold, NJ<sup>1</sup>
195. Erika Drain, Franklinville, NJ<sup>2</sup>
196. Katherine Drain, Franklinville, NJ<sup>1, 2, 3, 4, 5, 6</sup>
197. Paul Drum, Burlington, NJ<sup>1, 2, 3, 4, 7, 8, 9, 10</sup>
198. Michael Dudas, Roseland, NJ
199. Mindy Dudas, Roseland, NJ
200. Michael Duenas, Freehold, NJ<sup>1, 4, 6, 7, 8, 9</sup>
201. Rita Duenas, Freehold, NJ<sup>1, 3, 4, 5, 7, 8, 9, 12</sup>
202. Marie Durso, South Plainfield, NJ
203. Matthew Durstewitz, Hamilton, NJ<sup>1, 2, 3, 4, 7, 12</sup>
204. Lisa Dyer, Plainfield, NJ<sup>1</sup>
205. Michele Dyer, Morris Plains, NJ<sup>7</sup>
206. William Eames, Whippany, NJ<sup>3</sup>
207. Barbara Eames, Whippany, NJ<sup>1</sup>
208. Khara Edler, Ramsey, NJ<sup>1, 2, 6, 12</sup>
209. Jennifer Edwards, Bayville, NJ<sup>1</sup>

- 210. Emily Engle, Summit, NJ<sup>6</sup>
- 211. Amy Ezekiel, Oaklyn, NJ
- 212. Lisa Fabrizio, also commenting as Lisa Fbarizio, Linden, NJ<sup>2, 3, 4, 5, 7, 8, 10</sup>
- 213. Linet Fagundez, North Arlington, NJ<sup>6</sup>
- 214. Mary Fahsbender, Sparta, NJ
- 215. Kathleen Falconio, Hamilton Township, NJ
- 216. Susan Falconio, Columbus, NJ
- 217. William Falconio, Hamilton Township, NJ
- 218. Gabrielle Fallon, Middletown, NJ<sup>3, 5, 12</sup>
- 219. Thomas Fallon IV, Middletown, NJ<sup>2</sup>
- 220. Leah Farbman, Pompton Plains, NJ
- 221. Kathleen Farley, Pittstown, NJ<sup>1, 2, 3, 4, 5, 6, 8, 9, 12</sup>
- 222. Stephen Farrell, Clarksboro, NJ<sup>2, 3, 4, 5, 6, 7, 8, 9, 12</sup>
- 223. Gina Favinger, Egg Hbr Twp, NJ<sup>1, 2, 5, 6, 7, 8, 9, 10</sup>
- 224. Dean Fazio, Matawan, NJ<sup>5</sup>
- 225. Lisa Fbarizio, Linden, NJ<sup>3</sup>
- 226. Angelita Fechino, Towaco, NJ
- 227. Motrja Fedorko, Rutherford, NJ<sup>1</sup>
- 228. Edward Feist, Parsippany, NJ<sup>1, 2, 3, 4, 5, 6, 7, 8, 9, 10</sup>
- 229. Amanda Felhofer, Joint Base Mdl, NJ<sup>1, 2, 3, 4, 5, 6, 7, 8, 9, 12</sup>
- 230. Sandy Felmly, Manahawkin, NJ
- 231. Valerie Ferraro, Avenel, NJ
- 232. Theodora Ferreira, North Haledon, NJ<sup>1, 2</sup>

- 233. Stephen Figaro, Howell, NJ<sup>1, 3, 4, 5, 6, 7, 8, 9, 12</sup>
- 234. Samantha Figaro, Howell, NJ<sup>1, 3, 4, 5, 6, 7, 8, 9, 12</sup>
- 235. Alla Fineza, New Milford, NJ
- 236. Abe Finkelstein, Lakewood, NJ
- 237. Josh Finkelstein, Howell, NJ<sup>12</sup>
- 238. Christine Fiore, also commenting as Chris Fiore, Stanhope, NJ
- 239. Donald Fiore, Stanhope, NJ
- 240. Lyudmila Fitzgerald, Ridgewood, NJ<sup>1, 2, 3, 4, 5, 6, 9, 12</sup>
- 241. Kimberly Flugrath, Brick Township, NJ<sup>1, 2, 3, 4, 5, 6, 7, 8, 9, 12</sup>
- 242. Diane Flynn, Wyckoff, NJ<sup>1, 5, 7, 9, 12</sup>
- 243. Jenn Forino, Simpsonville, SC
- 244. Brigitte Formolo, Robbinsville, NJ<sup>2</sup>
- 245. Julianna Fox, Glassboro, NJ
- 246. Eric Francisco, Hawthorne, NJ<sup>1</sup>
- 247. Jody Frattini, Wharton, NJ
- 248. Haley Fulforth, Pennsauken, NJ<sup>6</sup>
- 249. Richard Fuller, Mount Laurel, NJ
- 250. Rosemary Furtek, Wayne, NJ<sup>5</sup>
- 251. Christine Fusco, Westville, NJ<sup>1</sup>
- 252. Amy Galarowicz, Caldwell, NJ
- 253. Carmen Galindo, Bergenfield, NJ<sup>1, 3, 4</sup>
- 254. Eleanor Gallo, Morristown, NJ<sup>2, 3, 4</sup>
- 255. Dannielle Garcia, Lumberton, NJ<sup>12</sup>

- 256. Kateryna Gavrylenko, Ridgewood, NJ<sup>1, 2, 3, 4, 5, 6, 12</sup>
- 257. Lynda Gazzara, Tinton Falls, NJ<sup>6, 7, 9, 12</sup>
- 258. Barbara Geisler, Garfield, NJ
- 259. Jessica Gelsinger, Medford, NJ
- 260. Patricia Gent, Newton, NJ<sup>1, 2, 3, 4, 5, 6, 7, 8, 9, 12</sup>
- 261. Danielle M Gerding, Milltown, NJ<sup>1, 3, 5, 9, 11</sup>
- 262. Kathryn Gibbons, Summit, NJ<sup>1, 2, 3, 4, 5, 6, 7, 8, 9, 12</sup>
- 263. John Gigante, Matawan, NJ<sup>1</sup>
- 264. Deborah Gillen, Toms River, NJ
- 265. Kaitlin Gillespie, Caldwell, NJ<sup>8</sup>
- 266. Colette Gillo, Union, NJ<sup>1</sup>
- 267. John Giordano, Boonton, NJ
- 268. Melanie Glaraga, Denville, NJ<sup>8</sup>
- 269. Catherine Iatal, Fanwood, NJ<sup>9</sup>
- 270. Joanne Godlewsky, Andover, NJ<sup>7</sup>
- 271. Greg Golden, North Haledon, NJ<sup>1</sup>
- 272. Leah Goldrick, Mount Laurel, NJ<sup>5</sup>
- 273. David Goloff, Atlantic City, NJ<sup>3</sup>
- 274. Rosa Gonzalez, Denville, NJ<sup>1</sup>
- 275. Stacey Gordaychik, Columbus, NJ<sup>1, 3, 4, 5, 12</sup>
- 276. Jessica Gordon, Cranford, NJ<sup>1, 8, 12</sup>
- 277. Josh Gordon, Montclair, NJ<sup>1, 3, 4, 5, 7, 8, 9, 10</sup>
- 278. Sarah Gordon, Williamstown, NJ



- 279. Michael Gorga, Ogdensburg, NJ<sup>12</sup>
- 280. Janice Gorski, Galloway, NJ
- 281. Mindy Gould, Livingston, NJ<sup>1, 2, 4, 7, 8, 9, 12</sup>
- 282. Catherine Goyanes, Englewood, NJ<sup>1, 2, 3, 4, 5, 6, 7, 8, 9, 12</sup>
- 283. Amber Green, Basking Ridge, NJ<sup>1, 3, 4, 5, 8, 9, 10</sup>
- 284. Stephanie Griffin, Cranford, NJ<sup>1, 3, 5, 8, 9</sup>
- 285. Nicole Grosso, Howell, NJ<sup>1, 3, 4, 5, 8</sup>
- 286. Ann Marie Grutta, Rutherford, NJ<sup>1, 9</sup>
- 287. Nicole Guardino, Westwood, NJ<sup>5, 7, 12</sup>
- 288. Ann Marie Guerriero, Manalapan, NJ<sup>5</sup>
- 289. Christina Guida, Waldwick, NJ<sup>1</sup>
- 290. Robbin A Gulino, North Haledon, NJ
- 291. Cesar Gutierrez, East Orange, NJ
- 292. Mary Haaf, Glassboro, NJ<sup>1, 2, 3, 4, 5, 6, 7, 8, 9</sup>
- 293. Kate Hadam, Emerson, NJ
- 294. Sheryl Hagedorn, Englishtown, NJ
- 295. Krista Haggerty, Mt Laurel, NJ<sup>2</sup>
- 296. Mae Hajjar, Chatham, NJ<sup>1, 2, 3, 4, 5, 7, 8, 9, 12</sup>
- 297. Henry Halicks, Medford, NJ<sup>1</sup>
- 298. Kathleen Hanlon, Westfield, NJ
- 299. Christine Hannah, Millstone Township, NJ<sup>1, 2, 3, 4, 5, 6, 7, 8, 9, 10</sup>
- 300. Judith Hanney, Voorhees, NJ
- 301. Thomas Hanney, Voorhees, NJ

- 302. Gina Haring, Woodbury Heights, NJ<sup>1</sup>
- 303. Darrell Harley, Boonton, NJ
- 304. Melissa Harley, Boonton, NJ
- 305. Peter Harow, Forked River, NJ<sup>12</sup>
- 306. Katherine Hart, Medford Lakes, NJ<sup>1</sup>
- 307. Carly Hasseler, Oakland, NJ<sup>7</sup>
- 308. Jo-Anne Head, Plainfield, NJ
- 309. Sandy Healey, Florham Park, NJ
- 310. Joseph Heckman, PhD, Ringoes, NJ
- 311. Julie Heiland, Hammonton, NJ<sup>1, 3, 4, 5, 8</sup>
- 312. Jeanne Hennessey, Closter, NJ
- 313. Hildebrand Hermannson, Piscataway, NJ<sup>12</sup>
- 314. Raydel Hernandez, Hewitt, NJ<sup>2</sup>
- 315. Margaret Herold, Upper Montclair, NJ<sup>1, 2, 3, 4, 5, 6, 7, 8, 9, 10</sup>
- 316. Eugeniya Hilzinger, Glen Rock, NJ
- 317. Ronald Hollis, Galloway, NJ<sup>1, 2</sup>
- 318. Samantha Holt-Emslie, Lake Worth, FL<sup>3</sup>
- 319. Nancy Hoogenhuis, Mahwah, NJ<sup>1, 2, 3, 4, 5, 7, 9</sup>
- 320. Abigail Houze, Swedesboro, NJ<sup>9</sup>
- 321. Catherine Houze, Mullica Hill, NJ
- 322. Eric Houze, Mullica Hill, NJ<sup>1</sup>
- 323. Gail Houze, Mullica Hill, NJ<sup>8, 9, 12</sup>
- 324. Matthew Howell, Franklin Lakes, NJ<sup>1</sup>

- 325. Michael Hozer, Washington, NJ
- 326. Lisa Hrycyk, Wall, NJ<sup>3</sup>
- 327. C Hsiao, Fort Lee, NJ<sup>1, 2, 3, 4, 7, 8, 9</sup>
- 328. Patty Hu, Edison, NJ<sup>1, 2, 3, 4, 5, 7, 8, 9, 12</sup>
- 329. Bianca Huber, Forked River, NJ<sup>1, 3, 4, 5, 7, 8, 9, 10</sup>
- 330. Dana Hunkele, Caldwell, NJ<sup>1, 2, 3, 5</sup>
- 331. Sabrina Hunter, Upper Saddle River, NJ<sup>1, 3, 4, 7, 8, 9</sup>
- 332. April Hurley, Lincroft, NJ
- 333. Shawn Hyland, New Jersey Family Policy Center, Warren, NJ<sup>5</sup>
- 334. Michelle Ignozza, Point Pleasant, NJ<sup>3, 4, 5, 7, 8, 9, 12</sup>
- 335. Joshua Jackson, South Plainfield, NJ
- 336. Paul Jaffe, Westwood, NJ
- 337. Marin Jalinos, Franklin Lakes, NJ<sup>1</sup>
- 338. Hilary Jersey, also commenting as Hilary J, Lawrenceville, NJ<sup>5, 8, 9</sup>
- 339. Ira Jersey, Lawrenceville, NJ<sup>2</sup>
- 340. Christopher Jones, Madison, NJ<sup>1, 2, 3, 4, 5, 7, 8, 9, 12</sup>
- 341. Lana Jones, Madison, NJ<sup>1, 2, 3, 4, 5, 6, 7, 8, 9, 12</sup>
- 342. Victoria Jones, Medford Lakes, NJ<sup>1, 2, 4, 5, 8</sup>
- 343. Jessica Jorgensen, Ewing, NJ
- 344. Adara Joyce, Mountain Lakes, NJ<sup>1, 2, 3, 4, 5, 6, 7, 8, 9, 12</sup>
- 345. Dina Juliano, Wall Township, NJ<sup>7</sup>
- 346. Stephen Juth, Bernardsville, NJ<sup>1</sup>
- 347. Risa Kaban, Westfield, NJ<sup>1, 2, 3, 4, 5, 6, 7, 8, 9</sup>

- 348. Kurt Kalenak, Barnegat, NJ<sup>1, 3, 4, 5, 7, 9</sup>
- 349. Jennifer Kaplan, Keyport, NJ<sup>3, 5, 7, 8, 9, 10</sup>
- 350. Samantha Karpinski, Point Pleasant, NJ<sup>5</sup>
- 351. Rachelle Kasyanenko, Lebanon, NJ<sup>1, 6</sup>
- 352. Thomas Katchisin, Edison, NJ
- 353. Julie Kayzerman, also commenting as Julie K, Morristown, NJ<sup>2, 3, 6</sup>
- 354. Melissa Keenan, Rockaway, NJ<sup>4</sup>
- 355. Hilary Kever, Cape May Court House, NJ<sup>4, 10</sup>
- 356. Debra Keiper, also commenting as Debbie keiper, Newton, NJ<sup>1, 3, 4, 5, 6, 8, 10</sup>
- 357. Mitra Kelly, Belle Mead, NJ<sup>2, 4, 7, 8, 12</sup>
- 358. Peter Kikot, Oakland, NJ<sup>3</sup>
- 359. Dr. Caroline Kiley, Farmingdale, NJ<sup>2, 5</sup>
- 360. Ashley Kindergan, Tenafly, NJ
- 361. Anita Kitanovski, Wayne, NJ
- 362. Helen Kitsopoulos, Jersey City, NJ<sup>4, 6, 8, 9, 12</sup>
- 363. Brandie Koehler, Barrington, NJ<sup>1, 2, 3, 4, 5, 6, 9</sup>
- 364. Angela Koerner, Nutley, NJ<sup>5</sup>
- 365. Karin Kolsky, Morris Plains, NJ<sup>1</sup>
- 366. Ishani Reddy Koram, Freehold, NJ
- 367. Yelena Korchman, Towaco, NJ
- 368. Andrea Kosh, Manahawkin, NJ<sup>2</sup>
- 369. Kyra Kosh, Forked River, NJ<sup>1, 8, 12</sup>
- 370. Mike Kousoulas, EHT, NJ<sup>1</sup>

- 371. Natalie Koutsokoumnis, Kinnelon, NJ<sup>7</sup>
- 372. Margo Kovolessky, Branchville, NJ
- 373. Lynn Kowalski, Monmouth Beach, NJ<sup>5, 7, 8, 9, 12</sup>
- 374. Richard Krajewski, Jersey City, NJ<sup>7, 9</sup>
- 375. Rebecca Kramer, Mays Landing, NJ<sup>3</sup>
- 376. Stacey Krauss, Fanwood, NJ<sup>12</sup>
- 377. Tatiana Kurchuk, New Providence, NJ<sup>1, 3, 4, 8, 9, 12</sup>
- 378. Janys Kuznier, Vernon, NJ
- 379. Jack Lach, Marlboro, NJ
- 380. Maryanna Laferriere, Harrington Park, NJ<sup>1, 3, 4, 6, 12</sup>
- 381. Haley Lance, Tabernacle, NJ, Haley<sup>1</sup>
- 382. Nicole Landsman, Montague, NJ<sup>1</sup>
- 383. Kimberly Lapergola, Mays Landing, NJ<sup>7</sup>
- 384. Amy Larocca, Brick, NJ<sup>2, 3, 5</sup>
- 385. Stacy Launer, Pennington, NJ<sup>1</sup>
- 386. Frederick Lavin, Fanwood, NJ<sup>7</sup>
- 387. Brenda Lawyer, Columbus, NJ<sup>2, 3, 4, 5, 6, 8, 9, 12</sup>
- 388. Hannah Lawyer, Columbus, NJ<sup>7</sup>
- 389. Sharleen Leahey, Sonerville, NJ
- 390. Jenna Leao, Wayne, NJ
- 391. Jessica Leddy, Roseland, NJ<sup>1, 2, 3, 5, 7, 8, 9, 10</sup>
- 392. Faye Lederman, Montclair, NJ
- 393. Barbara Lee, Monroe Township, NJ<sup>6</sup>

- 394. Mariel Lennon, River Vale, NJ
- 395. Jacob Leventhal, Jackson, NJ
- 396. Sara Leventhal, Jackson, NJ<sup>3</sup>
- 397. Jill Levey, Highland Park, NJ<sup>1, 2, 3, 5, 7, 8, 9, 10</sup>
- 398. Carol Lewandowski, Toms River, NJ
- 399. Caitlin Lewis, Ringwood, NJ
- 400. Cynthia Lewis, Butler, NJ
- 401. Gordon Lewis, Madison, NJ<sup>1</sup>
- 402. Nicholas Lewis, Butler, NJ<sup>1</sup>
- 403. Marie Liddy, Caldwell, NJ<sup>1, 2, 3, 4, 5, 6, 7, 9, 12</sup>
- 404. Robert Lindsay, Oakland, NJ<sup>1, 2, 3, 5, 6</sup>
- 405. Richard Linn, Vineland, NJ<sup>12</sup>
- 406. Marisel Lipinski, Rockaway, NJ<sup>1, 3, 4, 5, 7, 8, 9, 12</sup>
- 407. Eileen Lippman, Marlton, NJ<sup>1, 3, 5, 7, 8, 9, 12</sup>
- 408. Sari Lisch, Bergenfield, NJ
- 409. Melody Lloyd, Chesterfield, NJ<sup>7</sup>
- 410. Stephanie Locricchio, Branchburg, NJ<sup>1</sup>
- 411. Amanda Loeschorn, Rockaway, NJ<sup>3, 5, 6, 7</sup>
- 412. Jeremy Loffredo, Toms River, NJ<sup>6</sup>
- 413. Shannon Logar, Shamong, NJ<sup>3, 5, 8</sup>
- 414. Derek Logiudice, Hillsborough, NJ<sup>1, 2, 3, 4, 5, 6, 7</sup>
- 415. Anna Lopez, Flemington, NJ<sup>1, 2, 3</sup>
- 416. Maria Lordi, Interlaken, NJ<sup>1, 7, 9</sup>

- 417. Justine Lovetro, Brick, NJ<sup>12</sup>
- 418. Scott Lovetro, Brick, NJ<sup>12</sup>
- 419. Melanie Lyttle, Middletown, NJ<sup>1</sup>
- 420. B Macchione, Franklin Lakes, NJ<sup>7</sup>
- 421. Donald Macintyre, Sayreville, NJ<sup>8</sup>
- 422. Bethann Macioci, North Brunswick, NJ
- 423. Beth Macioci, North Brunswick, NJ<sup>1, 2, 3, 4, 5, 7, 8, 9, 12</sup>
- 424. Mark Mackenzie, Bayville, NJ
- 425. Ginene Macmullen, Bridgeton, NJ
- 426. Yechezkiel Magid, Lakewood, NJ<sup>1</sup>
- 427. Chana Magid, Lakewood, NJ<sup>12</sup>
- 428. Jeryl Maglio, individually and as Director, Dolores Turco Foundation,  
Neptune, NJ<sup>8</sup>
- 429. Peter Majcherczyk, Frenchtown, NJ<sup>1, 3, 4, 5, 7, 8, 9, 10</sup>
- 430. Brianne Malone, Clayton, NJ<sup>12</sup>
- 431. Eric Marino, Fanwood, NJ<sup>5</sup>
- 432. Daniela Marotta, Milltown, NJ<sup>2</sup>
- 433. Alexandra Marrero, Fords, NJ<sup>2, 3, 4</sup>
- 434. Ed Marsh, Piscataway, NJ<sup>2</sup>
- 435. Andrea Martin, Pemberton, NJ<sup>6</sup>
- 436. Jennifer Martin, Hawthorne, NJ
- 437. Linda Martin, Robbinsville, NJ<sup>6</sup>
- 438. Sydney Martin, also commenting as Syd Martin, Blairstown, NJ

439. Samantha Martinez, Somerset, NJ
440. Joyce L Martinsen, Morristown, NJ<sup>1, 2, 3, 4, 5, 6, 8, 9</sup>
441. Anna Marie Marzocca, Cherry Hill, NJ
442. Caitlin Massett, Pompton Lakes, NJ<sup>3, 4, 5, 7, 8, 9, 12</sup>
443. Brooke Masters, New Egypt, NJ
444. Julie Mastronardi, Moorestown, NJ
445. Maria Matkou, Lodi, NJ
446. Kayla Matteo, Laurel Springs, NJ
447. Lori Matteo, Flanders, NJ
448. Heather Maturin, Branchburg, NJ<sup>7, 8, 9, 12</sup>
449. Ellen Maughan, Highland Park, NJ<sup>1</sup>
450. Lori Maynard, Hamburg, NJ
451. Richard Mazzola, Rockaway, NJ<sup>1, 2, 3, 4, 5, 6, 7, 8, 9, 10</sup>
452. Lisa Mazzuca, Bayville, NJ
453. William McCabe, Whippany, NJ<sup>1, 2, 12</sup>
454. Kathleen McCarthy, Oakland, NJ<sup>1, 4, 8</sup>
455. Robert Mcconehey, Boonton, NJ<sup>7, 9</sup>
456. Suzanne Mcconehey, also commenting as Suzan Mc, Boonton, NJ<sup>3, 6, 7, 9, 12</sup>
457. Porsche Mccoy, Newark, NJ<sup>2, 3, 4, 5, 7, 8, 9, 12</sup>
458. Sarah Mcgarrity, Jersey City, NJ<sup>1, 3</sup>
459. Dolores Mcguire, Wayne, NJ
460. Kristin Mckeever, Deptford, NJ<sup>1, 2, 3, 4, 5, 7, 8, 9, 12</sup>



- 461. Kaitlin Mckenna, Mendham, NJ<sup>1</sup>
- 462. Ashley Mcmanus, Bay Head, NJ<sup>1, 2, 3, 4, 5</sup>
- 463. Tom Mcmenaman, Manasquan, NJ<sup>12</sup>
- 464. Vanessa Medina, Mount Arlington, NJ<sup>1</sup>
- 465. Audrey Medvin, Howell, NJ<sup>6</sup>
- 466. Seda Melikyan, Cliffside Park, NJ<sup>3, 5</sup>
- 467. Seblewengel Mengesha, Maplewood, NJ
- 468. Ben Mensah, Mount Holly, NJ<sup>1, 2, 3, 4, 5, 6, 7, 8, 9, 12</sup>
- 469. Marti Merrill, Scotch Plains, NJ<sup>1, 3, 4, 5, 7, 11</sup>
- 470. Douglas Merriman, Ringwood, NJ
- 471. Kellie Meyer, Medford, NJ<sup>1, 5</sup>
- 472. Kimmie Meyer, Westwood, NJ
- 473. Megan Mieles, Bridgewater, NJ<sup>1, 3, 4, 5, 7, 8, 9</sup>
- 474. Tigran Mikaelyan, Cliffside Park, NJ<sup>3, 5</sup>
- 475. Felicia Milelli, Board Chair, NJ Public Health Innovation, Towaco, NJ <sup>1, 2, 3, 4, 5, 6, 7, 8, 9, 10</sup>
- 476. David Milkes, Warren, NJ<sup>7</sup>
- 477. Linda Milkes, Warren, NJ<sup>7</sup>
- 478. Jennifer Miller, Newton, NJ<sup>2, 5, 9</sup>
- 479. Jim Miller, Kearny, NJ
- 480. Lauren Miller, Hillsborough, NJ
- 481. Rhiannon Mindas, Forked River, NJ<sup>1</sup>
- 482. Kimberly Minetti, Mendham, NJ<sup>5</sup>

- 483. Sheera Mischel, Hillsdale, NJ
- 484. Rossy Molina, Old Bridge, NJ
- 485. Stephanie Molion, Belvidere, NJ<sup>12</sup>
- 486. Nicole Moody, Wyckoff, NJ
- 487. Tara Moore, Mountainside, NJ<sup>1, 2, 3, 4</sup>
- 488. Juliana Moreno, Fairfield, NJ<sup>1, 5</sup>
- 489. John Morgan, Cresskill, NJ<sup>5</sup>
- 490. Dencie Morich, Paramus, NJ<sup>1</sup>
- 491. Larry Morich, Paramus, NJ<sup>1</sup>
- 492. Katelyn Morin, Point Pleasant, NJ<sup>6</sup>
- 493. Sandra Moskovitz, also commenting as Sandra Moskovitx, Princeton, NJ<sup>1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 12</sup>
- 494. Fran Moskowitz, Marlboro, NJ<sup>2</sup>
- 495. Carol Moy, New Brunswick, NJ<sup>1, 5, 9</sup>
- 496. Leila Mullican, Fanwood, NJ
- 497. Justin Murphy, Tabernacle, NJ<sup>6, 9</sup>
- 498. Justin Murphy, Vincentown, NJ<sup>1, 6</sup>
- 499. Lauren Murphy, Lanoka Harbor, NJ<sup>1</sup>
- 500. Kathy Muscillo, Brick, NJ<sup>1, 2, 3, 4, 5, 6, 7, 8, 9</sup>
- 501. Richard Music, Hackensack, NJ
- 502. Stephanie N, Howell, NJ<sup>1, 3, 5, 8</sup>
- 503. Concetta Natoli, Princeton, NJ<sup>1</sup>
- 504. Teresa Navalany, Jamesburg, NJ<sup>3, 6, 12</sup>

- 505. Ann Nelson, Toms River, NJ
- 506. Leslie Nolan, Verona, NJ
- 507. Francesca A. Nordin, RN-C, MSN, also commenting as Francesca Nordin,  
Rockaway Township, NJ
- 508. Elaine O'Donnell, Delanco, NJ
- 509. Yana Odintsov, Cresskill, NJ<sup>4</sup>
- 510. Kristie O'Keefe, Lambertville, NJ<sup>1, 2, 3, 4, 5, 6, 7, 8, 9, 12</sup>
- 511. Elizabeth Oleary, Somerset, NJ
- 512. Jill Oliver, Wayne, NJ<sup>3, 7, 9</sup>
- 513. Monica Oliver, Milford, NJ<sup>8</sup>
- 514. Joe Ombres, Bayville, NJ<sup>1</sup>
- 515. Allison Oneill, Point Pleasant, NJ<sup>1, 3, 4, 5, 7, 8, 9, 12</sup>
- 516. Brian Oneill, Point Pleasant, NJ
- 517. Heather Oneill, Rutherford, NJ<sup>9</sup>
- 518. Kerry Oneill, Point Pleasant Beach, NJ
- 519. Marie Oneill, Point Pleasant, NJ<sup>1, 8</sup>
- 520. Britni Orcutt, Butler, NJ<sup>8</sup>
- 521. Heather Oricchio, Woodbridge, NJ<sup>3, 4, 7, 8, 9, 12</sup>
- 522. Mark Oshinskie, Highland Park, NJ
- 523. Anna Ostrowski, Manchester Township, NJ<sup>1</sup>
- 524. Cara Ottilio-Cooper, Basking Ridge, NJ<sup>8</sup>
- 525. Bridget Page, Atco, NJ<sup>3</sup>
- 526. Deana Pagnozzi, Colonia, NJ<sup>1, 3, 5, 7, 12</sup>

- 527. Lauren Palermo, Ocean, NJ<sup>8</sup>
- 528. Steve Panosian, Oakland, NJ<sup>2, 4, 5, 9</sup>
- 529. Julie Pantalon, Morristown, NJ
- 530. Denise Paolini, Cherry Hill, NJ<sup>6</sup>
- 531. Elena Papavero, New Egypt, NJ<sup>2</sup>
- 532. Abigail Pappas, Berkeley Heights, NJ<sup>8</sup>
- 533. Francine Parillo, Brick, NJ<sup>5</sup>
- 534. Lawrence P Parillo, Brick Township, NJ<sup>3, 12</sup>
- 535. Catherine Parr, Lawrenceville Township, NJ<sup>1, 2, 3, 4, 7, 8, 9</sup>
- 536. April Patiro, Rockaway, NJ<sup>2, 3, 4, 10</sup>
- 537. Melanie Pauls, Boonton, NJ<sup>1</sup>
- 538. Margaret Pavia, Whiting, NJ
- 539. Celina Pellicane, Hillsborough, NJ
- 540. Susan Penczak, Brick, NJ
- 541. Jeremy Pennino, Bernardsville, NJ<sup>1, 7, 9, 10</sup>
- 542. Pamela Peoples, Berlin, NJ
- 543. Jacqueline Peteraf, Cherry Hill, NJ<sup>2</sup>
- 544. Mark Peterson, Cedar Grove, NJ
- 545. Darlene Peterzak, Franklinville, NJ<sup>1, 2, 3, 4, 5, 6, 7, 9, 10</sup>
- 546. Marie Petikas, Fort Lee, NJ<sup>1, 2, 3, 4, 5, 7, 8, 9, 10</sup>
- 547. Daniela Petrilli, Berkeley Heights, NJ<sup>1, 6, 7, 8, 10</sup>
- 548. Lauren Pettit, Millville, NJ<sup>1</sup>
- 549. Kristen Pietrucha, Freehold, NJ<sup>1, 3, 6, 8, 12</sup>

- 550. Michael Pintilie, Toms River, NJ
- 551. Christina Pisanello, Holmdel, NJ<sup>7</sup>
- 552. Marissa Pittius, Wall, NJ<sup>7</sup>
- 553. Mary Pocsik, Westwood, NJ<sup>2, 3, 4, 5, 6, 7, 8, 9</sup>
- 554. Michal Pol, Mahwah, NJ<sup>6</sup>
- 555. Laura Praschil, Toms River, NJ
- 556. Lisa Prokopowitz, Ringwood, NJ<sup>1, 3, 9</sup>
- 557. Sara Ptak, Delran, NJ<sup>2, 3, 4, 5, 6, 7, 8, 9, 12</sup>
- 558. Francine Puccio, River Vale, NJ<sup>1, 3, 4, 5, 7, 8, 9, 12</sup>
- 559. John Puccio, Jr., River Vale, NJ<sup>1, 3, 4, 5, 7, 8, 9, 12</sup>
- 560. Mia Puccio, River Vale, NJ<sup>1, 2</sup>
- 561. Maria Quigley, Florham Park, NJ
- 562. The Reverend Gregory Quinlan, Center for Garden State Families,  
Parsippany, NJ<sup>9</sup>
- 563. Dan R, Morristown, NJ<sup>2, 5, 7, 10</sup>
- 564. Amy Rafanello, Delran, NJ<sup>1</sup>
- 565. Jill Rappa, Kenilworth, NJ<sup>1, 8</sup>
- 566. Mary Rapuano, Newton, NJ<sup>1</sup>
- 567. Nancy Reasoner, Frenchtown, NJ
- 568. Danica Rebich, Williamstown, NJ<sup>5</sup>
- 569. John Reilly, Somerset, NJ<sup>3</sup>
- 570. Luke Reilly, Somerset, NJ<sup>3</sup>
- 571. Mona Reilly, Somerset, NJ<sup>3</sup>

- 572. Nina Reilly, Somerset, NJ<sup>3</sup>
- 573. Anne Reiser, South Seaside Park, NJ<sup>1, 11</sup>
- 574. Daniel Reiser, Tenafly, NJ<sup>7</sup>
- 575. Joanne Rejevich, Lakewood, NJ
- 576. Ryan Remencus, Elizabeth, NJ
- 577. Jen Reppert, Delran, NJ<sup>4, 8, 9, 12</sup>
- 578. Kara Rexinis, Holmdel, NJ
- 579. Elaine Reynolds, Matawan, NJ<sup>6, 8</sup>
- 580. Alexander Ricasoli, Morristown, NJ<sup>1, 2, 3, 4, 5, 6, 7, 8, 9, 12</sup>
- 581. Dominic Ricasoli, West Orange, NJ<sup>1, 2, 4, 5, 6, 7, 8, 9, 12</sup>
- 582. Leonard Ricasoli, Jr., also commenting as Leonard Ricasoli, Bordentown,  
NJ<sup>1, 2, 3, 4, 5, 6, 7, 8, 9, 12</sup>
- 583. Marybeth Ricasoli, Bordentown, NJ
- 584. Lucy Richards, Laurel Springs, NJ
- 585. M Riesett, Maplewood, NJ<sup>1, 3, 4, 6, 7, 8, 9, 12</sup>
- 586. Lauren Riker, Ridgewood, NJ<sup>1, 5</sup>
- 587. William Riker, Ridgewood, NJ<sup>1, 2, 3, 4, 5, 7, 11</sup>
- 588. Jade Ritwo, Basking Ridge, NJ
- 589. Elyse Rivas, Roseland, NJ<sup>1, 2, 3, 4, 5, 6, 8, 12</sup>
- 590. Grace Rivera, Jamesburg, NJ<sup>1, 2, 3, 4, 5, 6, 7, 8, 12</sup>
- 591. Katie Rivera, Saddle Brook, NJ
- 592. Amber Robinson, Whiting, NJ<sup>1</sup>
- 593. Colleen Rockwell, Wantage, NJ<sup>9</sup>

- 594. Damaris Rodriguez, Little Falls, NJ<sup>7</sup>
- 595. Mariel Rodriguez, Wayne, NJ<sup>2</sup>
- 596. Olga Rodriguez, Madison, NJ<sup>1, 3, 4, 5, 7, 8, 9, 12</sup>
- 597. Linda Rogers, Spring Lake, MI
- 598. Jazmine Roman, Newark, NJ
- 599. Robert Romero, South Hackensack, NJ
- 600. Laury Rosado, Vineland, NJ
- 601. Ann Rosen, Plainfield, NJ<sup>1, 3, 4, 9</sup>
- 602. Thea Ross, Egg Harbor City, NJ<sup>1</sup>
- 603. Shannon Roszkowski, Bayonne, NJ
- 604. Cindy Rovins, Highland Park, NJ<sup>7, 8, 12</sup>
- 605. David Royack, Branchburg, NJ<sup>1, 4, 6</sup>
- 606. Nancy Royack, Branchburg, NJ<sup>1, 4, 6</sup>
- 607. Gavin Rozzi, Forked River, NJ
- 608. Pamela Russo, also commenting as Pam Russo, Matawan, NJ<sup>1, 2</sup>
- 609. Kevin Ryan, Randolph, NJ
- 610. Nicole Ryan, Randolph, NJ<sup>3</sup>
- 611. Jeffrey Ryder, Rockaway, NJ
- 612. Catherine Saavedra, Randolph, NJ<sup>1, 2, 3, 4, 5, 6, 8, 9, 12</sup>
- 613. Kathy Sabelli, Toms River, NJ
- 614. Stephen Safka, Delran, NJ<sup>1, 3, 4, 5, 6, 7, 8, 9, 12</sup>
- 615. Karina Sagiev, Jersey City, NJ<sup>6</sup>
- 616. Laura Saillen, Mahwah, NJ

617. Candice Salas, Manalapan, NJ<sup>1, 3, 4, 5, 6, 7, 8, 9, 12</sup>
618. Catherine Salvatore, Toms River, NJ<sup>1, 3</sup>
619. Patricia Salvatore, Parkin, NJ<sup>5, 7, 9</sup>
620. Barbara Sandelands, Morristown, NJ<sup>1, 2, 3, 4, 5, 6, 8, 9, 12</sup>
621. Holly Sandelands, Chatham, NJ<sup>2, 3, 4, 5, 7, 8, 9, 12</sup>
622. Ruby Sanders, Newton, NJ<sup>1, 3, 4, 5, 6, 7, 9, 10</sup>
623. Janely Santiago, Bloomfield, NJ
624. Naemah Sarmad, Branchville, NJ<sup>1, 2, 5, 6</sup>
625. Michael Sarnoff, Vineland, NJ<sup>1, 2, 3, 4, 5, 6, 7, 8, 9</sup>
626. Joe Sarosi, Hewitt, NJ<sup>1, 12</sup>
627. Jerry Sateriale, also commenting as Jerry Saterile, Woodbury, NJ<sup>1, 3, 5, 7, 8, 9, 10</sup>
628. Sandra Sauchelli, Berkeley Heights, NJ<sup>1</sup>
629. He Sc, Howell, NJ<sup>1, 4</sup>
630. Taryn Scarfone, Middlesex, NJ
631. A Schamp, Princeton Junction, NJ
632. William Schenck, Cape May Court House, NJ
633. Susan Scherman, Weehawken, NJ<sup>6</sup>
634. J Schev, Toms River, NJ<sup>9</sup>
635. Robert Schilare, Garwood, NJ<sup>1</sup>
636. David Schindewolf, Brick, NJ<sup>5</sup>
637. Mary Ann Schmidt, Morganville, NJ
638. Gia Schneider, Hillsdale, NJ<sup>1, 2, 3, 4, 5, 6, 7, 8, 9, 12</sup>



- 639. Allison Schoeneck, Manasquan, NJ<sup>5</sup>
- 640. Jeffrey Schreiber, Watchung, NJ<sup>1, 2, 3, 4, 5, 6, 7, 8, 9, 12</sup>
- 641. Liam Schubel, Freehold, NJ<sup>1, 2, 3, 4, 5, 6, 7, 8, 9, 10</sup>
- 642. Ben Schumer, Gillette, NJ<sup>3, 4</sup>
- 643. Jean Schumer, Gillette, NJ<sup>2, 3, 4, 5, 7, 8, 9, 12</sup>
- 644. Tovia Schustal, Lakewood, NJ
- 645. Jenna Schuster, Allentown, NJ<sup>1, 2, 3, 4, 5, 6, 7, 8, 9, 12</sup>
- 646. Briann Scirocco, River Vale, NJ<sup>1</sup>
- 647. Laura Scott, Harrington Park, NJ<sup>3, 4</sup>
- 648. Josephine Sears, Montclair, NJ<sup>12</sup>
- 649. Sheryl Sepulveda, Point Pleasant Boro, NJ<sup>2, 5, 7</sup>
- 650. Sabrina Sgobba, Woodland Park, NJ<sup>3, 4, 6, 7, 8, 9, 12</sup>
- 651. N Shauger, Wayne, NJ<sup>1</sup>
- 652. Julie Shavalier, also commenting as Julie Shavalier, JD, Mendham Township, NJ<sup>5</sup>
- 653. Lauren Sheehy, Colts Neck, NJ<sup>1</sup>
- 654. Janet Sheridan, Salem, NJ<sup>1, 3, 4, 7, 8, 9, 10</sup>
- 655. Victoria Shields, Nutley, NJ<sup>9</sup>
- 656. Elizabeth Shimwell, New Providence, NJ<sup>5</sup>
- 657. Alison Sieck, North Haledon, NJ<sup>6, 8</sup>
- 658. Christina Siegfried, Rockaway, NJ
- 659. Jazmin Silva, Brick, NJ<sup>1, 6</sup>
- 660. Lawrence Silva, Brick, NJ<sup>1, 2, 7</sup>

- 661. Michael Silvani, Farmingdale, NJ<sup>3</sup>
- 662. Biserka Simicev, Little Falls, NJ<sup>6</sup>
- 663. Matthew Simonelli, Farmingdale, NJ<sup>6</sup>
- 664. Josephine Skoudis, Wall Township, NJ<sup>7</sup>
- 665. Elizabeth Sloan, Roebling, NJ<sup>1, 2, 3, 4, 5, 7, 8, 9, 12</sup>
- 666. Larissa Smiecinski, Hampton, NJ
- 667. Donna Smith, Voorhees, NJ<sup>1, 3, 4, 5, 7, 8, 9, 10</sup>
- 668. Sabrina Smith, Mahwah, NJ<sup>8</sup>
- 669. Amanda Smyth, Oakhurst, NJ<sup>1, 4, 7, 10</sup>
- 670. Anne Sofield, Califon, NJ<sup>9</sup>
- 671. Dana Sorg, Glen Rock, NJ<sup>1, 5, 6, 12</sup>
- 672. Margarita Sori, North Haledon, NJ<sup>7, 8, 9, 12</sup>
- 673. Rose Soriero, Beach Haven, NJ
- 674. Alyce Sparandero, Red Bank, NJ
- 675. Patricia Stanley, Franklin Park, NJ<sup>3</sup>
- 676. Kara Stanzione, Mountain Lakes, NJ<sup>1, 5, 12</sup>
- 677. Kathy Stanzione, Florham Park, NJ<sup>1, 3, 4, 5, 7, 8, 10</sup>
- 678. Mark Stanzione, Florham Park, NJ<sup>1, 2, 3, 4, 5, 6, 7, 8, 9, 12</sup>
- 679. Thomas Stavola, Jr., Esq., Colts Neck, NJ
- 680. Katelyn Stetzel, Oak Ridge, NJ<sup>1, 2, 4, 5</sup>
- 681. William Stetzel, Oak Ridge, NJ<sup>1, 2, 3, 4</sup>
- 682. Donna Stewart, Riverdale, NJ<sup>1, 2, 3, 4, 5, 7, 8, 9, 10</sup>
- 683. Gary Stewart, Riverdale, NJ<sup>1, 2, 3, 4, 5, 6, 7, 8, 9, 10</sup>

- 684. Colleen Stites, Elmer, NJ<sup>1</sup>
- 685. Jeanne Stockwell, Flemington, NJ<sup>1, 2, 3, 4, 5</sup>
- 686. Andrea Streaman, Mountainside, NJ<sup>1, 5</sup>
- 687. Giana Sturchio, Oceanport, NJ
- 688. Samantha Subick, Mendham, NJ<sup>1, 2, 3, 4, 5, 6, 8, 9, 12</sup>
- 689. Christine Sullivan, Rumson, NJ<sup>3</sup>
- 690. Michelle Sullivan, Tinton Falls, NJ<sup>1, 3, 5, 7, 12</sup>
- 691. Donna Marie Suszynski, Rockaway Township, NJ<sup>1, 2, 3, 4</sup>
- 692. Emily Sutin, Merchantville, NJ<sup>1, 3, 4, 5, 8, 9, 10</sup>
- 693. Erin Sweeny, Hamilton, NJ
- 694. Kimberly Syers, Metuchen, NJ<sup>1</sup>
- 695. Gitana Szabo, Barnegat, NJ<sup>5</sup>
- 696. Paul Szesko, Whippany, NJ<sup>2, 3, 4, 6</sup>
- 697. Erin Szonyi, Florham Park, NJ<sup>2, 3, 4, 5, 8, 9, 12</sup>
- 698. Michael Takla, Florham Park, NJ<sup>3, 4, 7, 8, 12</sup>
- 699. Nicole Takla, Florham Park, NJ<sup>1, 2, 3, 4, 5, 6, 7, 8, 9, 12</sup>
- 700. Ryan Takla, Florham Park, NJ<sup>3, 4, 5, 7, 8, 9, 12</sup>
- 701. Celeste Tamburello, Tinton Falls, NJ
- 702. John Taras, Colts Neck, NJ
- 703. Claudia Taylor, Highland Lakes, NJ<sup>12</sup>
- 704. Donald Taylor, Highland Lakes, NJ<sup>12</sup>
- 705. Susan Taylor, Clementon, NJ<sup>1, 2, 3, 4, 5, 6, 7, 8, 9, 12</sup>
- 706. Teresa Tenreiro, Union, NJ<sup>5</sup>

- 707. Christopher Thompson, Lanoka Harbor, NJ<sup>1</sup>
- 708. Julie Thompson, Lanoka Harbor, NJ<sup>1</sup>
- 709. Diane Thurber-Wamsley, Ridgefield Park, NJ
- 710. Erin Tiger, Swedesboro, NJ<sup>1, 2, 3, 4, 7, 12</sup>
- 711. Deborah Tirondola, Cedar Grove, NJ
- 712. Gina Tlamsa, Swartswood, NJ
- 713. Breanna Toledo, Bridgeton, NJ<sup>1</sup>
- 714. Susan Toron, Allendale, NJ
- 715. Donna Torrado, Bloomfield, NJ
- 716. Frank Torres, Maplewood, NJ<sup>1, 3, 4, 8, 12</sup>
- 717. Amy Tousley, Hackettstown, NJ<sup>1</sup>
- 718. Stacey Trapanese, West Creek, NJ<sup>1</sup>
- 719. Niti Trikha, Little Silver, NJ<sup>1, 2, 4</sup>
- 720. George Tsiattalos, Newton, NJ<sup>5, 6, 7, 12</sup>
- 721. Courtney Turner, Morris Plains, NJ<sup>12</sup>
- 722. Desiree Ukstins, Stockholm, NJ<sup>1, 3, 4</sup>
- 723. Jaime Unkel, Park Ridge, NJ<sup>5</sup>
- 724. Katie Untamo, Belvidere, NJ<sup>12</sup>
- 725. D V, Westfield, NJ<sup>1</sup>
- 726. Catherine Vajtay, Englewood Cliffs, NJ<sup>1, 7, 12</sup>
- 727. Joseph Valente, Mount Holly, NJ<sup>6</sup>
- 728. Alison Valentini, Little Egg Harbor, NJ
- 729. Marissa Valle, Morris Plains, NJ<sup>1, 2, 4, 5, 8, 12</sup>

- 730. Hannah Vanwoudenberg, Blairstown, NJ
- 731. Vanessa Vargas, Elmwood Park, NJ<sup>1, 2, 3, 4, 5, 6, 7, 8, 9, 10</sup>
- 732. Rey Vazquez, Totowa, NJ<sup>10</sup>
- 733. Dominique Venezia, Westfield, NJ<sup>3, 4, 5, 7, 8, 9, 10</sup>
- 734. Dana Veronica, Cherry Hill, NJ
- 735. Emily Vg, Andover, NJ
- 736. Marygrace Viggiano, Wyckoff, NJ
- 737. Tom Vila, Freehold, NJ
- 738. Catia Vincent, Lawrence Township, NJ
- 739. Robert Vinciguerra, Manalapan, NJ<sup>1, 2</sup>
- 740. Tracey Kuhn Vitale, also commenting as Tracey Kuhn-Vitale, Union City,  
NJ
- 741. Olga Vladagina, Wayne, NJ
- 742. Jake Vogelaar, West Milford, NJ<sup>5</sup>
- 743. Eric Volpe, Hoboken, NJ<sup>1, 3, 7, 9</sup>
- 744. Sandra Von Der Fecht, Manalapan, NJ
- 745. Arik Vortman, Livingston, NJ
- 746. Yuliya Vortman, Livingston, NJ
- 747. Jack Vuyovich, Toms River, NJ<sup>6</sup>
- 748. Riley Vuyovich, Toms River, NJ<sup>6</sup>
- 749. Amara Wagner, Amara Wellness LLC, Park Ridge, NJ<sup>5, 6</sup>
- 750. John Wagner, Park Ridge, NJ<sup>5</sup>
- 751. Frank Walits, Wayne, NJ<sup>1, 7</sup>

- 752. Jennifer Wall, Rochelle Park, NJ<sup>1, 2, 3, 4, 5, 6, 7, 8, 12</sup>
- 753. Michael Wall, Rochelle Park, NJ<sup>1, 2, 3, 4, 5, 6, 7, 8, 9, 12</sup>
- 754. Charles Walsh, Point Pleasant, NJ
- 755. Ryan Walsh, West Creek, NJ<sup>1, 3</sup>
- 756. Xuhan Wang, Franklin Lakes, NJ<sup>2</sup>
- 757. William Wangen, Toms River, NJ
- 758. Kimberli Watson, Cherry Hill, NJ<sup>3, 8</sup>
- 759. Marissa Watters, Montvale, NJ<sup>8</sup>
- 760. Dorothy Weinstein, Egg Harbor Twp, NJ<sup>1, 2, 3, 4, 5, 7, 8, 9, 12</sup>
- 761. Hope Weinstein, Kenilworth, NJ<sup>1, 3, 4, 5, 7, 8, 9</sup>
- 762. Brenda Weiss, Hillsdale, NJ<sup>12</sup>
- 763. Patricia Wenzel, West Milford, NJ<sup>2, 5, 7, 8, 9, 12</sup>
- 764. Lisa Werdal, Robbinsville, NJ<sup>1, 3, 4, 5, 6, 7, 9, 12</sup>
- 765. Paige Wessels, Basking Ridge, NJ<sup>1, 2, 3, 4, 5, 6, 7, 8, 9, 10</sup>
- 766. Linda West, Morristown, NJ<sup>1, 9</sup>
- 767. Shannon White, Hillsdale, NJ<sup>4, 8</sup>
- 768. Anastasia Whitmer, Blackwood, NJ
- 769. Kirk Whitmer, Blackwood, NJ
- 770. Ivana Wilkie, Wayne, NJ<sup>7</sup>
- 771. Judy Wilson, Branchburg, NJ
- 772. Danielle Wolk, Brick, NJ<sup>1, 2, 3, 5, 6, 7, 8, 9, 12</sup>
- 773. Carlee Wright, Woodbury, NJ<sup>1, 5, 9</sup>
- 774. Paul Yennior, South Orange, NJ<sup>5</sup>

- 775. Alan Young, South Plainfield, NJ<sup>6</sup>
- 776. Barbara Young, South Plainfield, NJ<sup>6</sup>
- 777. Emily Young, Marlton, NJ<sup>1, 5, 6, 7, 8, 9</sup>
- 778. Gokhan Yuksel, Highland Lakes, NJ
- 779. Marissa-Anne Zaborskis, Millstone Township, NJ<sup>1</sup>
- 780. Izabela Zajac-Perez, Jackson, NJ<sup>1, 2</sup>
- 781. Jennifer W Zaloum, Oak Ridge, NJ<sup>1, 3, 4, 5, 8, 9</sup>
- 782. Glenn Ziegler, Williamstown, NJ
- 783. Mary Ziemanis, Red Bank, NJ<sup>1, 2, 7, 8</sup>
- 784. Robert Ziemanis, Red Bank, NJ<sup>1, 3, 4, 6, 7, 8, 9, 12</sup>
- 785. V A Ziemanis, Red Bank, NJ<sup>3, 12</sup>
- 786. Tory Zimmerman, Phillipsburg, NJ<sup>1</sup>
- 787. Yelena Zolotarsky, Springfield, NJ<sup>10</sup>
- 788. Anonymous Commenter 164<sup>9</sup>
- 789. Anonymous Commenter 502<sup>4</sup>
- 790. Anonymous Commenter 565<sup>1</sup>
- 791. Anonymous Commenter 614
- 792. Anonymous Commenter 616<sup>1</sup>
- 793. Anonymous Commenter 699<sup>10</sup>
- 794. Anonymous Commenter 958<sup>1</sup>
- 795. Anonymous Commenter 1086<sup>7</sup>
- 796. Anonymous Commenter 1110<sup>4</sup>
- 797. Anonymous Commenter 1140<sup>1</sup>

- 798. Anonymous Commenter 1166<sup>1</sup>
- 799. Anonymous Commenter 1238<sup>7</sup>
- 800. Anonymous Commenter 1281
- 801. Anonymous Commenter 1325<sup>1</sup>
- 802. Anonymous Commenter 1390<sup>4</sup>
- 803. Anonymous Commenter 1423
- 804. Anonymous Commenter 1687<sup>8</sup>
- 805. Anonymous Commenter 1709<sup>1</sup>
- 806. Anonymous Commenter 1947<sup>1</sup>
- 807. Anonymous Commenter 2025<sup>1</sup>
- 808. Anonymous Commenter 2252
- 809. Anonymous Commenter 2305
- 810. Anonymous Commenter 2483
- 811. Anonymous Commenter 2491<sup>8</sup>

The following person submitted a formal comment, however, the comment was not in a readable format.

- 812. Gayle Casas, Holmdel, NJ
- 813. Troy Mcwhorter, Trenton, NJ

The following persons submitted their demographic information but failed to provide an accompanying comment. The Department acknowledges that these commenters may have had the intent to the comment.

- 814. Andrea Abbott, Lincroft, NJ
- 815. Leah Appello, Howell, NJ



- 816. Tricia Barrett, Great Meadows, NJ
- 817. Matt Bowman, Pemberton, NJ
- 818. Sharon Braunlin, North Haledon, NJ
- 819. Caelyn Centanni, Deptford, NJ
- 820. Kelly Chappine, Hammonton, NJ
- 821. Joan Collison, Flemington, NJ
- 822. Nancy Cunningham, Monroe, NJ
- 823. Meghan Decker, Ringwood, NJ
- 824. Catherine Degenova, Wall, NJ
- 825. Aleksandar Dimitrijevic, River Edge, NJ
- 826. Christine Dujets, Woodland Park, NJ
- 827. Brianna Emerson, Cookstown, NJ
- 828. Vanessa Espinoza, also as Vanessa C Espinoza, Jersey City, NJ
- 829. Meghan Ferguson, Blackwood, NJ
- 830. Geraldine Gager, Medford, NJ
- 831. Pat Gerke, Mount Laurel, NJ
- 832. Deborah Ginsburg, Skillman, NJ
- 833. Marilyn Gonzalez, Hampton, NJ
- 834. Robert Goworek
- 835. Ellen Hanley, Chatham, NJ
- 836. Marilyn Holmes, Pfafftown, NC
- 837. Anita Lozanovska
- 838. Nicholas Magone, Ledgewood, NJ

- 839. Amy Mohr, Eatontown, NJ
- 840. Dawn Neil, Phillipsburg, NJ
- 841. Rebekah Nieshalla, West Milford, NJ
- 842. Erica Pearce, Pompton Lakes, NY
- 843. Veronica Rivera, Wayne, NJ
- 844. Domenica Ryan, Howell, NJ
- 845. Jack Shields
- 846. Kerri Sirinides, Oakland, NJ
- 847. Shamiya Smith, Paterson, NJ
- 848. Darragh Spiewak, Brick, NJ
- 849. Phil Sullivan, Glen Gardner, NJ
- 850. Emily Wallis, Hawthorne, NJ
- 851. Christina Walls, Cape May, NJ
- 852. Debra Zelov, Pennington, NJ

Quoted, summarized, and/or paraphrased below are the comments and the Department's responses. The numbers in parentheses following each comment correspond to the numbers representing the commenters above.

### **General Support**

1. COMMENT: A commenter "strongly supports the State's commitment to improving communicable-disease surveillance, data accuracy, and immunization infrastructure." The commenter "supports the Department's goals and appreciates the modernization reflected in this proposal." (3)

2. COMMENT: A commenter states, “[p]lease do not give in to the anti-vaxxers and their inane comments. [One] need[s] to reinforce strict requirements and restrict exemptions to truly religious exemptions, not because someone thinks they know more than public health experts because they follow someone on the internet[.]” The commenter provides anecdotal information regarding the public health career history of the commenter and the commenter’s spouse. (147)

3. COMMENT: A commenter “thanks the Department for its ongoing efforts to protect public health and support policies that strengthen disease prevention, improve data accuracy, and ensure equitable access to vaccines across the [S]tate.

Vaccination remains one of the most effective public health tools in modern medicine. The scientific evidence is clear. Vaccines save millions of lives each year worldwide and prevent countless cases of severe illness, disability, and death from vaccine-preventable diseases. Strengthening New Jersey’s immunization infrastructure is essential to safeguarding residents, particularly children and at-risk individuals, and protecting our public health.

The [NJHIS] is a critical resource for effective disease surveillance. Public health officials and providers must have access to complete, timely immunization data to ensure that the right vaccine is administered to the right person at the right time. Currently, reporting requirements under N.J.A.C. 8:57-3.16 apply only to children under seven years of age, with additional requirements for Vaccines [F]or Children (VFC) program providers. Although NJHIS is designed as a lifespan registry, reporting for adolescents and adults remains largely voluntary. These gaps hinder coordinated public health responses and make it more challenging to track emerging threats.

As such, expanding NJIIS reporting to all vaccine-administering providers, as proposed, would align New Jersey with national best practices and significantly enhance the [S]tate's capacity to prevent, detect, and respond to vaccine-preventable diseases. Improved completeness of immunization records will benefit clinicians, residents, and public health agencies alike.

New Jersey has long recognized that infectious diseases spread more readily in group settings such as schools and child care centers. Immunization requirements help protect children and communities by reducing the risk of outbreaks in these environments. Historically, New Jersey has aligned these requirements with recommendations from the ... ACIP ... and the ...CDC[. The commenter] appreciate[s] that the [p]roposal continues the consideration of ACIP and CDC recommendations, while also considering evidence-based best practices and guidance from nationally recognized medical bodies. This will ensure that New Jersey maintains a science-based approach to vaccination policy and balances public health protection with flexibility to incorporate new scientific findings, evolving best practices, and advances in vaccine technology, while still ensuring equitable access to vaccines.

[The commenter] commend[s] the Department for its continued efforts to enhance public health protection for all New Jersey residents. By expanding immunization reporting and reaffirming evidence-based vaccine recommendations, the Department is taking important steps to strengthen disease prevention, improve data quality, and ensure equitable access to lifesaving vaccines.” (11)

4. COMMENT: A commenter states “[t]hank you[.]” (425)

5. COMMENT: A commenter “support[s] the proposed [rulemaking at] N.J.A.C. 8:57 .... Given the crucial role that vaccines have played in protecting the health of New Jerseyans and populations worldwide, ensuring adequate access, guidance, and rapid surveillance based upon the best available evidence is a prudent policy to pursue. At a time when the demonstrated safety and efficacy of vaccines is being unjustifiably undermined, New Jersey’s well-established record of marshaling the world-class expertise across the public health, academic, and life sciences sectors represents a tremendous advantage. These proposed modifications will enable the [S]tate’s public health infrastructure to leverage these assets more nimbly and effectively, enabling the [S]tate’s experts to make the best possible decisions regarding immunization guidance.” The commenter states that the “proposed rule changes represent timely adaptations to changing national dynamics that have the potential to compromise the immunization and safety of New Jerseyans.” (4)

6. COMMENT: A commenter states that the “proposed changes represent critical steps toward building a stronger, more resilient public health infrastructure in New Jersey. The [commenter] is proud to lend its support, and ... stand[s] ready to assist the Department in advancing this important work. Thank you for your leadership and commitment to protecting the health of all New Jerseyans.” (12)

7. COMMENT: A commenter “appreciates the [Department]’s efforts to strengthen public health protections through improved vaccine compliance.” (19)

RESPONSE TO COMMENTS 1 THROUGH 7: The Department acknowledges the commenters’ support of the Department’s efforts and the proposed rulemaking.

8. COMMENT: A commenter is “all for this[,] especially not allowing public tax dollars for private school education.” (139)

RESPONSE: The Department acknowledges the commenter’s support of the proposed rulemaking. The proposed rulemaking would have no bearing on “allowing public tax dollars for private school education.” The comment exceeds the scope of the proposed rulemaking.

9. COMMENT: A commenter states that an “issue that may be worth contemplating is how healthcare providers are to be reimbursed to encourage the stocking and administration of vaccines. While [the commenter does] not have a specific rate that [the commenter] would recommend, it will likely be prudent to evaluate what rate would ensure that the full healthcare ecosystem is not only armed with this improved guidance — but that it is also optimally incentivized to ensure patients across the [S]tate have access as well.” (4)

RESPONSE: The proposed rulemaking would have no bearing on “how healthcare providers are to be reimbursed to encourage the stocking and administration of vaccines” or a reimbursement “rate [that] would ensure that the full healthcare ecosystem is not only armed with this improved guidance — but that it is also optimally incentivized to ensure patients across the [S]tate have access as well.”

The New Jersey Vaccines for Children (VFC) Program is a Federal entitlement program that supplies Federally purchased vaccines at no cost to enrolled healthcare providers serving children under 19 years of age who are Medicaid-eligible, uninsured, underinsured, American Indian, or Alaska Native. By providing vaccines directly, the

VFC Program reduces providers' out-of-pocket expenses, supports continuity of care by keeping patients within their medical homes for comprehensive healthcare, and permits providers to charge Medicaid a limited fee for each vaccination to help offset the costs of vaccine administration. The VFC Program does not reimburse or exchange money for services.

The Federal Centers for Medicare and Medicaid Services (CMS) sets the provider vaccine administration fee reimbursement rate for each state for uninsured or underinsured patients. In New Jersey, the Division of Medical Assistance and Health Services (DMAHS) facilitates Medicaid provider reimbursements for enrolled providers. For a privately insured patient, vaccine costs and administration fees are covered according to the policies of each patient's respective insurance plan.

Thus, the Department has no rulemaking authority with respect to health care provider reimbursement rates for vaccine storage and administration, and the comment exceeds the scope of the proposed rulemaking.

#### **N.J.A.C. 8:57-1.4 and 1.5 Enforcement**

10. COMMENT: A commenter states that the "proposal broadens the Department's enforcement mechanisms by recodifying and revising N.J.A.C. 8:57-1.4 ... and expanding chapter-wide penalties under N.J.A.C. 8:57-1.5. [The commenter] is concerned that the expanded enforcement framework could allow minor administrative or technical reporting errors to trigger formal action, including referrals to professional licensing boards for issues that are inadvertent rather than intentional. Physicians acting in good faith may face increased exposure despite reasonable compliance

efforts, and smaller practices with limited administrative capacity could be disproportionately affected. Clarifying enforcement thresholds is essential to prevent unintended consequences. [The commenter] requests clearer standards that distinguish intentional noncompliance from routine administrative mistakes.” (3)

11. COMMENT: A commenter states “[t]he establishment of Department-driven immunization schedules under N.J.A.C. 8:57-1.8, combined with the enforcement authority in N.J.A.C. 8:57-1.4 and 1.5, appears to create an expectation that physicians must strictly follow Department schedules or risk enforcement exposure. [The commenter] strongly urges the Department to confirm that physicians may deviate from standard immunization schedules when exercising sound clinical judgment and that evidence-based modifications will not result in sanctions. It is important that the enforcement provisions not be interpreted to penalize medical decision-making tailored to the needs of individual patients.” (3)

12. COMMENT: A commenter states “[e]nlargement of the reportable disease list is unnecessary and health reporting requirements, penalties for non-compliance are unwarranted. Reporting should only be the treating clinician's decision and only with comprehensive patient/parental consent.” (332)

RESPONSE TO COMMENTS 10, 11, AND 12: N.J.A.C. 8:57-1.4 and 1.5 reflect and affirm the Department’s authority to enforce N.J.A.C. 8:57 as a provision of the State Sanitary Code, and exercise public health oversight, which might require a health care professional to provide the Department or a local health agency access to patient records to confirm communicable disease reporting and the accuracy of immunization documentation. Subchapters 4 and 6 do not establish compliance requirements



applicable to health care professionals with respect to whether to administer immunizations, therefore, the chapter would have no bearing on a health care professional's exercise of "sound clinical judgment and ... evidence-based modifications" to vaccination administration, although the ACIP schedules, including the contraindications and precaution recommendations therein, already identify the evidence-based conditions in which the exercise of clinical judgment to diverge from the schedules would be appropriate.

Subchapter 2 requires health care professionals to timely report communicable diseases, infections, and conditions and Subchapter 3 requires health care professionals to timely report administered vaccinations. Timely reporting is imperative to appropriate epidemiological response and oversight, and while the Department would be unlikely to pursue an enforcement action with respect to an occasional failure to report due to administrative error or oversight, proposed new N.J.A.C. 8:57-1.4 and 1.5 are necessary to empower the Department to compel compliance with respect to habitually negligent or intentional failure or refusal to report in accordance with the chapter.

#### **N.J.A.C. 8:57-1.7 (SFHF Template 4)**

13. COMMENT: Commenters submitted, either in its entirety or portions of, the following form letter, known as Template 4 on the Stand for Health Freedom (SFHF) website, stating that recodified N.J.A.C. 8:57-1.7 at proposed new subsection (c) "would permanently exempt vaccination, testing, quarantine, outbreak, and related records from the Open Public Records Act (OPRA). While framed as 'privacy,' this proposal

would *block public access and oversight* rather than protect individual residents [(emphasis in original)]. Families, journalists, researchers, and watchdog groups would lose the ability to: [h]old officials accountable, [i]nvestigate failures, and [r]eview outbreak responses after the fact.” The commenters’ “[k]ey [c]oncerns” are:

[1.] “Loss of Transparency and Accountability[:] Under current law, these records are restricted during active emergencies but become available afterward. This ensures public learning, legislative review, and investigative journalism. Making this secrecy permanent would mean future nursing home tragedies, vaccine rollouts, or outbreak responses could never be independently evaluated.

[2.] Misplaced Privacy Argument[:] The proposal does not stop the Department from collecting or sharing personal health data internally. It simply blocks the public from understanding how decisions are made, insulating officials from scrutiny rather than protecting residents’ privacy.

[3.] Impact on Public Trust[:] Transparency builds trust in public health. Permanent secrecy erodes confidence and makes it harder for communities to accept public health measures.”

The commenters “urge [the Department] to [w]ithdraw or revise the permanent OPRA exemption and maintain public access to health records after emergencies end[;] [a]dopt privacy-protective alternatives such as releasing de-identified data, delayed public disclosure, or oversight by an independent ombuds [sic] office[; and m]aintain transparency and accountability so New Jersey can learn from mistakes and improve future responses.

Public health protection must go hand in hand with public accountability. Permanent OPRA exemptions will not protect privacy — they will protect agencies from scrutiny and weaken public trust. Please revise the proposal to uphold transparency and open government in New Jersey.” (Template 4)

14. COMMENT: As an addendum to Template 4, a commenter states “[t]he LAST thing this country needs is more government control and less transparency. Leave the right of the people to hold their legislators accountable by having full transparency about their actions and dealings.” (354)

15. COMMENT: As an addendum to Template 4, a commenter opposes “These changes contribute to epistemic capture and further enable New Jersey’s Department of Health to conceal critical data that is used to determine how threats are assessed, how outbreaks are determined, and how new rules are ultimately made. The public deserves better than rules that do more to buffer public health authorities from accountability than protect the privacy of New Jersey’s citizens.” The commenter further expresses concerns “about the additional discretion these rules grant to the Health Commissioner, particularly given the OPRA exemptions. Please revise the proposal to maintain public access to records after emergencies end, using privacy-protective alternatives like de-identified data or delayed disclosure rather than permanent secrecy. Transparency and accountability are essential to public health and public trust.” (601)

16. COMMENT: As an addendum to Template 4, a commenter states that “[t]his reduces government transparency and accountability at the exact moment public trust is most needed. It enables unilateral decision-making by one unelected official with no

checks and balances, which is the duty of our New Jersey State Legislature ... and exclude[s] the democratic process.” (696)

17. COMMENT: A commenter states “[t]he attempt to make all outbreak and vaccination records permanently exempt from public disclosure would create new secrecy categories that only the Legislature may establish under OPRA.” (644)

18. COMMENT: Commenters self-identify “as a ... New Jersey resident[s] and parent[s] who values both public health and public transparency.” The commenters states “ [t]he proposed restrictions on access to information under the [OPRA] are deeply troubling. Limiting citizens’ ability to review vaccine-related data, outbreak reports, or communications regarding health policy diminishes the trust that is essential between the public and those who serve it. Transparency is the foundation of accountability. When information is withheld, people begin to feel excluded from the decision-making that affects their daily lives. Open access to records is not a threat to public health—it is a safeguard against misunderstanding, misinformation, and mistrust. [The commenters] ask that the Department preserve full access to public records and maintain a transparent system that allows residents to see, question, and understand how health policies are shaped. Only through openness can we build confidence in the systems that protect us.” The commenters state “that transparency is not a weakness—it is a public duty.” (707 and 708)

19. COMMENT: A commenter states “Lawmakers, [c]an you please expand OPRA instead of restricting it. In school system why do we need to impose religious beliefs. Instead of doing this lawmakers MUST encourage every schoold dist [sic] to start educating young kids with tech [sic] and Artificial Intelligence along with reading

and cursive handwriting. Lawmakers must not impose every vaccinon [sic] kids instead for safety of community some MUST be imposed to avoid pandemics. In world of tech, 5th grade NJSLA results come in after few months of 6th grade which SHAME on system. How will parents understand and prepare kids for further grades when you delay the results which is SHAM. Religion and religious things MUST not be imposed on others. For this parents must also be educated as it shld [sic] start from home[.]” (366)

20. COMMENT: A commenter is “really concerned about the plan to make outbreak and vaccination data permanently off-limits to the public under OPRA. During emergencies, sure — some information needs to stay confidential. But once things have settled down, people deserve to know how their government handled it. Public records are one of the few ways ordinary citizens can hold agencies accountable. If those records stay hidden forever, [one] lose[s] that transparency — and that’s not healthy for public trust.” (237)

21. COMMENT: A commenter states “DO NOT (emphasis in original) [e]xempt vaccinations, testing, quarantine, outbreak, and related records from OPRA to prevent Health Department policy and program oversight. Public review, scientific debate, and investigations have saved more lives than public health ‘measures’ that advance political, pharmaceutical or military agendas.” (332)

22. COMMENT: A commenter states “the attempt to create new, permanent exemptions from the [OPRA] for disease and vaccination data exceeds the Department’s statutory power. Only the Legislature can amend OPRA or establish new categories of confidentiality.” (236)

23. COMMENT: A commenter states “[g]entlemen, [i]n all of [the commenter’s] objection to the data collection, mandates, privacy and security issues, this is the concern of concerns: [l]ack of transparency. The ONLY reason to justify hiding data is because either the data will reflect truths you will find uncomfortable, (ie [sic] that refute the narratives you claim to be true) OR you need to hide the data to cover the actions you are doing ‘in the background’ that would cause outrage and anger by the public. Transparency is for the public, what surveillance is for the goverent [sic] - if everything you are doing is good, and noble, honest and beneficial for society - then why do you need to hide the information? There is a saying, ‘[w]e are as sick as the secrets we keep.’ So [the commenter] oppose[s] blocking any data for anything the government is doing for public health that will prevent it from being freely and publically [sic] available. You want to track [the commenter] during a pandemic – [the commenter] want[s] to be able to track you during, after, and before that pandemic. Perhaps you are honest, your successor may not be. Transparency is the cure; secrets are the disease. Stop hiding the data.” (567)

24. COMMENT: A commenter self-identifies “[a]s a parent, [New Jersey] resident and Registered Nurse, [the commenter] strongly fear[s] the repercussions of these proposed changes. [The commenter] plead[s] with the [D]epartment to reconsider these propos[ed] [changes]. These proposed changes represent an outstanding overreach threatening parental rights, human rights, and government transparency. If allowed to move forward, they could unintentionally enable discrimination, unfairly restrict educational access, and conceal crucial information from the public leaving government agencies free to act without oversight. How will the citizens of New Jersey be able to

place their trust in the decisions of the [Department] then? Public health measures must be accountable to the people and their elected representatives, not dictated behind closed doors. If policies affecting children, families, and communities can be imposed without clear consent, oversight, or recourse, then we are facing a dangerous situation where officials can be granted unchecked power. Rather, accountability, transparency, and the freedom to make personal medical decisions should guide public health policies. Even more, let us all work together to protect the freedom each person has to make their own medical decisions, to protect parental rights, and maintain transparency to the public in New Jersey.” (738)

25. COMMENT: A commenter does “not agree with the collecting of personal health information, sharing [without] consent. States should be independent from [F]ederal agencies. [A] checks and balance[s] system [needs] to stay in place.” (230)

26. COMMENT: A commenter “oppose[s] the proposed changes to New Jersey’s policies on sharing our health data without the prior consent of each individual resident.” (389)

27. COMMENT: A commenter states the proposed rulemaking “exempts certain communicable disease and immunization records from the Open Public Records Act. Could you clarify what categories of records would be exempt and how the Department balances patient privacy with the need for government transparency and accountability?” (17)

28. COMMENT: A commenter states that “[the Department’s] attempts to eliminate the metadata are completely over the top.” The commenter provides anecdotal career history and states “metadata is what allows us to formulate a succinct

query that doesn't waste time and effort on our government resources.” The commenter states that “[w]e need to know what type of data is stored and where it is stored. Please trash this proposal. Otherwise, extend the public comment period. This is clearly bypassing the ‘Democratic’ process that so many people are trying to protect.” (129)

29. COMMENT: A commenter states “[i]f the ... Department ... will allow a pick-and-choose approach to religious exemptions, [the commenter] need[s] transparency. The proposal permits religious exemptions for individual vaccines. Please publish the number and percentage of claimed religious exemptions overall and by vaccine for Pre-K through 12 [sic] and higher education. Will the Department separately report exemptions claimed under Holly’s Law (MMR/antibody titer exemptions) vs. general religious exemptions? Holly’s Law should be a separate percentage rather than counted as a religious exemption. If a family is exempt from one vaccination due to a religious exemption, this should not be added to the total percentage but rather considered individually. Public health policy requires transparent, vaccine-specific exemption data to evaluate risk during outbreaks.” The commenter further requests the Department “[c]ommit to publishing vaccine-level exemption data (pre-K–12, higher education) and separating out Holly’s Law/MMR titers from religious exemption totals.” (29)

RESPONSE TO COMMENTS 13 THROUGH 29: Numerous long-standing laws authorize and direct the Department to promulgate rules identifying the records with which it is entrusted that are confidential and exempt from public access and disclosure pursuant to N.J.S.A. 47:1A-1 et seq. (originally enacted in 1963, and as amended over time) (government records law) and the common law; and identify specific records and



information that the Department and “a political subdivision of the State or combination of political subdivisions,” such as a local health agency (see N.J.S.A. 47:1A-1.1, definition of public agency), is obliged to protect from public access and disclosure pursuant to the government records law. While a commenter is correct in noting that the personnel of the Department and most local health agencies are “unelected officials,” the duly enacted laws of the State, which are promulgated by elected officials, authorize and direct the Department and local health to execute these laws. Therefore, the democratic process is respected, not “excluded.”

Pursuant to Executive Order No. 9 (1963), at § 1a, the “head or principal executive of each principal department of State government [(Commissioner)], ... is ... authorized and empowered to adopt and promulgate, from time to time, regulations setting forth which records under [the Commissioner’s] jurisdiction shall not be deemed to be public records ... pursuant to the [government records law].” Executive Order No. 9 at § 2c specifically excludes from public access pursuant to the government records law “[r]ecords concerning morbidity, mortality and reportable diseases of named persons required to be made, maintained or kept by any State or local governmental agency[.]”

N.J.S.A. 26:1A-37.2 (enacted in 1963) states that “[i]nformation and data in the possession of the ... Department ..., pertaining to the health of any named person, procured in connection with research studies approved by the Public Health Council for the purpose of reducing the morbidity or mortality from any cause or condition of health shall be kept in the confidence of the [D]epartment and shall not be revealed or disclosed in any manner or under any circumstances by any person connected with such research studies or by the [D]epartment or any person therein except (a) to

persons within the department, (b) to other persons participating in such research studies or (c) in such impersonal form that the individual to whom the information or data relates cannot be identified therefrom.” N.J.S.A. 26:1A-37.4 makes it a disorderly persons offense to reveal or disclose “any information or data pertaining to the health of any named person in violation of this act.”

The “AIDS Assistance Act” (enacted in 1984), N.J.S.A. 26:5C-1 et seq., specifically at 26:5C-7, 11, and 16, establishes the confidentiality of records and information about a person’s HIV status that the Department, a local health Department, a laboratory, and certain other entities, maintain.

Executive Order No. 69 (1997) authorizes a public agency to withhold information from public access “where it shall appear that the [disclosure] will jeopardize the safety of any person or jeopardize any investigation in progress or may be otherwise inappropriate to release,” or “would be truly harmful to a bona fide law enforcement purpose or public safety if released” or “would violate existing law regarding confidentiality in areas including, but not limited to ... juveniles.”

The government records law, at N.J.S.A. 47:1A-1 (as amended in 2002), establishes that “a public agency has a responsibility and an obligation to safeguard from public access a citizen’s personal information with which it has been entrusted when disclosure thereof would violate the citizen’s reasonable expectation of privacy.” The government records law, at N.J.S.A. 47:1A-1.1, excludes from the definition of a “government record” that is subject to public access pursuant to the government records law, and deems confidential, in some cases with limited exceptions, and among other information, “that portion of any document that requires and would disclose personal

identifying information of persons under the age of 18 years”; “metadata”; and “data classified under the ‘Health Insurance Portability and Accountability Act of 1996.’”

The government records law, at N.J.S.A. 47:1A-3, states that an agency may deny access to information that “pertain[s] to an investigation in progress by any public agency [if disclosure thereof] shall be inimical to the public interest” or would “jeopardize the safety of any person or jeopardize any investigation in progress or may be otherwise inappropriate to release.”

Executive Order No. 21 (2002) at § 1a excludes from public access and disclosure pursuant to the government records law, “at all levels of government — State, county, municipal and school district, [a]ny government record where the [public disclosure thereof] would substantially interfere with the State's ability to protect and defend the State and its citizens against acts of sabotage or terrorism, or which, if disclosed, would materially increase the risk or consequences of potential acts of sabotage or terrorism.” Executive Order No. 21 at § 1c further directs “[p]ublic agencies ... to handle all government records requests in a manner consistent with” § 1a and rules that Attorney General promulgates pursuant to § 1b of Executive Order No. 21, pursuant to which the Attorney General promulgated N.J.A.C. 13:1E. N.J.A.C. 13:1E-3.2(a)5 (which the Attorney General promulgated in 2014) designates as confidential, and excludes from disclosure pursuant to the government records law, “any policies or plans compiled by an agency pertaining to the mobilization, deployment, or tactical operations involved in responding to emergencies, ... which, if disclosed, would substantially interfere with the State's ability to protect and defend the State and its

citizens against acts of sabotage or terrorism, or which, if disclosed, would materially increase the risk or consequences of potential acts of terrorism or sabotage.”

Executive Order No. 26 (2002) at § 4b excludes from the definition of a “government record” pursuant to the government records law, “[i]nformation concerning individuals ... relating to medical, psychiatric or psychological history, diagnosis, treatment or evaluation; [and r]ecords of a department or agency in the possession of another department or agency when those records are made confidential by a regulation ... or ... another law.”

The “Statewide Immunization Registry Act” (SIRA) (enacted in 2004), N.J.S.A. 26:4-131 et seq., at 26:4-137 states that “[i]nformation contained in the [NJIS] is confidential and shall be disclosed only for the purposes authorized by [the SIRA]”; creates a private right of civil action for damages against persons who violate the SIRA, including the right to receive punitive damages; and establishes that a person who discloses NJIS information in violation of the SIRA “is guilty of a disorderly persons offense.”

The Emergency Health Powers Act (EHPA) (enacted in 2005), N.J.S.A. 26:13-1 et seq., at 26:13-3(d), establishes the confidentiality of information shared between the Department and the Secretary of Agriculture relating to “an overlap agent or toxin that causes or has the potential to cause a public health emergency ... that could potentially affect animals, plants or crops” or “conditions that could potentially affect humans.” The EHPA at N.J.S.A. 26:13-22 establishes the confidentiality of information the Department collects relating to the registration of biological agents present in the State. The EHPA

at N.J.S.A. 26:13-17 and 26 establishes the confidentiality of health information regarding individuals that the Department collects pursuant to the EHPA.

Against this legal backdrop, in 2003, the Department originally promulgated the rule that is presently codified as existing N.J.A.C. 8:57-1.14, see 34 N.J.R. 3945(a); 35 N.J.R. 4883(b), and which the Department now proposes to recodify with amendments as N.J.A.C. 8:57-1.7. Recodified N.J.A.C. 8:57-1.7 would continue to address the confidentiality of communicable disease and immunization information that the Department collects or maintains attendant to its implementation of the public health laws of the State and identify the purposes and uses for which this information could be disclosed. Proposed new subsection (c) would conform to the Department's obligation to maintain the confidentiality of health information regarding individuals with which the Department is entrusted, and the protections that the EHPA affords this material upon the Governor's declaration of a public health emergency pursuant to N.J.S.A. 26:13-3. See N.J.S.A. 26:13-17 and 26. As the Department stated in the notice of proposal Summary, the "Department perceives no rationale to limit the protection afforded this kind of individual health information only to circumstances warranting gubernatorial action declaring the existence of a public health emergency."

The commenters appear to discount recodified N.J.A.C. 8:57-1.7 at proposed new subsection (b), which, as the Department states in the notice of proposal Summary, "would identify the circumstances in which the Department may release personally identifiable information that it obtains pursuant to the chapter." These circumstances would include disclosure for research purposes in accordance with applicable laws, with the consent of the subject of a record, to enforce public health laws and protect public

health, to inform a patient's health care professional, and/or pursuant to a court order. Thus, proposed new subsection (b) would address the commenters' concerns with respect to the availability of Department records, for example, as de-identified data to perform an after-action review of an outbreak response or perform an epidemiological study, while protecting the reasonable expectations of privacy of the people whose health information the Department maintains, and maintaining consistency with the laws described above with respect to the appropriate release of information.

The Department maintains the confidentiality and security of information in the Communicable Disease Reporting and Surveillance System (CDRSS) and the New Jersey Immunization Information System (NJIS) in accordance with the New Jersey Office of Homeland Security and Preparedness, "Statewide Information Security Manual" (2024), as amended and supplemented, available at <https://www.cyber.nj.gov/grants-and-resources/state-resources/statewide-information-security-manual-sism>, which is consistent with National Institute of Standards and Technology (NIST), United States Department of Commerce, "The NIST Cybersecurity Framework (CSF) 2.0" (2024), as amended and supplemented, available at <https://www.nist.gov/cyberframework>.

Based on the foregoing, the Department will make no change upon adoption in response to the comments.

#### **N.J.A.C. 8:57-1.8**

30. COMMENT: With respect to proposed new N.J.A.C. 8:57-1.8, a commenter expresses "[s]upport for broader evidentiary flexibility when establishing immunization recommendations [and] the creation of a formal procedure for the Department to

establish vaccine-preventable disease recommendations, including the ability to consider scientific guidance from nationally recognized public-health and medical organizations in addition to the ... ACIP. The landscape of public-health threats evolves rapidly. Allowing the Department to draw upon credible national bodies, including professional societies, specialty organizations and other authoritative scientific sources, ensures that New Jersey will remain aligned with emerging evidence, best practices and real-time public-health needs. This flexibility ultimately supports more timely scientific updates, stronger responses to new pathogens, better integration of specialty-specific recommendations and improved alignment between clinical practice and regulatory expectations. [The commenter] agrees that N.J.A.C. 8:57-1.8 positions the Department to respond effectively in an era of dynamic infectious-disease challenges.” (3)

31. COMMENT: Presumably with respect to proposed new N.J.A.C. 8:57-1.8, a commenter identifies as a “positive development ... enabling the Department to expand the aperture of guidance used to establish recommendations [because it] will also enable decisions to be made based upon the best available evidence and expertise rather than relying solely upon the [ACIP]. In short, [the] proposed [new] rule ... represent[s a] timely [adaptation] to changing national dynamics that have the potential to compromise the immunization and safety of New Jerseyans.” (4)

32. COMMENT: Presumably with respect to proposed new N.J.A.C. 8:57-1.8, a commenter is “in strong support of the proposed revisions, especially the additions in Subchapter 1 supplementing the ACIP guidelines with evidence-based best practices and guidance materials issued by nationally recognized advisory and advocacy bodies.

Once again, [the commenter] commend[s] the Department for the challenging work in addressing these critical public health issues.” (16)

33. COMMENT: Presumably with respect to proposed new N.J.A.C. 8:57-1.8, a commenter is “in strong support of the Department’s proposed rule changes that would [g]rant the Department flexibility to consider evidence and recommendations beyond ACIP, including those of nationally recognized health care advocacy organizations, when establishing vaccination requirements.” The commenter expresses “[s]upport for [e]vidence-[b]ased [f]lexibility [b]eyond ACIP” and “commend[s] the Department for recognizing the need to look beyond the ACIP and CDC for establishing immunization requirements to protect public health. This rule change will allow the Department to consider the recommendations of nationally recognized and trusted medical organizations when determining requirements. As [the commenter] stated in two op-eds on this topic, New Jersey can no longer risk relying solely on [F]ederal agencies for immunization guidance. [The commenter] commend[s] the Department for acting decisively in the face of public health threats [citing Bresnitz E, Howard H, and Schwimmer L, ‘New Jersey Must Act to Protect Public Health from Federal Sabotage’ *New Jersey Health Care Quality Institute* (NJHCQI) (August 4, 2025), available at <https://www.njhcqi.org/op-ed-new-jersey-must-act-to-protect-public-health-from-federal-sabotage> and ‘New Jersey Must Look Beyond CDC for Vaccine Strategy and Act Now’, *NJHCQI* (September 10, 2025), available at <https://www.njhcqi.org/op-ed-new-jersey-must-look-beyond-cdc-for-vaccine-strategy-and-act-now>]. By adopting this rule, the Department demonstrates foresight and a commitment to evidence-based decision-making that prioritizes the health of New Jersey residents.” (12)



34. COMMENT: A commenter states “though New Jersey has not experienced outbreaks equal to those seen in other parts of the country, vaccination rates in our [S]tate have dropped below the levels required for broad herd immunity. [(citation omitted)] While measles presents only one example of the rising threats presented by various communicable diseases, declining immunization rates for others could also lead to reduced protection for our communities and patients - a concern that should be taken seriously by public health officials statewide.” Presumably with respect to proposed new N.J.A.C. 8:57-1.8, the commenter supports the proposed rulemaking that would “[g]rant the Department ... greater flexibility to establish recommendations and requirements based on evidence and guidance from nationally recognized healthcare advisory and advocacy organizations, including the American Academy of Pediatrics, the American College of Physicians, the American Academy of Family Physicians, the American College of Obstetricians and Gynecologists, and others.” (15)

RESPONSE TO COMMENTS 30, 31, 32, 33, AND 34: The Department acknowledges the commenters’ support of the proposed rulemaking.

35. COMMENT: A commenter states that in “reference to adherence to ACIP recommendations, please be cognizant of ... this committee as it exists NOW, and the makeup of its members. From report[s the commenter has] read about the current committee, these members are not qualified to make scientifically sound recommendations, or ones that will protect and benefit the American population. Instead, please take the advice of nationally recognized associations and academies, such as the American Academy of Pediatrics, Infectious Disease Society, and the

American Medical Association, among many others. Let's provide the tools and advice to protect New Jersey residents.” (511)

36. COMMENT: Presumably with respect to proposed new N.J.A.C. 8:57-1.8, a commenter expresses support for “[S]tate actions to establish immunization recommendations and requirements that are tied directly to named organizations that produce guidelines through an evidence-based, scientifically independent process. [The commenter] recognize[s] the value of reputable organizations with relevant expertise and with established, rigorous, and transparent guideline development processes and ... support[s] policies that defer to such organizations’ guidelines. However, [the commenter is] concerned that the proposed rule deviates from deferral and empowers the Department ... to evaluate advisory bodies and merely consider guidance recommended by evidence-based organizations. [T]his creates too much opportunity for subjective interference by [S]tate agencies and would urge the [D]epartment to instead create a pathway that defers directly to named organizations with associated expertise and scientifically sound recommendations.” (10)

RESPONSE TO COMMENTS 35 AND 36: The Department acknowledges the commenters’ support of the proposed rulemaking. Proposed new N.J.A.C. 8:57-1.8 would establish a process by which the Department, following “consideration of [e]vidence-based best practices and guidance materials issued by nationally recognized advisory and advocacy bodies with respect to preventive health, pediatric, internal, and family medicine services, such as the American Academy of Pediatrics, the American College of Physicians®, the American Academy of Family Physicians, and the American College of Obstetricians and Gynecologists” and/or “[v]accine-preventable disease

epidemiology, and State- and region-specific characteristics,” and upon determining that it would be appropriate to change its existing vaccine requirements and recommendations, the Department would promulgate rulemaking in accordance with the Administrative Procedure Act (APA), N.J.S.A. 52:14B-1 et seq. As part of the rulemaking process, the public would have the opportunity to comment on any proposed change, which the APA obliges the Department to consider and respond to within the process of adopting any proposed rulemaking. N.J.S.A. 52:14B-4. Moreover, the Department expects that it would engage in stakeholder consultation prior to the commencement of rulemaking activity (as it did in connection with this rulemaking), during which the Department would have the benefit of the regulated community’s recommendations. Thus, proposed new N.J.A.C. 8:57-1.8 would establish a reasonable and appropriate process that would avoid arbitrary or capricious results. Therefore, the Department will make no change upon adoption in response to the comments.

**N.J.A.C. 8:57-2 (SFHF Template 9)**

37. COMMENT: Commenters submitted, either in its entirety or portions of, the following form letter, known as Template 9 on the SFHF website, to express their “strong opposition to the proposed changes at [existing N.J.A.C. 8:57-]1.7 [through 1.]11, now [recodified as N.J.A.C.] 2.6 [through] 2.10. These rule changes do not simply update public health procedures, they establish a permanent health surveillance system that undermines foundational constitutional protections. Specifically: [t]he automatic upload of all test results (positive or negative) with personally identifiable information into real-time, centralized health surveillance system, permanently linking test results, symptoms, and vaccination status into State-run databases, with no consent and no way to opt out.

constitutes warrantless surveillance and violates the spirit of the 4th Amendment[; t]he authority (by medical and non-medical personnel) to exclude or quarantine individuals for up to 48 hours without diagnosis, consent, or court order is a direct violation of the 14th Amendment's Due Process Clause[; c]reating a two-tiered system, separating vaccinated and unvaccinated individuals with differential access to education, work, and public life, raises serious Equal Protection concerns[; and t]his rule framework gives unelected bureaucrats unchecked power to monitor, restrict, and penalize residents based on vague thresholds like 'prevalence,' not individual health status. It undermines informed consent, [shatters] doctor-patient confidentiality, and the principle of medical freedom" and "violates the spirit of the 4th Amendment and shatters doctor-patient confidentiality."

"The rule gives unelected health officials the power to quarantine, isolate, and exclude individuals from work, school, or society based on suspicion alone, before any diagnosis or hearing. This is a fundamental violation of our 5th and 14th Amendment rights. It punishes people who have not been convicted of anything. This isn't health, it's the quiet installation of a bio-surveillance regime that treats every citizen as a suspect."

The commenter submits the following "[r]ecommendations to [e]nsure [p]rivacy and Constitutional [c]ompliance:"

1. "Add explicitly [sic] opt-out provisions for individuals and families who do not consent to digital tracking or surveillance[;]"
2. "Require court orders before any quarantine or exclusion order is issued, ensuring full due process protections[;]"

3. “Restrict access to personal health data to licensed medical professionals only [and e]xclude non-medical personnel from enforcement roles[; and]”

4. “Include sunset clauses and independent oversight for any surveillance measures to prevent abuse and mission creep.”

The commenters “expect the [Department] to vote against these proposed changes.” (Template 9)

38. COMMENT: As an addendum to Template 9, a commenter states, “[y]ou are creating a mechanism that can be used to label anyone as a risk. That can isolate people without proving they’ve done anything wrong. That can turn health into a weapon of control. That’s not safety. That’s authoritarianism.” (76)

39. COMMENT: As an addendum to Template 9, a commenter states that “[N.J.A.C.] 8:57-1.7 [through] 11 (now 2.6 [through] 2.10) would require that a database be established containing every citizen’s vaccine status and test results. This is a terrible idea. The notion of keeping this data secure is laughable. There are breaches of supposedly secure data daily. Whose hands could this data end up in? Potential employers? Neighbors? Spurned romantic partners? This is a nightmare waiting to happen.” The commenter “implore[s] [the Department] to reject ... the proposed changes to the [New Jersey] health code. There is no public health crisis that demands these sweeping changes.” (321)

40. COMMENT: As an addendum to Template 9, a commenter states that recodified N.J.A.C. 8:57-2.6 through 2.10 “are outrageous.” (557)

41. COMMENT: As an addendum to Template 9, a commenter opposes recodified N.J.A.C. 8:57-2.6 through 2.10 “because they create a broad health

surveillance system that threatens constitutional rights. Automatically uploading all test results to [S]tate databases violates privacy, while allowing non-medical staff to quarantine or exclude people without consent or court oversight undermines due process. The rules also risk unequal treatment of vaccinated and unvaccinated individuals. [The commenter] urge[s] [the Department] to add opt-out options, require court orders for quarantine, limit access to personal health data to medical professionals, and include oversight safeguards.” (360)

42. COMMENT: As an addendum to Template 9, a commenter provides anecdotal medical and health information relating to a person who experienced the impact of quarantine policies during the coronavirus pandemic. The commenter “do[es] not want to see policies like this become a norm in our society.” (628)

43. COMMENT: As an addendum to Template 9, a commenter states that the commenter “vehemently disagreed with most of what public health official mandated during COVID [sic] and these new proposed changes seem to simply put in place ALL THOSE OVERREACHES in a permanent way” [creating] a “two-tiered system approach to health, separating the vaccinated and unvaccinated. Are we becoming China?” (252)

44. COMMENT: Commenters state “[t]here are dangerous provisions in this rewrite that would compel health officials to quarantine, isolate, or exclude people from school, work or public life if ordered, even when cases are not confirmed. We saw the danger of this during COVID, when the Governor unilaterally kept New Jersey locked down months longer than necessary and thousands of people were sent to their deaths

by being forced to remain in nursing homes with COVID-infected residents.” (8, 9, and 14)

45. COMMENT: As an addendum to Template 9, a commenter states “[t]his is government overreach at its finest. You are giving power to those who have no business making life altering decisions.” (677)

46. COMMENT: A commenter states the proposed rulemaking gives the “Commissioner sweeping discretion to determine what health data is collected, how it is shared, and how enforcement occurs. This is clearly unconstitutional government overreach inviting abuse.” (332)

47. COMMENT: As an addendum to Template 9, a commenter states “[p]rivate health data is just that-PRIVATE. It is information that should be between a patient and [the patient’s] doctor-not for public consumption, which can deceptively used [sic] for discriminatory practices. Quite frankly, these proposals promote a tyrannical framework for abuse, not to mention being unconstitutional. They undermine informed consent, doctor-patient confidentiality, and the principle of medical freedom. These proposals should be eliminated completely.” (677)

48. COMMENT: A commenter “strongly oppose[s] the proposed changes to [N.J.A.C.] 8:57.” The commenter states that “[t]hese rules go far beyond routine public health updates — they establish a permanent surveillance framework that violates fundamental constitutional rights.

Fourth Amendment – Protection Against Unreasonable Searches: Mandating the automatic reporting of all test results, including personally identifiable information, into

centralized databases—without consent or warrant—amounts to warrantless surveillance. This undermines the right to privacy in one’s personal health data.

Fourteenth Amendment – Due Process Violations: Granting medical and non-medical personnel authority to quarantine or exclude individuals for up to 48 hours without a diagnosis, consent, or court order constitutes a deprivation of liberty without due process. No person should be detained or restricted without judicial oversight.

Equal Protection Clause – Discriminatory Policies: Creating a system that treats vaccinated and unvaccinated individuals differently—limiting access to education, employment, or public spaces—raises serious equal protection concerns. Public policy must not create second-class citizens based on medical status.

Unchecked Administrative Authority: The rules give broad power to unelected officials to enforce restrictions based on vague terms like ‘prevalence,’ not individual medical risk. This threatens informed consent, doctor-patient confidentiality, and individual medical freedom. These changes erode civil liberties under the guise of public health and are unconstitutional.” The commenter “urge[s] the Department to withdraw this proposal and uphold the constitutional rights of New Jersey residents.” (343)

49. COMMENT: A commenter opposes the rulemaking to N.J.A.C. 8:57 “for the following reasons:

Loss of Transparency and Accountability[:] Under current law, these records are restricted during active emergencies but become available afterward. This ensures public learning, legislative review, and investigative journalism. Making this secrecy



permanent would mean future nursing home tragedies, vaccine rollouts, or outbreak responses could never be independently evaluated.

Misplaced Privacy Argument[.] The proposal does not stop the Department from collecting or sharing personal health data internally. It simply blocks the public from understanding how decisions are made, insulating officials from scrutiny rather than protecting residents' privacy.

Impact on Public Trust: Transparency builds trust in public health. Permanent secrecy erodes confidence and makes it harder for communities to accept public health measures.” (348)

50. COMMENT: A commenter states that “[t]he changes [the Department is proposing] to [N.J.A.C. 8:57] are nothing short of an end run around the legislative process and a sneaky way to erode the medical and religious freedom of New Jerseyans. Like every other citizen, [the commenter has] no interest in [their] PRIVATE health information being collected and surveilled by the [S]tate.” The commenter further states that their health information is only the “business” of the commenter and their doctor. The commenter states that the proposed amendments “[are] a huge 4th, 5th, and 14th Amendment violation, not to mention an overt attempt to exclude people from jobs, schools, and other aspects of public life. [The proposed amendments] ha[ve] nothing to do with health and everything to do with the installation of a bio-surveillance regime.” (311)

51. COMMENT: A commenter states “[N.J.A.C.] 8:57 represents a direct threat to constitutional protections and ethical public health practice. It's devastating to see how the governmental structures are trying to go against their own constitution[.] Codifying

the use of ‘suspicion’ and ‘prevalence’ as criteria for exclusion violates due process. Expanding health data reporting to include PII without opt-out or consent creates a surveillance state. There is no provision for oversight, no sunset clause, and no protection against misuse. This regulation [rulemaking?] exceeds the bounds of lawful [S]tate authority. [New Jersey] residents deserve protection, not persecution. [The commenter] urge[s] immediate rejection of this proposal and a full legal review.” (76)

52. COMMENT: A commenter states “[t]his amendment will divide [New Jersey] residents into [two] distinct classes. Non-medical individuals will be given authority to assess students on suspicion [and] non-evidence based facts. It is [c]learly inconsistent with the Equal Protection Clause of the 14th amendment and the principals of medical neutrality and informed consent. Strongly oppose.” (107)

53. COMMENT: A commenter states a “major concern is the expansion of [S]tate tracking systems that collect vaccine and testing information. People should have the right to decide how their personal health data is shared and used. Public health rules should protect the community without taking away personal freedoms or the right to informed consent. [The commenter] urge[s] the Department to reject or revise these changes to respect the rights and privacy of all New Jersey residents.” (800)

54. COMMENT: A commenter is “deeply concerned about the legal, ethical, and practical effects of this amendment in its current form.” The commenter “urge[s] [the Department] to revise the proposed amendment to protect individual constitutional rights and prevent administrative overreach.” (107)

55. COMMENT: A commenter states “this amendment establishes a permanent health surveillance system that undermines constitutional protections. [The commenter]

strongly urge[s] the D[e]partment] to vote against these proposed changes. They are simply ridiculous and take away individual protection and freedom.” (107)

56. COMMENT: A commenter is “very against these proposed changes as it will undermine the 4th [A]mendment's protections of the right to privacy from unnecessary searches and seizures. Since when is our health information public domain? [The commenter] can remember a not-so-distant past where the public policy during Covid [sic] was so abherrant [sic] to anything [the commenter had] witnessed in [the commenter's] lifetime and [the commenter] would be loathe [sic] to ever repeat that chapter or enable any authority to promote that kind of unwarranted hysteria on the public ever again. Without any opt-out or due process provisions/protections for any religious freedoms, this proposal would encourage bureaucratic abuse and mission creep. This proposal is so unconstitutional on its face. Just the thought that it would even be proposed makes [the commenter] very suspicious of what other liberties are at risk!” (455)

57. COMMENT: A commenter states “[t]he privacy of [the commenter's] personal information should not be collected and stored and shared. [The commenter] do[es] not want to be put into a database with my personal information. The fact that there is no true opt out of this is just too permanent for [the commenter]. Data breaches, authorized users, there's just too much that can go wrong. [The commenter's] personal medical information is no one's business [b]ut [the commenter's] own and whom [the commenter] choose[s] to go to. Those are the rights of the american [sic] people [a]nd should not be changed.” (400)

58. COMMENT: A commenter states “[g]entlemen, [the commenter does not] consent to having [the commenter’s] medical information collected. [The commenter’s] medical status is between [the commenter] and [their] licensed health care provider. [The commenter] consider[s] this measure an invasion of my privacy, and it appears [the commenter] ha[s] no way to meaningfully [sic] opt out. Large pools of data become ‘honey pots’ for hackers, and the only entities worse at keeping data private than businesses ... [sic] is the government. You dont [sic] need this data. Stop it.” (576)

59. COMMENT: A commenter states “[g]entlemen, [the commenter does not] consent to having my medical data included in a database controlled by the government. In addition to hackers who may access this database illegally ([the commenter does not] trust government to keep my data secure)[.] [The commenter] additionally will not be able to control or restrict access to those the government chooses, but whom [the commenter is] opposed to having access. This is just asking for abuses and... [sic] there is no returning the genie to the bottle once it is out. Its amazing [the United States of America] survived 250 years ... without these databases, including plagues and civil and world wars. You cannot make any existential argument that stands as to why this database is necessary. Because it isn’t [sic]. Stop it.” (576)

60. COMMENT: A commenter is “very concerned about the privacy risks around these changes. Who will have access and what are the protections that will ensure this information is not hacked[?] It also seems like the information will be automatic and [the commenter] won’t have the opportunity to opt-out!” (309)

RESPONSE TO COMMENTS 37 THROUGH 60: As the commenters note, recodified N.J.A.C. 8:57-2.6 through 2.10 would relocate and restate longstanding existing rules at

N.J.A.C. 8:57-1.7 through 1.11. These sections implement the Department's obligation to identify, investigate, and prevent the further transmission of reportable communicable diseases, infections, and conditions, including zoonotic diseases, and reportable clinical laboratory results indicative of the presence of the causative organisms thereof; conduct epidemiological investigations to identify the source and prevent the transmission of infection and outbreaks of disease, and establish procedures for the quarantine and isolation of a person who has a suspected or confirmed communicable disease, infection, or condition. The notice of proposal Summary identifies the Department's statutory authority and obligation to promulgate rules addressing these matters. See N.J.S.A. 26:1A-1 et seq.; 26:4-1 et seq.; and 45:9-42.34 and 35.

Thus, clinical laboratory reporting of laboratory test results to the CDRSS, pursuant to recodified N.J.A.C. 8:57-2.6, zoonotic disease reporting, pursuant to recodified N.J.A.C. 8:57-2.7, and health officer investigation and reporting, pursuant to recodified N.J.A.C. 8:57-2.8 and 2.9, whether by telephone, telefacsimile, or electronic interface, are not new initiatives or phenomena in New Jersey or elsewhere throughout the United States, but fundamental and longstanding public health measures that enable the State to protect public health. For example, N.J.S.A. 26:4-1 and 2, which authorize the Department to "declare what diseases are communicable" and "require the reporting of communicable diseases," were originally enacted in 1895 and 1897. See P.L. 1895, c. 260; and P.L. 1897, c. 68. More recently, Executive Order No. 141 (2020) specifically mandated that all local, county, and regional health departments use a centralized Statewide electronic platform, designated by the Commissioner, to conduct COVID-19 contact tracing during the Public Health Emergency and State of

Emergency. Additionally, N.J.S.A. 26:1A-20 establishes the Commissioner's authority to direct the reporting obligations and public health activities of local health officers.

Likewise, the State's authority to establish isolation and quarantine measures is a valid exercise of its police power is beyond question. See, for example, *Hickox v. Christie*, 205 F. Supp. 3rd 579, 591 (D. N.J. 2016) (reviewing a quarantine order the Department issued pursuant to N.J.S.A. 26:4-2 and existing N.J.A.C. 8:57-1.11 (proposed in this rulemaking for recodification as N.J.A.C. 8:57-2.10); and noting that "[m]ore than a century ago, the United States Supreme Court upheld such exercises of the states' general police powers to protect public health through quarantines and other measures," citing *Jacobsen v. Commonwealth of Massachusetts*, 197 U.S. 11 (1905)).

Pursuant to the laws cited above, the Department is without authority to refrain from promulgating standards: (1) establishing lists of the laboratory test results indicative of the presence of the causative organisms of a communicable disease, infection, or condition that clinical laboratories are to report, and the corresponding methods and deadlines by which a clinical laboratory is to report each type of result (which would appear as recodified N.J.A.C. 8:57-2.6); (2) identifying reportable zoonotic diseases and the entities with zoonotic disease reporting obligations, and the corresponding reporting procedures and deadlines (recodified N.J.A.C. 8:57-2.7); (3) establishing standards by which a health officer is to report a suspected or confirmed case or outbreak of a communicable disease, infection, or condition (recodified N.J.A.C. 8:57-2.8) to the Department; (4) establishing minimum standards by which a health officer is to investigate a suspected or confirmed case or outbreak of a communicable disease, infection, or condition (recodified N.J.A.C. 8:57-2.9); and (5) for the isolation

and quarantine a person with a suspected or confirmed communicable disease, infection, or condition (recodified N.J.A.C. 8:57-2.10).

The commenters' object to the term "prevalence" as "vague." In the public health and epidemiology context, it is a term of art. The National Center for Health Statistics of the National Institutes of Health of the US DHHS defines "prevalence" to mean the "number of cases of a disease, number of infected people, or number of people with some other attribute present during a particular interval of time. It is often expressed as a rate (for example, the prevalence of diabetes per 1,000 people during a year)."

National Center for Health Statistics, Division of Analysis and Epidemiology, "Health, United States, 2020–2021: Annual Perspective" (2023), Hyattsville, MD, available at <https://www.cdc.gov/nchs/hus/sources-definitions/prevalence.htm>. N.J.S.A. 26:4-6 uses the term "prevalence" in stating that "[a]ny body having control of a school may, on account of the prevalence of any communicable disease, or to prevent the spread of communicable diseases, prohibit the attendance of any teacher or pupil of any school under their control and specify the time during which the teacher or scholar shall remain away from school." N.J.A.C. 8:57-4.10, as proposed for amendment, and proposed new N.J.A.C. 8:57-6.9, would use the term "prevalence" to retain consistency with the text at N.J.S.A. 26:4-6. The Commissioner, in consultation with the Deputy Commissioner for Public Health Services (at least one of whom is, by law, a physician, see N.J.S.A. 26:1A-3), and the State Epidemiologist, who is a physician, would determine the prevalence of a vaccine-preventable disease that has become an outbreak, and would provide direction to the local health official with jurisdiction with

respect to the need to exclude under-immunized, unimmunized, and provisionally admitted persons from attendance at a facility.

To the extent the exclusion of such persons from attendance at a facility during an outbreak might create the “two-tiered system” to which the commenters refer, this is a result of N.J.S.A. 26:4-6, and not as a result of recodified N.J.A.C. 8:57-4.10 and new 6.9. Distinguishing between vaccinated and unvaccinated individuals for public health purposes, as outlined in the statute, does not violate the Equal Protection Clause of the 14th Amendment. “The Equal Protection Clause of the Fourteenth Amendment commands that no State shall deny to any person within its jurisdiction the equal protection of the laws, which is essentially a direction that all persons similarly situated should be treated alike.” *City of Cleburne v. Cleburne Living Ctr., Inc.*, 473 U.S. 432, 439 (1985). But “a classification neither involving fundamental rights nor proceeding along suspect lines ... cannot run afoul of the Equal Protection Clause if there is a rational relationship between disparity of treatment and legitimate governmental purpose.” *Central State Univ. v. Am. Ass’n of Univ. Professors, Cent. State Univ. Chapter*, 526 U.S. 124, 127-128 (1999) (citations omitted). The Third Circuit has confirmed that there is no fundamental right to refuse vaccination, and unvaccinated individuals do not constitute a suspect class. *Children’s Health Def., Inc. v. Rutgers, the State Univ. of New Jersey*, 93 F.4th 66, 78, 84 n. 38 (3d Cir. 2024), *cert. denied*, 144 S. Ct. 2688 (2024). Also, without question, the State has an appropriate government interest in distinguishing between vaccinated and unvaccinated individuals for purposes of attending a facility. Specifically, the distinction is necessary to control or prevent the spread of a communicable disease as unvaccinated individuals are more susceptible to contracting



the disease and thereby more likely to spread the disease in the facility. By distinguishing between vaccinated and unvaccinated individuals, the State is furthering an important and necessary government purpose of protecting the health and well-being of its residents and visitors.

Moreover, if an outbreak were to reach epidemic levels in a given region, not only the under-immunized, but all persons could be excluded from attendance at educational facilities and from other locations where people congregate, as necessary to implement social distancing and prevent the further transmission of a communicable disease, infection, or condition – as occurred during the Public Health Emergency and State of Emergency caused by the COVID-19 pandemic.

As to the commenters' recommendations for "privacy and constitutionality," recodified N.J.A.C. 8:57-1.7, discussed above in response to Template 4 comments, addresses the confidentiality of, and the limited purposes for which persons might have access to, CDRSS data. N.J.S.A. 26:4-1 et seq., provides no discretion or authority in the Department to establish a mechanism by which a person could "opt-out" from the Department's collection of data relating to a suspected or confirmed case or outbreak of a communicable disease, infection, or condition. A quarantine or isolation order of the Commissioner would be an administrative order, which is subject to review in a competent jurisdictional forum and, in turn, provides the subject of the order with procedural due process protections. CDRSS user access is role based and subject to each user receiving prerequisite role-based training and executing of a user confidentiality agreement. For more information, see the CDRSS websites at <https://www.nj.gov/health/cd/reporting/cdrss/> and

<https://cdrss.nj.gov/cdrss/login/loginPage>. For more information, see the CDRSS websites at <https://www.nj.gov/health/cd/reporting/cdrss/> and <https://cdrss.nj.gov/cdrss/login/loginPage>.

Moreover, the reporting of communicable disease data to the Department and local health agencies does not violate the Fourth Amendment of the Constitution. “[T]he ultimate touchstone of the Fourth Amendment is ‘reasonableness.’” *Brigham City v. Stuart*, 547 U.S. 398, 403 (2006). While one way to satisfy that requirement is to obtain a warrant based on probable cause, *United States v. Lewis*, 672 F.3d 232, 237 (3d Cir. 2012), a long-recognized exception to the warrant requirement is the “special needs” doctrine, which applies “when special needs, beyond the normal need for law enforcement, make the warrant and probable-cause requirement impracticable,” *Griffin v. Wisconsin*, 483 U.S. 868, 873 (1987). Here, the reporting of communicable disease information to the Department and local health agencies is not for law enforcement purposes but rather to prevent or control the spread of communicable diseases in the State. Indeed, the U.S. Supreme Court recognized decades ago the reasonableness of disease reporting and the important governmental interest it serves. See *Walen v. Roe*, 429 U.S. 589, 602 (1977) stating that “disclosures of private medical information to doctors, to hospital personnel, to insurance companies, and to public health agencies are often an essential part of modern medical practice” and cited reporting statutes for sexually transmitted diseases as an example of this interest). Thus, the reporting requirements are not unconstitutional as claimed by the commenter.

Based on the foregoing, the Department will make no change upon adoption in response to the comments.

**N.J.A.C. 8:57-2.3 and 2.7**

61. COMMENT: With respect to N.J.A.C. 8:57 2.3(b), a commenter states with regard to reporting rabies “[t]he report must be made by telefacsimile or secure email, unless the healthcare provider has access to CDRSS. Will there be changes made to CDRSS that will accommodate the reporting of PEP administrations? Does the reporting requirement pertain only to the first dose administered or does it require each individual dose of the PEP regimen to be reported individually?” The commenter states “[i]n many instances the first dose of the PEP regimen is administered on the date the patient is initially evaluated by the healthcare provider. This dose would be reported by close of business on the next business day following the date of administration of the PEP dose. Depending on the time and/or date of administration, this might conflict with N.J.S.A. 26:4-79, which requires physicians to report animal bites within 12 hours of the first professional attendance. To satisfy both the proposed [rule] and the statutory requirement, the healthcare provider would have to report the bite to the local board of health within 12 hours of attendance and then report the administration of the PEP dose by close of business on the next business day following the date of administration.”

(178)

RESPONSE: The Department does not intend to modify the CDRSS to accept PEP administration reports. The requirement to report PEP administration established at proposed N.J.A.C. 8:57-2.3(b) only applies to the first dose administered. The reporting requirements at proposed N.J.A.C. 8:57-2.3(b) are not to supersede any earlier statutory reporting requirement.

62. COMMENT: A commenter notes that recodified N.J.A.C. 8:57-2.7 at proposed new paragraph (d) would “not require ... a report [to be submitted] if the exposed or bitten person is under the care of a healthcare professional. [The commenter] believe[s] this exemption will increase the chances that someone will die because of a rabies infection. A bite victim may tell the animal control officer, vet, facility manager, etc. [sic] that they have been seen or will be seen by healthcare professional. In reality, they may not have been seen by the healthcare provider or have no intention of seeking medical treatment. In cases, such as these, [one has] lost the opportunity to secure the biting animal for observation or testing, as well as the opportunity and ability to monitor the administration of PEP until the entire regime is complete. Since rabies is almost 100 [percent] fatal after the onset of symptoms, [the commenter] feel[s] it is best to err on the side of caution and receive two reports for the same bite occurrence, rather than risk a situation in which a report might not be made.” (178)

RESPONSE: Recodified N.J.A.C. 8:57-2.7(d) imposes an affirmative obligation to report an animal bite to a health officer, absent the person having personal knowledge that the bitten person is under the care of a healthcare professional. Entities upon whom recodified N.J.A.C. 8:57-2.7 imposes reporting obligations who fail to report in accordance with that rule are subject to enforcement proceedings by the Department, which may include actions against a professional credential or a facility, who in turn, would have reporting obligations pursuant to N.J.A.C. 8:57, and imposition of penalties.

**N.J.A.C. 8:57-3 (SFHF Templates 1 and 2)**

63. COMMENT: Commenters submitted, either in their entirety or portions of, the following form letters, known as Templates 1 and 2 on the SFHF website. Template 2

varies from Template 1 in stating that recodified N.J.A.C. 8:57-3.4 would expand “the type of facility that is eligible to become an NJIIS user.” Template 1 varies from Template 2 in stating that recodified N.J.A.C. 8:57-3.10 “would automatically enroll all New Jersey residents - including children and adults - into the [NJIIS] with very limited opt-out options. Even those who opt out could still have their personal health data collected and retained without consent.”

Templates 1 and 2 converge by stating that “[w]hile [the commenters] support public health efforts, [the commenters are] deeply concerned this proposal undermines informed consent, privacy, and individual autonomy.” The commenters’ “[k]ey [c]oncerns” are:

“[1.] Loss of [c]onsent: [a]utomatic enrollment removes residents’ right to decide whether their personal health information is collected, stored, and shared[;]

[2.] Privacy [r]isks: [a] lifelong vaccine database accessible to public health agencies, schools, child care centers, insurers, and other ‘authorized users’ risks breaches, discrimination, and misuse[; and]

[3.] No [t]rue [o]pt-[o]ut: [e]ven residents who opt out could have their records overridden and retained, eroding public trust.”

The commenters request the Department:

1. “Make NJIIS a *true opt-in system*,”
2. “Define *clear opt-out procedures* that cannot be overridden,”
3. “Establish *strict privacy and security protections* limiting access and preventing misuse” [(this statement appears only in Template 1)]; and

4. “Provide *transparency* on data use, access, and retention.” [(Emphasis in original.)]

The commenters state that “New Jersey families support public health but also expect their privacy and autonomy to be respected. Automatic enrollment without meaningful consent undermines trust and erodes individual rights.” (Template 1)

64. COMMENT: As an addendum to Template 1, a commenter states “[t]his is unacceptable and [the commenter is] against it!!” (42)

65. COMMENT: As an addendum to Template 1, a commenter states the proposed rulemaking “encourages tyranny, and the misuse of power. Don’t forget it’s us, the private citizen, the tax payers that are in charge. Some appointees at the [Department] do not get to make rules that infringe not only upon [one’s] natural and religious rights, they don’t get to use the public school system, which [the commenter] fund[s] with [the commenter’s] money, as leverage to force needles into [the commenter’s] arm or even worse [the commenter’s] children’s. Expect legal action if this decision goes through.

The [S]tate wants to force [one] and [one’s] children at needle point, holding [one’s] children’s education hostage? Don’t forget it is the tax payers who fund those institutions. Bureaucrats in Newark don’t get to just force down their vaccine requirements on us with the stroke of a pen. If the [S]tate starts attempting to force people to inject themselves with substances [the individual] do[es] not want in their bodies or even worse starts coercing people to do so to their children, by holding their children’s education hostage, people will move to home school. [The commenter] know[s] because [the commenter is] one of them[.]” The commenter states that the

commenter and the commenter's spouse "will assume the educational duties with other moms in our neighborhood. It will prove even further how bad many public education districts are in the [S]tate. Then all it takes is the right conservatives to get elected, then pass legislation to inhibit school choice. The public school system will go down like a fast sinking ship, the unions will dissolve and no democrat will ever get elected again. As attendance dwindles, and other institutions can now compete, education not only becomes much cheaper but it becomes much better. Never forget the law of unintended consequences, democrats!" (159)

66. COMMENT: As an addendum to Template 1, a commenter states "[t]his is not constitutional. [The commenter] want[s] full parental rights and medical rights to decide[, and] the right to opt in or opt out at any time. You must ask [the commenter's] permission before entering [the commenter] or any of [the commenter's] information into any system or face law suites [sic]." (451)

67. COMMENT: As an addendum to Template 1, commenters state "[t]hese changes to the [S]tate health code are a usurpation of privacy rights, across the board. The [S]tate has no business conducting such surveillance, maintaining these type of records and/or manipulating the public into compliance. Additionally[,] it erodes parental rights, allows for discrimination against those with sincere religious beliefs and puts unbelievable [sic] omnipotent power in the hands of a single, UNELECTED bureaucrat. Simply unconscionable. Who do you think you are? Did you not observe the 'No Kings' rallies across this country? Now you want to set one up? Absolutely not. All of these proposed changes MUST be REJECTED!!" (Emphasis in original) (456 and 651)

68. COMMENT: As an addendum to Template 1, a commenter opposes “the [Department] proposal to automatically enroll all New Jersey residents[,] including adults and children[,] into the New Jersey Immunization Information System (NJIS) with only limited opt-out options.” The commenter states this “removes informed consent, creates major privacy risks, and allows personal health data to be collected and retained even for those who opt out.” The commenter urges “[the Department] to revise the proposal to make participation voluntary, define clear opt-out procedures that cannot be overridden, and adopt strict privacy safeguards to protect sensitive health data from misuse.” (618)

69. COMMENT: As an addendum to Template 1, a commenter states “[i]ndividual liberty to opt-in or opt-out must be the standard and all rights of informed consent preserved. This includes, but is not limited to, religious and conscientious liberties, as well as individuals' Fourth Amendment rights.” (13)

70. COMMENT: As an addendum to Template 1, a commenter inquires, “[h]ow would patients be notified of this when they see their healthcare provider? Often times there are updated consent to treatment and HIPAA [sic] forms that need to be signed, and I am afraid that it may be conveniently slipped in the fine print. Just as a doctor asks if a patient wants a vaccine, they should verbally ask the patient if he or she wants to be enrolled in the NJIS. [One is] not automatically enrolled in health insurance, enrolled to vote, enrolled in a retirement plan, etc. and [one] should not be automatically enrolled in a government vaccine tracking system. Just as women's reproductive health should be between her and her doctor, NOT the government, vaccines administered should be between the patient and doctor, NOT the government.” (692)



71. COMMENT: As an addendum to Templates 1 and 2, a commenter is “opposed to establishing the NJIIS. We need less data collection and more privacy.” (453)

72. COMMENT: As an addendum to Templates 1 and 2, a commenter states “[t]here should not be an OPT-OUT but an OPT-IN rather than automatic registration for citizens of [New Jersey]” and that the Department should “[m]ake [New Jersey] a TRUE OPT-IN [S]tate.” (685)

73. COMMENT: As an addendum to Template 2, a commenter states that “the current system keeps [the commenter’s] information or should be keeping it between [the commenter] and [the commenter’s] doctor. [The commenter] know[s] all to [sic] well of past breaches of our social security [numbers], name, address and other personal information by hackers that have gotten into our health insurance records, financial institutions, even hospital systems and local government entities and held hostage until they paid up, [there is a necessity for] strict limits to [one’s] personal information and who is even permitted to see [one’s] information. [T]here are government guidelines such as : (informed consent is protected by the Belmont report links ... lo [sic] I’m nformed [sic] Consent Checklist (1998) | HHS.gov and Read the Belmont Report | HHS.gov)[.] The God that [the commenter] follow[s] made Men and woman [sic] Sovereign before America was even formed and the Republic that [the commenter] live[s] in also entitles [the commenter] to Individual Sovereignty so [the commenter is] commanding you to exclude [the commenter] from any such database [sic].”

The commenter states that recodified N.J.A.C. 8:57-3.6 and 3.7 mandate “automatic enrollment of every child and adult in the New Jersey Immunization

Information System upon any healthcare encounter, with no opt-out option unless explicitly requested in writing-and even then, data already collected remains permanent. This violates informed consent, a cornerstone of medical ethics and New Jersey law (N.J.A.S.A. [sic] 26:4-132). It removes personal control over sensitive health data, exposing families to misuse, breaches, and discrimination. Informed consent is also protected by the Belmont report.” The commenter provides website links. The commenter “[c]ommand[s] that the ... Department [w]ithdraw ... N.J.A.C. 8:57-3.6 [and] 3.7 [and] [h]old public hearings in every county before any re-proposal.” (696)

74. COMMENT: With respect to N.J.A.C. 8:57-4.3 and 4.4, the commenter states that “[b]y aligning [S]tate requirements with [F]ederal ACIP schedules and allowing the Commissioner to suspend religious exemptions during declared emergencies, the rule: [u]ndermines long-standing religious protections upheld by the [New Jersey] Constitution and case law (e.g.[sic] Boushea v. City of Newark) [and] [p]ermits private schools to be coerced into denying admission based on faith, violating equal access to education.” (696)

75. COMMENT: With respect to the NJIIS system, a commenter states that “[t]here should be an opt-out option for people who don’t want their health records submitted for this database[.]” (56)

76. COMMENT: A commenter states “[t]his is not ok [sic] to have to be enrolled in an immunization list. It’s no one’s business what you have or not gotten.” (133)

77. COMMENT: A commenter does “not agree with automatic enrollment of people’s personal health records in some database accessible to unelected bureaucrats and technocrats removing [S]tate residents’ right to decide whether their personal health

information is collected, stored, and shared and used as a cudgel. In light of the stupidity and terrible handling of the corona virus [sic] giving so called health officials this kind of access and control will lead to more of the same. Public trust in so called health authorities is already cratering and this will not help. An opt out should be provided for those who would rather not place their private health records and decisions in the hands of people who may misuse or abuse such information. The trust that many residents had to support such a scheme has been destroyed and for the [S]tate to push this will further encourage people to not comply to their fullest.” (164)

78. COMMENT: A commenter states “[the commenter is] against this amendment because of the following. It removes [the commenter’s] right to decide to participate in the program or not. This invites discrimination of the unvaccinated to participate in daily life in [New Jersey]. This is a violation of [the commenter’s] privacy. There is no true opt-out in this amendment. The unvaccinated have done nothing wrong and are healthier than the vaccinated. There are privacy risks, loss of [the commenter’s] consent, and no true opt-out. [The commenter] request[s] making this an opt-in system, or opt-out that cannot be overridden. [The commenter] request[s] more definition [sic] of data use, access[,] and retention.” (267)

79. COMMENT: A commenter states “[One] [l]ose[s] [c]onsent if you automatically enroll all New Jersey residents - including children and adults - into the [NJIS]” (231)

80. COMMENT: A commenter states “[t]he parts about the expanded NJIS (immunization registry) and CDRSS (disease reporting system) honestly make [the commenter] uneasy. Automatic enrollment for newborns, mandatory reporting from

nearly every provider, and unclear limits on who can access all that data — that's a lot of personal medical information being gathered. [The commenter does not] think most parents realize how permanent these databases could become or how hard it might be to opt out. [The commenter is] not against good recordkeeping — it's important for public health — but there should be strong, written safeguards that protect families from misuse of their private health information. People should always have a real choice and clear notice about what's being collected.” (237)

81. COMMENT: A commenter states that “[the commenter is] all for public health, but what [the commenter is] reading is very concerning. Right now the public doesn't have much trust in this institution. What would help: Make it an Opt [sic] in system, rather than an opt out. Make sure that parents/ families have to consent to any sharing of their health info. Make sure that if someone wants to opt out that it can't be overridden [sic]. Be transparent about how the data is going to be used.” (349)

82. COMMENT: A commenter states “[e]very person should have the right to unenroll themselves from a registry. PERIOD. Our credit card information is hacked all the time, our health information will never be secured properly. This is dangerous and a violation of privacy.” (354)

83. COMMENT: A commenter states “the creation of a publicly accessible vaccination record system raises serious privacy concerns. Personal medical information—especially that of minors—should remain confidential and protected under HIPAA and related privacy laws. Opening such data to ‘everyone’ could expose families to discrimination, stigmatization, or other unintended consequences.” (395)

84. COMMENT: A commenter states “[a]s a Board Certified Family Nurse Practitioner and future mother residing in the [S]tate of New Jersey, [the commenter] believe[s] the NJIIS is a violation of patient health information and [strongly advises] should strictly be an opt-in system ... as automatic enrollment undermines patient autonomy and medical privacy.” (446)

85. COMMENT: A commenter states “New Jersey families support public health but also expect their privacy and autonomy to be respected. Automatic enrollment without meaningful consent undermines trust and erodes individual rights.” (459)

86. COMMENT: A commenter “oppose[s] this proposal. It overrides [the commenter’s] privacy regarding health information and severely limits the opt-out option on this issue.” (470)

87. COMMENT: A commenter “oppose[s] [N.J.A.C.] 8:57-3.10. [The commenter] believe[s] there should be a simple opt-out option and no automatic opt-in.” (479)

88. COMMENT: A commenter states “[m]ake it an option to enroll one’s medical information of immunization into the system. Noone should be forced to be entered into a government database without their consent.” The commenter requests “[a] true opt OUT option [to be] offered ...” (484)

89. COMMENT: A commenter “[o]ppose[s] the format of the NJIIS as proposed in N.J.A.C. 8:57 based on the mandate to maintain the high standard of INFORMED CONSENT, the cornerstone for health care, for any such enrollment. [The commenter] opposes AUTOMATIC enrollment in the [NJIIS] once a minor or adult receives any type of inoculation without informed consent to be enrolled. [The commenter is] not opposed to a vaccination registry per say, but if one exists it must be on the basis of full informed

consent given by those enrolled (or by parents/guardians of minors), including the fact that the information will be shared across LIMITED health related platforms. If such a registry is to be maintained anyone enrolled must be entered ONLY on an OPT-IN basis after providing full information to potential enrollees to grant an INFORMED CONSENT as to the purpose, use of and implications of enrollment to be entered in any registry. Furthermore, parents and legal guardians must grant PERMISSION by a process of informed consent with full information as to the purpose, use of and implications of enrolling their children in NJIIS. Maintaining privacy of health[-]related data is a main commandment for health care providers. Secondly in reading the code changes related to the NJIIS the database will be accessed by people, many of whom are not health care professionals, who are not involved in the health care decisions of the people registered. This breaks with the privacy of patients. Health care provider-patient confidentiality, another tenant of health care, will be abandoned if the NJIIS is created as proposed. If any registry is created and be accessed solely by health-care professionals with clinical background to analyze the data entered and direct health care decisions.” (507)

90. COMMENT: A commenter opposes “the idea of stripping the privacy of medical decisions by having a registry.” (553)

91. COMMENT: A commenter states “[one] should be able to choose to opt in if [one] would like and that is it.” (555)

92. COMMENT: A commenter “disagree[s] with any OPT- Out [sic] system. If someone would like their information held by governmental agencies it should be an OPT -IN [sic]. [One] should be in charge of [one’s] own records and decide who [one

would] allow to view them and store them. [The commenter] find[s] this insulting and against [the commenter's] free will and freedom rights." (567)

93. COMMENT: A commenter states "[t]rue [o]pt [o]ut of automatically enrolling all New Jersey residents - including children and adults - into the [NJHIS]." (570)

94. COMMENT: Commenters state "[p]lease DO NOT automatically enroll all New Jersey residents - including children and adults - into the [NJHIS]." (569 and 571)

95. COMMENT: A commenter states "[t]here are [p]rivacy [sic] [r]isks to automatically enroll all New Jersey residents - including children and adults - into the [NJHIS]." (572)

96. COMMENT: A commenter states "[w]hile [the commenter] support[s] public health efforts [the commenter is] concerned about privacy risks, discrimination, breaches and misuse. Please reconsider." (736)

97. COMMENT: A commenter "express[es] concerns, and hopeful withdrawal of the adult vaccination database. This should be an optional opt-in. Grown adults are capable of making that decision for themselves, not our [S]tate government. If this does not change, [w]e need to see clear opt out instructions." The commenter "believe[s] there are big privacy risks, and feel[s] this is not necessary at all. Please consider these proposed changes very carefully and remove this portion from the list of changes." (697)

98. COMMENT: A commenter states "[t]he proposal seems to automatically enroll children, and in some cases adults, into the [NJHIS], with limited opt-out options

and potential overrides. Can the Department confirm how opt-outs will function and what safeguards exist to protect parental choice and data privacy?” (17)

99. COMMENT: A commenter self-identifies as a New Jersey resident and parent and states “regarding the proposed expansion of access to personal health data within the [NJHIS]. While [the commenter] understand[s] the intent of maintaining accurate records for public health, the broad access described in this proposal raises serious questions about consent, privacy, and long-term data security. Allowing an open list of ‘authorized users’ — including schools, child-care centers, insurers, and other agencies — increases the risk of misuse, discrimination, or data breaches. Once health information leaves the direct control of the individual or family, it becomes vulnerable in ways that cannot be undone. The idea that these records could be kept indefinitely, and even remain accessible for those who opt out, deeply undermines trust between citizens and public health authorities. [The commenter] urge[s] the Department to adopt meaningful limits on who can access this data and how long it can be retained. Individuals should be fully informed about what is collected, who can see it, and how it is protected. If New Jersey truly values informed consent, residents deserve the right to control their own health information, not simply be monitored by it. Thank you for your time and commitment to the people you serve.” (707 and 708)

100. COMMENT: A commenter opposes “any rule changes that would allow health insurance companies or health benefits plans to access individually identifiable records in NHIS. The proposal reiterates that Subchapter 3 implements the Statewide Immunization Registry Act and designates NJHIS as the official statewide registry operated by the Department as the single repository of immunization records and



preventive health screening records. That framing confirms NJIIS is a public health tool rather than an insurance data source. The proposal also maintains that individually identifiable information in NJIIS must remain confidential and may be released only in limited circumstances. It authorizes aggregate or summary releases that cannot identify an individual and permits release of identifiable information only to law enforcement, for public health purposes, or as otherwise authorized or required by law. The text further recognizes registrant choice by addressing participation status, which underscores consent and control expectations.” (607)

101. COMMENT: A commenter requests “the Department to publish a privacy impact analysis that maps data flows, enumerates vendors and subprocessors, [(sic)] evaluates re-identification risk, and documents mitigations before any insurer related activity is contemplated, and to commit to annual public reporting that describes any insurer related outputs at the aggregate level, including data elements disclosed, purposes, and audit findings. This process-oriented commitment would give the public the transparency necessary to maintain trust while allowing the Department to publish system wide and de-identified quality indicators.” (607)

RESPONSE TO COMMENTS 63 THROUGH 101: As stated in the notice of proposal Summary, the Statewide Immunization Registry Act (SIRA), N.J.S.A. 26:4-131 et seq., specifically at 26:4-134, establishes, within the Department, the NJIIS as the official Statewide immunization registry, and requires every person born in New Jersey after January 1, 1998, to be enrolled in the NJIIS, “unless the [enrollee] provides a written request to not participate in the [NJIIS].” Thus, the statute requires automatic enrollment but enables an enrollee “to request to not participate in the [NJIIS] at any

time and to remove or inactivate information from the [NJIS].” N.J.S.A. 26:4-134i(5).

Thus, the SIRA grants the Department no discretion to refrain from processing enrollment of every person subject to the SIRA and obliges the Department to establish a procedure by which a person is to submit a written request to withdraw. Recodified N.J.A.C. 8:57-3.13, in accordance with the SIRA, establishes the procedure by which an enrolled person is to submit a written request to withdraw from participation, that is, by submitting the simple, one-page form at proposed new Appendix J.

The commenters provide no specific information to which the Department can respond with respect to the assertion that establishment of the NJIS “risks breaches, discrimination, and misuse.” In contrast, the notice of proposal Summary, and the response to comments relating to Template 4, describe the extensive measures the Department undertakes to protect the confidentiality, security, and appropriate use of NJIS data.

The Department requires all electronic data exchange to be processed in secure electronic format in accordance with the standards indicated at recodified N.J.A.C. 8:57-3.15(b). Recodified N.J.A.C. 8:57-3.6 requires each NJIS site administrator and NJIS user to undergo training as to appropriate use of NJIS data and to execute a user confidentiality agreement, in which each NJIS user acknowledges both personal liability and NJIS site liability for unauthorized disclosures. See also N.J.A.C. 8:57 Appendices B, C, and D. Pursuant to recodified N.J.A.C. 8:57-3.6(b)1, each NJIS user’s access to NJIS data is limited to the minimum necessary to the NJIS user’s function. Pursuant to recodified N.J.A.C. 8:57-3.7, the Department routinely audits each NJIS site’s use of the NJIS and can suspend or limit access, as necessary, to investigate or respond to

NJIIS system threats, and NJIIS users have a duty of cooperation with these audits and investigation. N.J.S.A. 26:4-137 identifies improper disclosure of NJIIS data as a disorderly persons offense, and recodified N.J.A.C. 8:57-17 identifies Department enforcement authority with respect to violations of the SIRA and N.J.A.C. 8:57.

In addition, as with the CDRSS, the Department maintains the confidentiality and security of information in the NJIIS in accordance with the New Jersey Office of Homeland Security and Preparedness, “Statewide Information Security Manual” (2024), as amended and supplemented, available at <https://www.cyber.nj.gov/grants-and-resources/state-resources/statewide-information-security-manual-sism>, which is consistent with National Institute of Standards and Technology (NIST), United States Department of Commerce, “The NIST Cybersecurity Framework (CSF) 2.0” (2024), as amended and supplemented, available at <https://www.nist.gov/cyberframework>.

The proposed amendment at recodified N.J.A.C. 8:57-3.4 would restate subsection (a) to use the defined terms “health care facility,” “health care professional,” “early childhood center,” “IHE,” “EHR vendor,” and “HIE, HIO, and HIN.” Of these, only the terms “EHR vendor,” and “HIE, HIO, and HIN” would add to the types of entities that newly would be eligible to obtain access to the NJIIS as NJIIS users. These terms refer to entities that serve as intermediaries to support an electronic data exchange between entities with reporting obligations and the NJIIS, typically pursuant to a contract with the reporting entity and subject to a HIPAA business associate agreement requiring the entities to adhere to the confidentiality obligations to which the reporting entity is subject pursuant to applicable law. In addition, the proposed amendment would add “State psychiatric hospital” to enable adult immunization reporting access, because the

proposed meaning of the defined term “hospital” would be limited to a facility that the Department licenses pursuant to the Health Care Facilities Planning Act in Title 26 of the Revised Statutes of New Jersey. The Department does not license the State psychiatric hospitals, which operate pursuant to Title 30 of the Revised Statutes of New Jersey

As stated in the notice of proposal Summary, “the NJIIS shows the record of a withdrawn registrant as inactive due to the registrant’s withdrawal from participation. This is necessary to prevent inadvertent reenrollment by health care facilities and healthcare professionals, who would have patient enrollment and reporting obligations pursuant to recodified N.J.A.C. 8:57-3.10 and 3.14, as proposed for amendment, following a health care encounter with a patient who has withdrawn from participation.” The Department retains the demographic identifiers with respect to withdrawn registrants as necessary to prevent their reenrollment and reject user efforts to input future vaccination data.

Recodified N.J.A.C. 8:57-3.15 would identify the limited entity types with which data from the NJIIS might be exchanged, principally for public health purposes and in accordance with the AIRA-PHIIS-IMOU.

Based on the foregoing, the Department will make no change to the adoption in response to this comment.

102. COMMENT: A commenter states “[t]he [proposed rulemaking] allow[s] health benefit plans to request information from NJIIS. Please clarify what statutory authority permits disclosure to health plans, whether the plan must obtain the patient/parent/guardian’s explicit, documented consent before accessing identifiable

NJIS data, whether requests will be allowed only for plan members, how membership will be verified, and what auditing, minimal-necessary, and redaction protections are in place to prevent unauthorized use[?] Health plan access should be voluntary and consent-based, not automatic.” The commenter further requests that “NJIS disclosure to health plans be strictly consent-based and documented, restrict data fields to the minimum necessary, and require regular audits with published summaries.” (29)

103. COMMENT: A commenter states that “the [proposal] introduces a new definition of health benefits plan access, allowing plan users to run HEDIS and other data quality reports and referencing N.J.S.A. 26:4-134i(7). It also adds a health benefits plan to the list of entities that qualify as an NJIS site and newly lists a health benefits plan among entities eligible to become NJIS users. These additions expand the categories of non public health actors who may interact with NJIS in ways that are not aligned with the registry’s core purpose. NJIS operates under a public health mandate. Federal privacy law allows disclosures to public health authorities for surveillance and prevention; it does not transform health plans into public health authorities. Federal law sets a floor rather than a ceiling, so New Jersey may adopt stricter protections consistent with its registry statute and rules. The minimum necessary principle and de-identification standards reinforce the appropriateness of limiting any plan related outputs to aggregate and statistically de-identified data generated by the Department rather than permitting direct plan queries of identifiable records.

Permitting insurers to access identifiable NJIS data, even when described as HEDIS or data quality use, creates foreseeable privacy and trust risks and does not align with the stated purpose of the registry. The registry exists to support vaccination

and public health response, not to facilitate coverage determinations, network management, benefit design, premium rating, claims analytics, or marketing. Making identifiable records accessible to organizations whose core incentives differ from public health creates risks of eligibility or pricing inferences, downstream sharing with third party vendors, and re-identification through linkage with other data. Absent strong purpose limitation, data minimization, immutable audit logs, retention limits, query throttling, and independent oversight, public trust in NJIIS may erode and participation could decline, which would undermine disease prevention goals. The confidentiality text in the proposal confirms a narrow approach to releasing identifiable data and does not contemplate routine health plan access to named registrants; it emphasizes de-identified or summary outputs and lists only limited bases for identifiable disclosures. The opt out protection for registrants reinforces expectations of consent and control that are inconsistent with broad health plan querying of individual records. For these reasons, [the commenter] request[s] that the Department remove the new definition of health benefits plan access, remove a health benefits plan from the definition of an NJIIS site, and remove a health benefits plan from the list of entities eligible to become NJIIS users. These edits would realign the rule with NJIIS's public health mission and the confidentiality framework. The requested changes correspond to the proposal's definition section where health benefits plan access is introduced, the definition of NJIIS site where a health benefits plan appears, and the enrollment eligibility provision that adds a health benefits plan to the list of entities eligible to become NJIIS users. ... If health plan quality reporting requires immunization rates, those needs can be met with Department generated and statistically de-identified aggregate reports or through

existing provider to plan pathways under federal treatment and operations provisions. Either approach can support HEDIS measurement without expanding insurer access to identifiable NJIIS records”

The commenter further suggests “[t]o the extent any interaction with a health benefits plan is permitted by law, outputs shall be limited to aggregate and statistically de-identified reports generated by the Department. Access by a health benefits plan to individually identifiable NJIIS records is prohibited. Data derived from NJIIS shall not be used, directly or indirectly, for underwriting, eligibility determinations, premium rating, benefit design, claims adjudication, marketing, or network management. Any Department generated aggregate outputs provided to a health benefits plan shall be subject to written agreements that require purpose limitation, data minimization, retention limits, immutable audit logging, breach notification to the Department within seventy two hours, vendor and subprocessor [(sic)] disclosure, and Department audit rights. The Department shall conduct and publish a privacy impact analysis prior to any insurer related activity and shall publish an annual public report summarizing aggregate insurer related disclosures, safeguards, and audit results. Any insurer related activity authorized by this subchapter shall sunset two years after its effective date unless affirmatively readopted following a public report and public comment.” (607)

RESPONSE TO COMMENTS 102 AND 103: The proposed definition of the term “health benefits plan access,” at recodified N.J.A.C. 8:57-1.3, would mean “access for health benefits plan users to run HEDIS® and other data quality assurance reports, and for the purposes established at N.J.S.A. 26:4-134i(7).” As the statute requires the

Department to thus provide health benefits plan access to the NJIIS, the Department will make no change upon adoption in response to the comment.

**N.J.A.C. 8:57-3.7**

104. COMMENT: Presumably with respect to recodified N.J.A.C. 8:57-3.7, a commenter states “[t]he rule indicates automatic enrollment at birth with an opt-out form that makes records ‘inactive/public view’ but retained by [the Department] for audit/public health purposes. Please define exactly what ‘inactive’ and ‘removed from public view’ mean, explain whether records can ever be entirely deleted, identify retention periods and the legal basis for retention, describe safeguards against unauthorized reactivation or disclosure, and ensure an easy process to fully export and permanently delete personal data when requested.” (29)

RESPONSE: N.J.A.C. 8:57-3.7 does not state that the Department would retain the record of a former registrant who has withdrawn from participation in the NJIIS for “audit/public health purposes.” The record of a withdrawn applicant is made inaccessible and the NJIIS retains only the limited demographic identifiers necessary for the NJIIS to reject and prevent the reenrollment and acceptance of new immunization data with respect to a withdrawn applicant. The Division of Revenue and Enterprise Services of the Department of the Treasury implement the laws and establishes standards addressing retention of NJIIS records. See <https://www.nj.gov/treasury/revenue/rms/index.shtml>. Recodified N.J.A.C. 8:57-3.11 would establish the procedures by which one could request access to one’s own NJIIS record. The Department addresses the confidentiality and security of NJIIS data in response to previous comments.



**N.J.A.C. 8:57-3.14**

105. COMMENT: A commenter expresses “[s]upport for expanding immunization reporting to all ages [and] the proposal to require immunization reporting to the [NJHIS] for individuals of all ages, expanding the current mandate beyond children under seven. This change will significantly improve the completeness and reliability of [S]tatewide immunization data. Adults often receive vaccinations in multiple settings, including primary care practices, pharmacies, urgent care centers, workplaces, and travel clinics. This has long resulted in fragmented and incomplete records. By creating a unified, longitudinal immunization history for every resident, clinicians will be better able to verify vaccine histories without relying on patient recall, prevent duplicate or unnecessary vaccinations, identify gaps in protection that require follow-up or preventive care[,] and ensure that accurate and complete records are available during outbreaks and other public-health emergencies.” (3)

106. COMMENT: A commenter “supports evidence-based efforts that ensure the widest possible uptake of human papillomavirus (HPV) vaccination, consistent with ACS’s HPV Vaccination Guidelines [(citation omitted)], to prevent cervical and other HPV-related cancers nationwide. The HPV vaccine can prevent six types of cancer. [(Citation omitted.)] HPV infections and cervical precancers have dropped since 2006, when HPV vaccines were first used in the United States. [(Citation omitted.)] Among vaccinated women, the percentage of cervical precancers caused by the HPV types most often linked to cervical cancer has dropped by 40 percent. [(Citation omitted.)] HPV immunization has also been shown to lower the risk of developing head and neck cancer among men and boys. [(Citation omitted.)] Over a decade of research and

safety monitoring have shown that the HPV vaccine is both safe and effective.

However, despite the vaccine's ability to prevent most HPV-related cancers, vaccination rates remain too low."

Presumably with respect to recodified N.J.A.C. 8:57-3.14, the commenter states that the "proposed rule would require all health care providers who administer vaccines to adults to become NJIIS users and to report immunizations administered to adults, in addition to expanding the requirement to report immunizations administered to minors over age [seven]. [The commenter] supports this change as it would enable the public health and research communities to have usable [S]tate and local HPV vaccination data ... to support targeted interventions. It would also allow health care professionals to track HPV vaccination rates among young adults, which is currently unavailable, as well as improve initiation, completion[,] and catch-up HPV vaccination rates." (10)

107. COMMENT: Presumably with respect to recodified N.J.A.C. 8:57-3.14, a commenter identifies as a "positive development ... [r]equiring all providers to report immunizations for people across lifespan to the New Jersey Immunization Information System [because it] will allow patients, providers, and public health officials to have more complete immunization records and data to guide clinical decisions." The commenter describes the rule as "represent[ing a] timely [adaptation] to changing national dynamics that have the potential to compromise the immunization and safety of New Jerseyans." (4)

108. COMMENT: Presumably with respect to recodified N.J.A.C. 8:57-3.14, a commenter is "in strong support of the Department's proposed rule changes that would: [r]equire all providers to report immunizations for people across the lifespan to NJIIS

[and e]xpanded [i]mmunization [r]eporting[.] Currently, providers are only required to report immunizations for children under seven years of age. Expanding reporting requirements to include all ages will significantly strengthen New Jersey’s immunization infrastructure. By ensuring that patients, providers, and public health officials have access to comprehensive, up-to-date records, [the State] can improve care coordination, reduce missed opportunities for vaccination, and better prepare for emerging public health threats. A robust, [S]tatewide immunization information system is essential for protecting individuals across their lifespans and for safeguarding ... communities.” (12)

109. COMMENT: Presumably with respect to N.J.A.C. 8:57-3.14, a commenter expresses support of the proposed rule changes that would “[r]equire providers to report immunizations for individuals of all ages to the NJIIS, expanding this reporting requirement beyond patients under seven years of age in order to ensure that patients, providers, and public health officials have access to more complete immunization records and data.” (15)

RESPONSE TO COMMENTS 105, 106, 107, 108, AND 109: The Department acknowledges the commenters’ support of the proposed rulemaking.

110. COMMENT: With respect to recodified N.J.A.C. 8:57-3.14, a commenter representing an IHE states that “[m]andatory participation in NJIIS reporting would create a significant administrative burden for [the IHE’S] healthcare professionals. [The IHE] does not have a bidirectional interface with NJIIS that would make it feasible to report this data; with only 15 [percent] of [the IHE’s] students from [New Jersey], it does not make sense to set this up.” The commenter further states “[m]annual entry of

vaccination data into NJIIS is not feasible, and setting up a uni-directional interface is costly. [The IHE] track[s] data on the vaccinations that [the IHE] administer[s] to faculty and staff using a separate system that would require another interface into the NJIIS, which requires another fee. [M]any of [the IHE's] international students have already started their vaccination series before they come to campus. Even with [the IHE] reporting on the doses [the IHE] administer[s] to them, the NJIIS would not have a complete picture of their vaccination status. For these reasons, [the commenter] believe[s] that participation in NJIIS should continue to be discretionary for New Jersey's [IHEs]." (6)

111. COMMENT: With respect to recodified N.J.A.C. 8:57-3.14, a commenter states that "IHEs face substantial challenges implementing the proposed requirement that all healthcare professionals administering vaccines to adults participate in NJIIS reporting.

Many IHEs currently lack bidirectional interfaces with NJIIS, meaning data can flow from NJIIS to [an IHE's] EHR systems but not vice versa.

Developing, maintaining, and quality-assuring bidirectional data feeds involves significant annual costs. EHR vendors typically charge annual fees for such interfaces. Maintaining [quality assurance] compliance for that bidirectional feed will create additional workload for IHEs.

Manual data entry into NJIIS for institutions without NJIIS interfaces is not feasible for most institutions due to staffing limitations, particularly at multi-campus institutions and those that conduct high-volume vaccination clinics.

These added administrative burdens could reduce campus-based vaccination availability, particularly for faculty and staff influenza clinics. Most IHEs do not provide care to faculty and staff, meaning [faculty and staff] are not included in [an IHE's] EHR and thus require manual input to NJIIS, which creates operational [and] staffing burdens.

[Recodified N.J.A.C. 8:57-3.16] may also negatively impact private adult healthcare practices, potentially reducing overall vaccine accessibility [S]tatewide, increasing barriers to vaccination instead of improving access.

Will there be a defined reporting timeline between vaccine administration and NJIIS entry?

Has [the Department] considered the financial impact of this requirement on IHEs and small healthcare entities?" (19)

RESPONSE TO COMMENTS 110 AND 111: For an IHE that cannot support a bidirectional interface, there are other options. Direct or manual data entry is an option; the rule would allow time to submit data to NJIIS for routine vaccinations. To address vaccine clinics where there is a high throughput, another option is available, called the New Jersey Vaccine Administration Management System (NJVAMS). This system is set up to facilitate secure, online management of vaccine administration from the time a vaccine arrives at a clinic until it is administered. It can be used as a scheduling tool in addition to a vaccine management tool. This system is free for use and has a built-in interface with the NJIIS. The Department also notes that the rulemaking provides extended timelines for the administrators of vaccines to implement its reporting system integration, with up to 545 days for persons 19 years of age or older.

While the Department understands that there may be some increased administrative costs to vaccine providers, the Department believes that the public benefits to more accurate State-level vaccination database far outweigh the minor administrative burden. Furthermore, the Department does not believe that these additional reporting requirements are substantial enough to cause a decrease in vaccine accessibility.

**N.J.A.C. 8:57-4 (SFHF Templates 5, 6, 10, and 12)**

112. COMMENT: Commenters submitted, either in their entirety or portions of, the following form letters, known as Template 5 and 6 on the SFHF website, stating that the commenters “oppose the [N.J.A.C. 8:57-4.1, as proposed for amendment] that would [a]llow private schools, preschools, child care centers, and colleges” [Template 6 adds “daycares,” “elementary schools,” and “high schools” to this this list] to deny enrollment to students with valid religious exemptions to vaccination; [and p]ermit these private institutions to mandate additional vaccines beyond what public school students are required to receive [Template 5 adds the phrase, “based on [F]ederal ACIP recommendations” to this sentence].”

Template 5 states that N.J.A.C. 8:57-4.1, as proposed for amendment “would create a two-tiered, unequal system in New Jersey, discriminate against families exercising their religious rights, and outsource [S]tate authority to a [F]ederal advisory body while giving non-medical administrators power to dictate health requirements.”

Template 6 states that “[N.J.A.C. 8:57-4.1, as proposed for amendment] represents a direct threat to religious liberty, parental rights, and equal access to education in New Jersey. It undermines State law protecting religious exemptions

(N.J.S.A. 26:1A-9.1) and creates a two-tiered system in which public schools must honor exemptions but private schools may discriminate against families of faith.”

Template 5 “urge[s the Department to r]emove language that permits private institutions to deny religious exemptions and mandate additional vaccine requirements beyond the New Jersey public school schedule[.]” Template 6 “urge[s the Department to r]emove the language that permits private institutions to deny religious exemptions or add unlimited vaccine requirements[.]”

Both Templates 5 and 6 “urge [the Department to [p]rotect religious exemptions equally across all educational settings in New Jersey[.]”

Template 5 “urge[s the Department to p]reserve vaccine requirements as a matter of [S]tate law, not [F]ederal advisory committee recommendations.” Template 6 “urge[s the Department to p]reserve vaccine requirements as a matter of [S]tate law, not automatically tied to [F]ederal advisory committee recommendations or private school discretion; [and e]nsure equal access to education regardless of sincerely held religious beliefs.”

Template 5 states that “New Jersey families deserve fairness, consistency, and respect for religious freedom. Please revise the proposal to uphold these values before adoption.” (Template 5)

Template 6 states that “New Jersey families support public health but also expect their constitutional rights to be respected. Please revise the proposal to uphold fairness, consistency, and religious freedom before adoption.” (Template 6)

113. COMMENT: Commenters submitted, either in its entirety or portions of, the following form letter from the SFHF website, to which the Department is referring as

Template 10, stating that they oppose proposed new N.J.A.C. 8:57-6.1, because it would “[a]llow colleges to deny enrollment to students with valid religious exemptions to vaccination; [and p]ermit these private institutions to mandate additional vaccines beyond what public college students are required to receive, based on [F]ederal ACIP recommendations. This language would create a two-tiered, unequal system in New Jersey, discriminate against families exercising their religious rights, and outsource [S]tate authority to a [F]ederal advisory body while giving non-medical administrators power to dictate health requirements.”

The commenters “urge [the Department] to: [r]emove language that permits private institutions to deny religious exemptions and mandate additional vaccine requirements beyond the New Jersey public school schedule; [p]rotect religious exemptions equally across all educational settings in New Jersey; [and] [p]reserve vaccine requirements as a matter of [S]tate law, not [F]ederal advisory committee recommendations.”

The commenters state that “New Jersey families deserve fairness, consistency, and respect for religious freedom. Please revise the proposal to uphold these values before adoption.” (Template 10)

114. COMMENT: Commenters submitted, either in its entirety or portions of, the following form letter from the SFHF website, to which the Department is referring as Template 12, expressing their “strong opposition,” presumably with respect to recodified N.J.A.C. 8:57-4.8(a), which the commenters state “would impose unlawful and discriminatory limits on parents seeking religious exemptions from vaccination requirements for their children in child care centers.



For years, New Jersey families have had a clear right to request a religious exemption without belonging to any formal or ‘recognized’ church. The proposed [rule]—N.J.A.C. 8:57-4.8(1)—would upend that right by restricting exemptions only to parents whose beliefs align with the ‘tenets and practice of a recognized church or religious denomination.’ This change violates long-standing federal precedent. The [United States] Supreme Court has repeatedly ruled that religious protections extend to all sincerely held beliefs, not just those tied to organized religions [(citations omitted)]. Even the [Department’s] April 2024 guidance reaffirmed that a parent’s religious exemption need not identify membership in a recognized church to be valid. The Department’s current proposal directly contradicts that policy—and decades of settled law—placing an undue burden on parents and violating their constitutional rights.

Families should not be forced to prove religious membership to exercise their freedom of belief.” The commenters “urge [the Department] to reject these proposed changes and protect New Jersey parents’ and children’s rights to religious freedom and informed consent.” (Template 12)

115. COMMENT: As an addendum to Template 5, a commenter states “[i]t is discriminatory based on our human body and biology and invades the ultimate sovereignty of our bodies ... our property[.] It is unconstitutional in that it abridges freedom and religious freedom, as in the ... Constitution [of the United States of America] and the [New Jersey] Constitution. ‘All persons are by nature free and independent, and have certain NATURAL and UNALIENABLE RIGHTS ... of enjoying and defending LIFE and LIBERTY ...’ and ‘[n]o person shall be deprived ... of privilege of worshipping Almighty God in a manner agreeable to the dictates of his own

conscience[.]’ Neither FREEDOM or RELIGIOUS FREEDOM can be infringed or legislated. Government is instituted to protect our liberties. All elected and appointed to public office in [New Jersey] take the sacred oath to abide by and defend the ... Constitutions [of the United States of America and New Jersey], that is, to defend our UNALIENABLE GOD-GIVEN RIGHTS. Free to choose ... my body my choice seems to work for killing the unborn. It is the mantra of all of We the People. Government has no right over our bodies, over our physical being, over our biology or our LIFE, our religious beliefs and practices. We the People do. Remember your Oath! KEEP your OATH ... SO HELP YOU GOD.” (726)

116. COMMENT: As an addendum to Template 5, a commenter states, “keep in mind these families who hold sincere religious beliefs and tenets have been legally following the laws for many years, pulling the rug out from under these children in the middle of their educational journeys will have devastating effects or at the least, please consider to grand father [sic] in the changes to allow those children to get through [high school], college, etc [sic]. without the fear, anxiety and discrimination of the [S]tate taking away any hope to allow them to continue and to have the same educational options all children in the [S]tate[.] If a child has a valid religious exemption now in a school, that right should be allowed to continue through college, regardless of school. Lastly, even religious schools should not have that right to deny a religious exemption [K]eep in mind, many religious schools do not prohibit people of other religious faith, beliefs and tenets to attend. So making the assumption, a religious school has the right to decide what a person believes is also discriminatory. Even though these rules may

impact a minority of children across the state, PLEASE adjust these changes to be fair to all.” (50)

117. COMMENT: As an addendum to Template 6, a commenter states “30 years ago [the commenter] came to this country as a refugee from the Soviet Union seeking for political and religious freedom. [The commenter] know[s] like nobody else what it means when you cannot freely express your religious belief. Unfortunately, recent years [the commenter] witness [sic] that the great and free country United States of America sliding into the abyss of communism ... For [the commenter], it is a very scary trend because [the commenter] know[s] what a misery is to live in socialist country.” (76)

118. COMMENT: As an addendum to Template 6, a commenter states “It is UNCONSTITUTIONAL! It is unconstitutional in that it abridges freedom and religious freedom, as in the [United States of America] Constitution and the [New Jersey] Constitution. ‘No person shall be deprived... of the privilege of worshipping Almighty God in a manner agreeable to the dictates of his own conscience...’ Neither FREEDOM or RELIGIOUS FREEDOM can be infringed or legislated. Government is instituted to protect our liberties. All elected and appointed to public office in [New Jersey] take the sacred oath to abide by and defend the [United States] and [New Jersey] Constitutions, that is, to defend our UNALIENABLE GOD-GIVEN RIGHTS. Government has no right over our bodies, over our physical being, over nature, over our biology, or our LIFE, or our religious beliefs and practices. Remember your Oath. KEEP your OATH ...SO HELP YOU GOD. Kill the bill! Defund the ‘health’ department. Health is and [sic] individual responsibility and between We the People and our doctor.” (726)

119. COMMENT: As an addendum to Template 6, a commenter provides anecdotal health information relating to the commenter's relatives. The commenter further provides anecdotal information regarding use of religious exemption and education. (747)

120. COMMENT: As an addendum to Template 6, a commenter provides anecdotal medical information regarding the commenter's health, vaccination status, and rights to religious exemptions. (412)

121. COMMENT: As an addendum to Template 10, a commenter states "[t]his is discriminatory towards families exercising their religious rights, which violates the First Amendment. Non medical [sic] administrators would be dictating health requirements. How can you justify this? It's completely irresponsible." (677)

122. COMMENT: As an addendum to Template 12, a commenter states "[r]eject this change. This change violates long-standing federal precedent." (266)

123. COMMENT: As an addendum to Template 12, a commenter self-identifies as a New Jersey resident and "[is] so opposed to weakening religious exemption. How dare you try to take our right away as expressed [by the] United States Supreme Court [(citation omitted)] that a religious belief is subject to protection even though no religious group espouses such beliefs or the fact that the religious group to which the individual professes to belong may not advocate or require such belief. This ruling is also reflected in Title VII of the Civil Rights Act of 1964 as amended Nov. 1, 1980; Part 1605. 1—Guidelines on Discrimination Because of Religion." (730)

124. COMMENT: As an addendum to Template 12, a commenter states that "[an] area of grave concern is allowing the redefinition of what constitutes a 'valid' religious

belief when invoking a religious exemption to vaccines ... No one has the right or ability to determine what another's sincerely held religious belief may be. These are decisions made after much prayer and contemplation and cannot be disregarded at the whim of a disinterested bureaucrat. Knowing that one is secure in pursuing one's religious beliefs is more foundational to personal and public health than simply checking off boxes on a list and deeming an individual 'healthy[.]'" (321)

125. COMMENT: As an addendum to Template 12, a commenter states "[a] religious belief is generally defined by law and policy as a sincere, meaningful belief that occupies a place in a person's life similar to that of traditional religious convictions. It does not need to come from an organized religion or clergy, and it does not have to be shared by others. [The commenter] oppose[s the] proposed amendment [at recodified to N.J.A.C. 8:57-4.8(a)], which would impose unlawful and discriminatory limits on parents seeking religious exemptions from vaccination[.]" (360)

126. COMMENT: As an addendum to Template 12, commenters "believe any changes that would allow daycares, preschools or any other private institutions to deny religious exemptions must be denied as well as any and all additional vaccine requirements. [The commenters] oppose any vaccine mandates and believe religious exemptions must be honored in both public and private settings in protection of the personal rights of every citizen. Public school religious exemptions protected by N.J.S.A. 26:1A-9.1 must remain intact and private institutions should be held to the same standard. No institution should be given the authority to override the sincerely held beliefs of a parent and infringe on their right to choose how to raise their child. Religious freedom is a foundation of our country and one of the most admirable values

and rights we possess. With that comes respect that must be shown to [one's] citizens in allowing them to make decisions for themselves and their children based on their personal faith." The commenters state "[n]o child should be barred from education—public or private—because of their family's faith." The commenters request the Department "[r]eject all language allowing any school—public or private—to deny religious exemptions; [p]rohibit private institutions from adding vaccine requirements; [p]rotect sincerely held beliefs without requiring church membership; [and k]eep vaccine policy under [S]tate law, not automatic ACIP adoption or private discretion." (417 and 418)

127. COMMENT: As an addendum to Template 12, a commenter states "[t]his is government overreach as its pinnacle and an abuse of power." (678)

128. COMMENT: A commenter inquires "[c]an you clarify if private institutions (daycare, school) can deny religious exemption like religious affiliated schools can? Religious schools are clarified and private schools are not." (29)

129. COMMENT: A commenter states "[o]ne of the most alarming parts of the proposed [Department] code changes and it's critical that everyone addresses this in their public comments." With respect to N.J.A.C. 8:57-4.8(a), a commenter states that the proposed rulemaking "rewrites the religious exemption language so that only those who are members of a 'recognized church or religious denomination' could qualify. This means: You must prove affiliation with an officially recognized religious organization. Individuals with sincere, personal religious beliefs could lose their right to claim a religious exemption. The [S]tate would effectively decide whose religion 'counts.'" (452)

130. COMMENT: A commenter “strongly oppose[s] the proposed changes to the [Department] immunization [rules] that would restrict religious exemptions only to those affiliated with a ‘recognized church or religious denomination.’ This proposed language is deeply concerning and unconstitutional on several grounds.

1. It violates First Amendment protections of religious liberty. The First Amendment guarantees every individual the right to freely exercise their religion without government interference. The proposed [Department] rule would allow the State to determine which faiths are ‘recognized’ and which are not — effectively granting the government power to judge the legitimacy of an individual’s religion. This is a direct violation of the Establishment Clause and the Free Exercise Clause of the U.S. Constitution. Religious freedom is a personal right, not one that depends on formal membership in an organized denomination. Many citizens hold sincere, deeply held religious or spiritual beliefs that are personal, non-denominational, or independent of a formal church structure. These beliefs are equally protected under federal and [S]tate constitutional law.

2. It discriminates against individuals with sincerely held personal religious beliefs. Under the proposed change, a parent or guardian who objects to vaccination because of sincerely held personal religious convictions — but who is not affiliated with a ‘recognized church’ — would lose their right to a religious exemption. This is discriminatory, arbitrary, and fundamentally unjust. The government has no authority to determine whose religion ‘counts.’ The [United States] Supreme Court has long held that religious beliefs do not need to be part of an organized religion to merit constitutional protection (see *United States v. Seeger*, 380 U.S. 163 (1965); *Thomas v.*

Review Bd., 450 U.S. 707 (1981)). New Jersey's own courts have recognized that sincerely held religious beliefs, even if unconventional[.]" (794)

131. COMMENT: A commenter "firmly oppose[s] the removal of religious and spiritual exemptions for vaccination policy. [New Jersey] must preserve the right to Informed Consent [(sic)] which is guaranteed under the Nuremberg Code. This applies to each and every human being including parents and guardians who are responsible for protecting their children. Basic human rights must be protected. Each person must decide what medical procedures implemented or products injected into our bodies or the bodies of our children." (389)

132. COMMENT: A commenter states "[a]ny sort of weakening to religious exemption should never be allowed. It is a gross violation of our constitutional rights and a violation of the Nuremberg [C]ode." (123)

133. COMMENT: A commenter states "[g]overnment has no place to control or mandate per the Neuremburg [(sic)] Code, any legal action that opposes parents making medical decisions for themselves or their children, ever. Religious and medical expemptions [(sic)] are necessary [(sic)]. Any ideas that suggest otherwise are ludicrous. Respectfully!" (247)

134. COMMENT: A commenter states "Religious freedom stems from the Constitution, and can't be left to decision by school deans. Its absurd." (445)

135. COMMENT: A commenter states that the proposed amendments "[are] unconstitutional! 1st [sic] Amendment rights to freedom of Religion! [The proposed amendments are] a violation between God and people of faith convictions! Its tyranny no matter who is dishing it out! Especially unelected officials!" The commenter further



states that “[t]his is a violation & invasion of privacy Spirit soul and body!

Unconstitutional power grab of a person's property! Thieves[.]” (190)

136. COMMENT: A commenter states that the proposed amendments and new rules “threatens religious freedom and THE GOVERNMENT IS NOT ANYONE'S DOCTOR !! THIS IS INVASIVE AND UNCONSTITUTIONAL OVERREACH.” (188)

137. COMMENT: A commenter opposes the “Department [p]ropose[d] [a]mendments. Reasons: ... religious liberty [must be honored]. Also, [one] must not bypass the New Jersey Legislature with changes in health policy.” (310)

138. COMMENT: A commenter “ask[s] that our rights and amendments for freedom of religion not be violated.” (598)

139. COMMENT: A commenter believes “in religious and personal freedom to choose which vaccines to give [the commenter’s] children, and [the commenter] do[es] not feel this freedom should be surrendered in order to send my children to school.” (702)

140. COMMENT: A commenter states “[the commenter’s] child those [sic] are already vaccine injured, if [the commenter’s] religious exemption is remove, [the commenter’s] children will not go to school anymore.” (599)

141. COMMENT: A commenter states “[f]reedom of religion allows for the opportunity to reject ungodly mandated injections that have nefarious intent and outcomes.” The commenter suggests the Department “[reject] this controversial legislation.” (709)

142. COMMENT: A commenter states “please preserve the religious exemption in [New Jersey].” The commenter states “[p]lease do not let private schools take away [New Jersey] religious exemptions.” (685)

143. COMMENT: A commenter opposes “any changes to [one’s] religious exemptions. [One does] not have to prove our religious objections [sic] to vaccines. This is an individual exercise, not group. That is a violation of the [C]onstitution of the [United States of America]. Again ... NO ONE should be forced to take a medical intervention. EVER. [ONE] get[s] to choose the risk and benefits to ourselves and our children. ALWAYS. [ONE has] sovernity [sic]over our bodies. Not a government body. [The commenter] vote[s] according to THIS.” (47)

144. COMMENT: A commenter states “[p]lease protect religious exemptions equally across all educational settings in New Jersey. New Jersey families deserve fairness and respect for religious freedom. Please reconsider.” (736)

145. COMMENT: A commenter states “[t]his limits equal access to education and challenges long standing religious protections.” (158)

146. COMMENT: A commenter “opposes any weakening of religious exemptions or parental rights.” (408)

147. COMMENT: A commenter states “[g]overnment ripping citizens from their right to execute their religious beliefs is a[n] overreach. Everyone should be afforded their right to choose what medical intervention is best for them and their family.” (740)

148. COMMENT: A commenter self identifies as a New Jersey resident and a parent of young children. The commenter “fully oppose[s] weakening any religious exemptions or freedoms.” (632)

149. COMMENT: A commenter states “[r]eligious exemption must be upheld to the highest degree and [sic] only strengthened. It is [one’s] God given right.” The commenter further states “[d]o NOT weaken religious exemption.” (123)

150. COMMENT: A commenter “strongly believe[s] that the religious exemptions should remain as is and should not be changed.” (737)

151. COMMENT: A commenter states they are a New Jersey resident. The commenter further opposes “any new health dept [sic] codes. Freedom to have religious exemptions is critical to our freedoms[.]” (28)

152. COMMENT: A commenter “vehemently oppose[s] any change that weakens religious exemptions or limits my parental rights. [The commenter] will fight this on every level.” (778)

153. COMMENT: A commenter opposes “the propos[ed] change [to] anything that has to do with religious exemptions. My faith is what helps me through life and tough times. [The commenter] fully believe[s] god made man to be safe from disease and has made our body to heal naturally without having to put manmade chemicals into [the commenter’s] body. There have been laws passed to protect our religious beliefs and to try and change them is wrong.” (782)

154. COMMENT: A commenter states “its very important to continue allowing religious and medical exemptions for vaccines. Vaccines have never had double blind placebo studies done which shows they have no science[-]based efficacy.” (501)

155. COMMENT: A commenter “oppose[s] any change to code that would put parental rights or religious exemptions in jeopardy or would weaken or remove religious exemptions.” (450)

156. COMMENT: A commenter states “[p]lease allow citizens the right to choose and allow for religious exemptions.” (264)

157. COMMENT: A commenter states “[p]lease be sure to retain religious exemption.” (325)

158. COMMENT: Commenters, who self-identify as New Jersey residents, “[oppose] any changes that weaken religious exemptions or limit parental rights.” (23, 198, 202, 238, 239, 394, and 530)

159. COMMENT: A commenter states “[i]t is our right to opt out based on our specific religion.” (102)

160. COMMENT: A commenter states “[a] [r]eligious [e]xemption is just that. The [S]tate has no right to trample on religious exemptions which is an infringement of people’s religious freedoms[.]” (58)

161. COMMENT: A commenter states “Protect our religious right. Give parents and children the choice.” (467)

162. COMMENT: A commenter opposes “the proposed amendments and stand[s] with religious and medical exemptions.” (600)

163. COMMENT: A commenter states “[d]o not makes [sic] these changes! [One has] right [sic] over [one’s] children [and] religious beliefs! This is deplorable[.]” (199)

164. COMMENT: A commenter states “No[.] No[.] No[.] Religious freedom is guaranteed by [the] Constitution! Don’t try to overthrow [the commenter’s] rights.” (470)

165. COMMENT: A commenter states “[l]eave religious exemptions alone!” (483)

166. COMMENT: A commenter states “[d]o not change religious exemption. This is a violation of [one’s] constitutional rights and against parental rights.” (71)

167. COMMENT: A commenter “do[es] not want the right to refuse vaccinations due to religious beliefs to be taken away.” (538)

168. COMMENT: A commenter states “[r]eligious exemptions must be honored in regard to vaccinations. The [S]tate cannot dictate to its citizens that [its citizens] have no choice in our children's healthcare.” (312)

169. COMMENT: A commenter states “[p]lease keep religious exemptions in New Jersey ♥[.]” (390)

170. COMMENT: A commenter “strongly oppose[s] the proposed amendment as it infringes on our religious freedoms[.]” (745)

171. COMMENT: A commenter states “[g]entlemen, Separation of Church and State. The [D]tate does not tell the population what their religious beliefs should be, how to practice their religion, or when their religious beliefs are allowed. This is morally wrong. [The commenter's] personal religious beliefs need to be respected and honored - the government cannot impose its will on my beliefs. Further, no school is even government! How much less should a school try to impose its will trumping the religious beliefs of [their] students, or of the parents of [their] students. This is just Socialist, and designed as a fundamental attack on religion and religious freedom.” (576)

172. COMMENT: A commenter self identifies as a New Jersey resident and “opposes any changes that weaken religious exemptions or limit parental rights. ‘[the commenter] just listened to Bill Spadea’s conversation with John Coyle about the [Department] code changes, it’s eye-opening[.]’ Our religious exemptions must be kept as law and parental rights should NEVER be limited.” (633)

173. COMMENT: A commenter, New Jersey citizen, does “not think it is fair that our religious exemption rights will be trampled upon [o]r any of our rights to make the decision for what [one] want[s] or need[s] to put into [one’s] bod[y]. Please do not allow this to happen.” (809)

174. COMMENT: A commenter “firmly oppose[s] the removal of religious and spiritual exemptions for vaccination policy. [New Jersey] must preserve the right to Informed Consent [sic] which is guaranteed under the Nuremberg Code. This applies to each and every human being including parents and guardians who are responsible for protecting their children. Basic human rights must be protected. Each person must decide what medical procedures implemented or products injected into our bodies or the bodies of our children.” (389)

175. COMMENT: A commenter states “[g]overnment has no place to control or mandate per the Neuremburg [sic] Code, any legal action that opposes parents making medical decisions for themselves or their children, ever. Religious and medical expemptions [sic] are necessary [sic]. Any ideas that suggest otherwise are ludicrous. Respectfully!” (247)

176. COMMENT: A commenter expresses “strong opposition to any change that would require [the commenter’s] family or [the commenter] to belong to an organized religion in order to qualify for a religious exemption from vaccines. Such a requirement violates the First Ammendment [sic] of the [United States] Constitution, which states: ‘Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise therof [sic].’

This protects not only members of formal religious institutions but also individuals with sincerely held personal religious beliefs. The government cannot decide which religions are ‘valid’ or not nor can it require participation in a recognized church in order to exercise religious freedom. Doing so would clearly violate both the Establishment Clause (by favoring organized religions over personal religious [sic] based faith) and the Free Exercise Clause (by placing an unconstitutional burden on those whose beliefs are sincere but not part of structured denomination [sic]).

Many faith traditions are non-institutional, individual, or family-based. Some religions have no official membership rolls or governing bodies. To require proof of affiliation would unfairly discriminate against these beliefs and effectively create a government-approved list of acceptable religions, which is not allowed under our Constitution.

The core issue is not public health policy alone; it is the fundamental right of Americans to hold and practice [sic] religious beliefs without government interference or forced affiliation.

For these reasons, [the commenter] urge[s] that religious exemptions remain based on sincerely held belief rather than institutional membership. Our constitutional freedoms must be protected for ALL families, not just those who belong to an officially recognized organization.” (486)

177. COMMENT: A commenter states “[t]he proposed New Jersey health code changes are unfair to families who sincerely practice their religious beliefs but may not be formally affiliated with a specific church or religious organization, often due to affordability or other personal circumstances. By allowing private schools to deny

religious exemptions at their discretion, the rules could force these families to either disavow their beliefs or lose access to education for their children. This effectively discriminates against those whose faith is personal or informal rather than institutionally recognized. Additionally, the Health Commissioner's power to suspend religious exemptions during emergencies could bar children from school without legislative checks, further marginalizing these families. Such policies concentrate control in bureaucratic and administrative hands while undermining parental rights and religious freedom, creating barriers that disproportionately affect non-traditional or less affluent religious practitioners. This results in a system where religious beliefs are conditional and less protected, threatening fair and equal access to education[.]” (73)

178. COMMENT: A commenter states “[w]hile much of the Department’s proposal simply reorganizes existing disease-reporting rules, several sections go far beyond the authority the Legislature granted. The new ‘recognized church’ requirement for preschool religious exemptions directly contradicts controlling federal precedent and narrows constitutional protections the Department has no power to restrict.” (644)

179. COMMENT: Commenters state their “concern[a] about the proposal that would give private schools or child-care centers the authority to disregard or override a parent’s religious exemption to vaccination. While [the commenters] fully support safe learning environments for all children, these decisions must remain balanced with respect for sincerely held beliefs and constitutional rights. Allowing each institution to independently decide whether to honor a [S]tate-recognized exemption creates confusion and inequality across New Jersey. Families could face discrimination, exclusion, or forced withdrawal from education simply for practicing their faith. Public



health goals can and should be pursued without disregarding the freedoms that define our society. [The commenters] ask the Department to maintain a uniform, [S]tate-level process for religious exemptions so that all New Jersey families are treated fairly and consistently. Health and faith do not have to be in opposition when policies are guided by respect and understanding.” (707 and 708)

180. COMMENT: A commenter does “not support changing the current statute or the regulatory standard that implements it. New Jersey law at N.J.S.A. 26:1A-9.1 establishes a religious exemption. The existing rule, N.J.A.C. 8:57-4.4(a), faithfully implements that statute by requiring schools and child care centers to accept a parent’s written statement that immunization conflicts with the free exercise of religious rights. The proposal to create a separate child care rule that references a ‘recognized church or religious denomination,’ and to link exemptions to denominational doctrine and membership, would:

Depart from the statute. The statute does not condition the exemption on church recognition, formal membership, or alignment with official tenets. A regulation cannot narrow a statutory right.

Create constitutional risk. Requiring proof of a ‘recognized’ denomination and doctrinal conformity favors institutional religion over individual faith and entangles the [S]tate in theological judgments. The proper inquiry is sincerity, not orthodoxy or membership.

Burden administrators and families. Child care staff would be asked to verify religious status and doctrine. That is unworkable and will yield inconsistent, contested outcomes with no demonstrated public health benefit.

Produce inconsistency across settings. Child care would operate under a narrow rule while K–12 and higher education retain the long-standing standard. The same family could be denied in child care and approved later in school, which is confusing and unfair.

Requested action: withdraw the proposed language in Subchapter 4.8(1). Retain the current statute and the current implementing regulation, N.J.A.C. 8:57-4.4(a), for all settings, including child care centers. This preserves legal compliance, administrative clarity, and neutrality toward religion.” (631)

181. COMMENT: A commenter writes “as a concerned parent of New Jersey to ... oppose the proposed legislation that would (1) remove religious exemptions for vaccination requirements and (2) create a centralized vaccination database that allows broad access to every child’s immunization record. While [the commenter] understand[s] and appreciate[s] the [S]tate’s commitment to public health, [the commenter] believe[s] this proposal infringes upon deeply held constitutional and ethical principles. The removal of religious exemptions directly undermines the fundamental right of parents and individuals to make health decisions in accordance with their sincerely held beliefs. Religious freedom is a core value protected under both the [United States] Constitution and the New Jersey State Constitution, and it should not be disregarded in the name of administrative convenience or uniformity.”

The commenter “urge[s] the Board and legislators to consider alternative approaches that promote public health without compromising constitutional rights and privacy protections. These could include strengthening informed consent practices, improving vaccine education, or enhancing voluntary data-sharing systems with proper

privacy safeguards. Please ensure that any policy changes balance public health goals with the protection of civil liberties and parental rights. [The commenter] trust[s] that the New Jersey Health Board will uphold these foundational principles in its decision-making.” (395)

182. COMMENT: A commenter “adamantly oppose[s] any restrictions of claims to religious exemptions in response to government medical interventions whether they apply to child care centers or schools as [the commenter] and many believe that limiting or denying that freedom to express one's right to religious exemptions in either case. That right to apply for an exemption for religious convictions to government policies or edicts should be unassailable and apply to institutions where our children are educated or cared for.” (164)

183. COMMENT: A commenter states “[t]his is an overreach of our [S]tate government once again. The [S]tate should not be limiting religious exemptions only to those who belong to a church. Someone can have their sincerely held religious beliefs without belonging to a church, everyone worships differently. Also, private schools should not get to deny religious exemptions.” (666)

184. COMMENT: A commenter provides anecdotal history regarding a person who utilized a religious exemption while attending school and how being able to attend school improved the person’s mental health. The commenter states “[p]lease ... stop whatever and whomever is voting to make changes to include mandates of medical procedures that are completely against the choices [one has] been able to make for [one’s] family!!! Please help ALL families continue to be able to make the best health

choices for their own individual children without government agency overreach, invasion of privacy and vote against these changes that hinder freedom for New Jersey[.]” (220)

185. COMMENT: A commenter states “Opposition to denying Religious Exemptions based on our Constitutional Right to RELIGIOUS FREEDOM. It will be UNCONSTITUTIONAL to pass this health code change. Free practice of religion and to exercise one's faith is an inalienable RIGHT protected for the people in both the [United States] and [New Jersey] Constitution. No one and especially not the government can remove that right. Rather, the Government is actually charged to PROTECT and HONOR the fundamental right of religion. Passing the proposed change will cause the Government of [New Jersey] to forsake our Federal Bill of Rights and [New Jersey] Rights and Privileges and stated in both Constitutions. Our [New Jersey] Board of Health [(sic, should be Department?)] should not allow school administrators, many of them non-healthcare professionals, to override a family's faith-based decisions and deny a student's legal religious exemption to receive any medication or vaccination. [The commenter] implore[s] this body to abandon the proposed changes of N.J.A.C. 8:57.” (507)

186. COMMENT: A commenter self identifies “as a ... New Jersey resident and parent[, the commenter] strongly oppose[s] the proposed changes to the [Department] code that would weaken or restrict long-standing religious exemptions. These exemptions have protected families in our [S]tate for decades, ensuring that parents can make decisions for their children that align with their sincerely held religious beliefs. The newly proposed [amendments undermine] these protections and [create] unnecessary barriers for families who rely on them. These changes risk limiting

educational access, violating religious freedoms, and placing undue pressure on parents who simply want to honor their faith while supporting their children's well-being. New Jersey has always valued diversity, personal freedom, and respect for individual beliefs. Weakening religious exemptions goes against those values. [The commenter] urge[s] the [Department] and [S]tate leadership to maintain the current protections and reject any changes that would diminish or restrict religious exemptions for families across our [S]tate. Please protect parental rights, religious liberty, and the longstanding safeguards that countless New Jersey families depend on." (506)

187. COMMENT: A commenter states "[a]s a New Jersey resident, [the commenter] strongly oppose[s] any changes that would weaken religious exemptions or limit parental rights. Families should be able to make decisions that align with their beliefs and values, and these protections are an important part of maintaining trust between parents and the [S]tate." The commenter "urge[s] [the Department] to preserve existing religious exemptions and uphold parents' rights to make informed choices for their children." (156)

188. COMMENT: A commenter states New Jersey parents of who send their children to private school "should be allowed to submit for religious exemption. Taking away that right would be detrimental to ... kids." (94)

189. COMMENT: A commenter provides anecdotal information regarding a person's family members and religious exemptions used in schools. The commenter states "[the commenter] had religious exemption for years and don't want to loose [sic] the opportunity of attending public schools in [the commenter's] city, because of new changes." (256)

190. COMMENT: A commenter states “[p]arents should absolutely not be mandated to prove their religious membership to receive religious exemptions from immunization requirements. This is a constitutional right and should remain so.” (107)

191. COMMENT: A commenter states “[i]t should not matter whether or not [one is] with a specific or recognized church. [One’s] beliefs are [ones] beliefs and no one should be able to take that away from you just because you don’t go to a recognized church.” (555)

192. COMMENT: A commenter, a New Jersey resident, states “thoroughly oppose[s] this amendment change or any change that weakens religious exemptions or limit parental rights.” The commenter is a parent, “stakeholder, taxpayer, and [United States of America] citizen. This is apart from the Hippocratic oath which lies at the foundation of vaccine freedom. [The commenter] urge[s] to halt any restriction of rights imposed by the [S]tate in the face of it being a ‘health issue’ when such restrictions are rarely proven to be beneficial.” (140)

193. COMMENT: A commenter, a New Jersey resident, states “[t]hese sweeping updates to [N.J.A.C. 8:57] may seem technical, but they carry major consequences for families of faith in [New Jersey] and could lead to educational restrictions. If adopted, the language changes could: [w]eaken the protections that allow religious exemptions in private educational settings[,] [n]arrow the interpretations of ‘sincerely held beliefs’ used to grant exemptions in [New Jersey] preschool/daycare settings[,] [and] [i]ncrease [S]tate authority over private family and faith-based decisions[.]” (23)

194. COMMENT: A commenter states “[r]eligious freedom is an essential right in the [United States of America] [C]onstitution and any action by the government of New

Jersey to impede upon said right is a violation of [the commenter's] Constitutional rights. [The commenter] vehemently implore[s] the [Department] to refrain immediately in impeding said right with any diminishing of the [r]eligious [e]xemption to mandatory vaccination in public schools in public and, or private schools in New Jersey.” (611)

195. COMMENT: A commenter has “serious concerns about the rights being taken away from [the commenter's] and [the commenter's] children.” The commenter also has “serious concerns about religious exemption being removed from private and public school entities. It is a major overstep of the government[.]” (518)

196. COMMENT: A commenter opposes “these changes, as they would eviscerate the religious exemption for vaccines. Private institutions should not be able to discriminate on the basis of religion.” (496)

197. COMMENT: With respect to the “proposed changes to the current religious exemption for vaccination of children to attend schools in New Jersey[.]” a commenter states “[r]ight now, a [r]eligious [e]xemption is just a letter explaining that a child isn't immunized due to the family's beliefs. The amendment would change that by requiring parents to show proof of belonging to an approved church or religious group. This undermines individual religious freedom and reduces personal faith to something that must be institution-based. Many people's beliefs are personal, not tied to any organization. If this passes, exemptions could be denied simply because a family's faith doesn't fit someone else's idea of a 'valid' religion. [The commenter] strongly oppose[s] any proposed changes[.]” (235)

198. COMMENT: Two commenters state “a [r]eligious [e]xemption is a letter that is submitted to the school stating the child does not receive immunizations due to

religious beliefs. This amendment adds verbiage that will require that documentation prove or cite a recognized church or religious denomination which the parent is a member of. Requesting this information is a complete infringement on an individual's protected religious rights and further aims to validate religious beliefs based on a recognized church or religious denomination. Each person's religious beliefs are uniquely individual and rest as a sacred covenant with God, not an entity or specific religious denomination. This amendment aims to tie the validity of a religious exemption to a religious entity and incites bias on what constitutes a valid religious belief based on an entity's or religious denomination as opposed to the individual's religious tenants with God. Religious beliefs are individual and not necessarily characterized by a group or entity in totality. [The commenter] ask[s] that this amendment be removed." (436 and 601)

199. COMMENT: A commenter is concerned regarding "the proposed removal of the religious exemption for private schools in [New Jersey]. [The commenter] believe[s] mandating medical interventions of any kind violates our God-given right to physical autonomy. In addition, allowing the [S]tate and non-medical administrators this power is downright dangerous. Anyone who has been given a medical recommendation, and needed a second opinion, only to find out that the first option was downright inappropriate, knows the value of medical autonomy." (250)

200. COMMENT: A commenter is "opposed to the proposed changes that jeopardize parental rights, medical autonomy, privacy and the right to refuse a vaccine or medical treatment of any kind on the basis of religious belief." The commenter states that there is no "need to introduce ANY change to how it's done today. [There is no]



need to complicate it, create new gray zones[,] or introduce new excuses for families to be denied a religious exemption by schools. Please keep the policies the way they are regarding religious exemption to mandatory vaccinations.” (72)

201. COMMENT: A commenter states “[t]his is so irrational to allow private schools, preschools, child care centers, and colleges to deny enrollment to students with valid religious exemptions to vaccination[.] Why would a school be allowed to mandate additional vaccines beyond what public school students are required to receive no matter what ACIP recommends[?] It is not the job of the school to make these decisions and requirements. There would be discrimination [sic] on students and families based on what they believe and what vaccines they did or did not receive. Lets make proposed changes that make sense. Vaccine requirements should be based on state law. Why proposed this language that would cause discrimination. [N]o one should deny a student an education based on private beliefs and medical decisions of the parents.” (360)

202. COMMENT: A commenter states that “So why reverse course now? For many families, faith isn’t something tied to a formal church membership card — it’s a personal conviction, and it deserves equal protection. Requiring people to prove they belong to an official church is not only unfair, it’s unconstitutional.” (237)

203. COMMENT: A commenter states that “[t]he Legislature, through Title 26 and the Administrative Procedure Act, authorizes the Department only to implement—not expand or rewrite—statutes. Yet several provisions of this proposal do exactly that. By conditioning religious exemptions on membership in a ‘recognized church or denomination,’ the Department has unlawfully narrowed a statutory right. N.J.S.A.

26:1A-9.1 and 30:5B-5 clearly require that exemptions be granted based on sincerely held religious beliefs and make no reference to organized religion. The Department cannot, by [rule], erase protections the Legislature explicitly provided.” (236)

204. COMMENT: A commenter states “[t]he proposed amendments transfer some choice/control away from [New Jersey] residents into the government’s control. This is a move away from keeping [New] Jersey residents involved and having choice/opportunity when it comes to [one’s] own children and their potential access to education due to different views, which is the foundation of what this country was started on. The residents of [New Jersey] deserve to be informed and have freedom of choice, not increasingly limited choice, especially in regards to choices related to medicine, care and education. The government of [New Jersey] needs to re-visit and dial back these amendments in favor of what’s best for the [S]tate as a whole, aligned with what tax payers believe in.” (424)

205. COMMENT: A commenter states “[t]he proposal appears to permit private schools and childcare centers to deny religious exemptions and gives the Commissioner authority to suspend exemptions during a declared emergency. How is this intended to work in practice, and how does it align with current statutory protections?” (17)

206. COMMENT: A commenter states “[t]he rule must explicitly state the legal limits on the Commissioner’s authority. Can the Commissioner unilaterally remove, restrict, or otherwise change the religious exemption without legislative action? Likewise, what is the legal footing for the Commissioner to impose vaccine mandates for school entry (for example, the earlier influenza requirement for children 59 months

and younger)? Please cite the statutes and case law relied upon and explain the process by which such emergency or standing mandates would be imposed, including notice and comment and opportunities for legislative oversight.” The commenter further requests the Department “[c]larify limits of Commissioner authority and provide statutory citations for any emergency or standing powers to change exemption availability or school entry mandates.” (29)

207. COMMENT: Commenters expressed opposition to “the following amendments in [N.J.A.C.] 8:57[.]” With respect to N.J.A.C. 8:57-4.1(c), “the subchapter would not limit a private facility’s authority to exclude a person from attendance who has not received an immunization[.]” The commenters state “in [New Jersey], private schools that are non-religious must accept a [r]eligious [e]xemption when submitted. This amendment provides wording that would now allow non-religious private schools to deny religious exemptions if they choose to. Allowing for private schools to deny [r]eligious [e]xemptions creates a bias and discrepancy between private institutions and public institutions. This incites [r]eligious discrimination and inequity. Private institutions that are non-religious should remain under the guidelines of the existing [New Jersey] statute whereby [r]eligious [e]xemptions cannot be denied unless the entity is a religious entity. [The commenters request] this amendment be removed.”

With respect to recodified N.J.A.C. 8:57-4.8(c) “[the commenter states subsection (c)] would establish the documentation that the administrator of a child care center or school is to require in support of a request for exemption on religious grounds.”

The commenters state “[t]he documentation required today to submit [r]eligious [e]xemption is free-format based on the parents submission of a [r]eligious [e]xemption

letter under the allowance of the [New Jersey] statute which enables this. Establishing documentation requirements for [r]eligious [e]xemptions attempts to narrow and infringe upon this current free-format process by crossing moral ground to verify and validate individual religious tenants. Requiring a parent to explain or defend their religious tenants within an established format is morally inappropriate. The documentation requirements should remain as it is today, free-format without additional requirements. [The commenters] ask that this amendment be removed.”

With respect to recodified N.J.A.C. 8:57-4.8, [t]he commenters state “[t]oday, a [r]eligious [e]xemption is a letter that is submitted to the school stating the child does not receive immunizations due to religious beliefs. This amendment adds verbiage that will require that documentation prove or cite a recognized church or religious denomination which the parent is a member of. Requesting this information is a complete infringement on an individual’s protected religious rights and further aims to validate religious beliefs based on a recognized church or religious denomination. Each person’s religious beliefs are uniquely individual and rest as a sacred covenant with God, not an entity or specific religious denomination. This amendment aims to tie the validity of a religious exemption to a religious entity and incites bias on what constitutes a valid religious belief based on an entity’s or religious denomination as opposed to the individual’s religious tenants with God. Religious beliefs are individual and not necessarily characterized by a group or entity in totality. [The commenters suggest] that this amendment be removed.” (68, 243, 294, 367, and 591)

208. COMMENT: A commenter states the proposed rulemaking would “[p]ermit private schools and child care centers to deny religious exemptions to vaccination;

[e]xpand access to and require the reporting of private health information by educational institutions and non-medical personnel, with penalties for noncompliance; and [g]rant the Commissioner of Health the unilateral authority to suspend religious exemptions during declared emergencies.

The [commenter] believes that these proposed changes—particularly those affecting religious exemptions and the collection and sharing of personal health data—raise significant concerns about their consistency with existing New Jersey law. Under N.J.S.A. 26:1A-9.1, students are permitted exemptions from immunization requirements when such exemptions are based on bona fide religious beliefs. The proposed amendments appear to conflict with these long-standing statutory protections, which safeguard religious liberty and parental rights.

The [commenter] is equally concerned about provisions that would expand the reporting and accessibility of student health information. Granting broad access to sensitive medical data—particularly to individuals outside the medical field—poses potential risks to privacy, security, and the trust between schools and families. Families must have confidence that their children's personal information will be handled responsibly, lawfully, and with respect for confidentiality.

Additionally, the [commenter] notes that portions of the proposed language remain vague and open to interpretation, which creates uncertainty for schools, families, and administrators. The absence of clear definitions, oversight mechanisms, and implementation guidance risks confusion, inconsistency, and potential infringement on individual rights. [The commenter] urge[s] the Department to provide greater clarity,

transparency, and justification for the necessity and scope of these proposed changes before moving forward.” (20)

RESPONSE TO COMMENTS 112 THROUGH 208: Subchapters 4 and 6 would reflect the recognized limitation of State government to encroach upon a private entity’s discretion to set vaccination requirements within its own institution, and the autonomy of a religious-affiliated institution to adjudicate a request for a vaccination exemption based on a person’s religion in accordance with the tenants of that institution’s faith tradition. The United States Supreme Court has routinely reaffirmed that religious organizations have the right to decide matters of faith, doctrine, and internal governance without government interference. See, for example, *Our Lady of Guadalupe Sch. v. Morrissey-Berru*, 591 U.S. 732 (2020); *Hosanna-Tabor Evangelical Lutheran Church & Sch. v. E.E.O.C.*, 565 U.S. 171 (2012). The New Jersey Supreme Court has applied these same principles in balancing the applicability of State law with the autonomy of religious-affiliated institutions. See, e.g., *Hyman v. Rosenbaum Yeshiva of N. Jersey*, 259 N.J. 512 (2024); *Crisitello v. St. Theresa School*, 255 N.J. 187 (2023). Consistent with these principles, the Department does not possess the legal authority to require a religious-affiliated institution to accept any given religious exemption for vaccination. The Department must recognize the authority of each religious-affiliated institution to adjudicate the validity and acceptability of any claimed religious exemption in accordance with that institution’s religious tenents. The amendments at N.J.A.C. 8:57-4.1 and recodified 4.8, and new N.J.A.C. 8:57-6.1 and 6.8, as proposed, appropriately reflect this limitation.

Accordingly, the Department disagrees with the commenters' concern that the rulemaking would result in discrimination against families exercising their religious rights. On the contrary, it is specifically in recognition of and respect for the free exercise of religion that the Department must circumscribe its authority in this area. A person who believes that a private institution has improperly discriminated against that person on the basis of the person's religious beliefs in considering a request for a religious vaccination exemption remains free to seek redress against that institution by resort to all remedies available pursuant to State and Federal law.

The courts have similarly reaffirmed the independent authority of private universities to require vaccines as a condition of attendance or participation. See, for example, *Children's Health Def., Inc. v. Rutgers, the State Univ. of New Jersey*, 93 F.4th 66, 76 F. 22 (3d Cir. 2024); *cert. denied*, 144 S. Ct. 2688 (2024). For this reason, the Department also disagrees with the commenter's characterization of the proposed rulemaking as outsourcing any State authority or permitting non-medical administrators to dictate health requirements. The rules do not cede any of the Department's regulatory authority to private institutions or grant such institutions any authority that is not already well-recognized by the courts. As expressed, the proposed amendments at N.J.A.C. 8:57-4.1 and recodified 4.8, and proposed new N.J.A.C. 8:57-6.1 and 6.8, would only provide that a private entity is not prohibited from excluding a person from attendance who has not received: (1) an immunization that N.J.A.C. 8:57 requires; (2) an immunization that the Department recommends or requires pursuant to N.J.A.C. 8:57-1.8; and/or (3) additional immunizations that are consistent with ACIP recommendations or the AAP Red Book. Again, as expressed above, a private

institution already enjoys the authority to make such decisions independent of N.J.A.C. 8:57. The rulemaking would simply articulate that it does not purport to divest a private institution of its existing independent authority. Importantly, the rulemaking would purport neither to require that a private entity exclude an individual who does not receive additional immunizations, nor impose any additional vaccination requirements as a condition of attendance. As they always have, private entities remain free to determine whether they will allow an individual who has received only the immunizations required pursuant to N.J.A.C. 8:57 to attend their institutions, as well as to determine whether to require that individual to receive any additional immunizations as a condition of attendance.

Recodified N.J.A.C. 8:57-4.8(a), as proposed for amendment at subsection (a) would quote N.J.S.A. 30:5B-5.c in identifying the religious exemption available to attendees at a child care center, that is, “on the ground that it conflicts with the tenets and practice of a recognized church or religious denomination of which the parent or child is an adherent or member.” The Department is without authority to countermand, rewrite, or disregard this statutory provision. However, the Department does not interpret, and has never interpreted, this language as requiring membership in any particular church or religious denomination. The Department would not—indeed, could not—propose the promulgation of a rule that purports to favor one religious group or denomination over others, or make religious exemptions available to adherents of some religions, but not others. At the same time, New Jersey’s courts have consistently upheld the constitutionality, and affirmed the validity, of religious exemptions limited only to those for whom vaccination poses a bona fide conflict with their sincerely held



religious beliefs. Accordingly, the Department has consistently construed a “recognized church or religious denomination,” as encompassing any system within or upon which the adherent articulates a sincerely held religious belief that precludes receipt of a given vaccine. This construction imposes no burden on individuals to establish the underlying legitimacy of their belief – only that that any such belief upon which individuals rely for a religious exemption be sincerely held.

Based on the foregoing, the Department will make no change upon adoption in response to the comments.

**N.J.A.C. 8:57-4.2 (SFHF Template 8)**

209. COMMENT: Commenters submitted, either in its entirety or portions of, the following form letter, known as Template 8 on the SFHF website, stating that “the ... proposed amendment [at N.J.A.C. 8:57-4.2] would formally designate school and child care administrators as responsible for requiring and enforcing immunization or immunity evidence as a condition for continued enrollment. While [the commenters] support evidence-based public health practices and safe learning environments, [the commenters are] deeply concerned about the legal, ethical, and practical effects of this amendment in its current [f]orm.”

The commenters’ “[k]ey [c]oncerns are:

1. Non-Medical Staff Making Medical Decisions[.] The proposed rule places non-medical administrators in the role of evaluating and enforcing medical documentation such as exemptions, titer results, or contraindications. Without medical training or licensure, administrators are not qualified to interpret such information or to weigh public health risk, increasing the likelihood of errors and inconsistent enforcement.

2. Risk of Improper Exclusion Without Due Process[.] Conditioning continued enrollment on administrator-led enforcement—without clear notice, grace periods, or appeal rights—creates a high risk of improper exclusion for reasons unrelated to public health, including paperwork delays, administrative errors, or misunderstanding of exemption rights.

3. Equity Concerns. Students from low-income, immigrant, and marginalized communities are more likely to face documentation challenges and language barriers. Without equity safeguards, the rule may disproportionately harm these students, leading to unjust exclusion from school.

4. Privacy and Data Security Risks[.] School staff are not bound by the same confidentiality requirements as licensed medical professionals. Requiring them to collect and store sensitive health records raises serious HIPAA and data-security concerns.

5. Lack of Oversight and Appeals[.] The amendment does not establish a clear review or appeal process for exclusion decisions, nor does it require consultation with public health officials before students are excluded.

To achieve the goals of public health while protecting student rights and equity, [the commenters recommend that the Department] revise the proposed amendment to:

[1.] Limit administrators' role to record collection and referral, not medical judgment or enforcement[;]

[2.] Include explicit due process protections, including written notice, reasonable grace periods, and a formal appeal or review mechanism[;]

[3.] Require consultation with qualified public health officials before any exclusion decision based on medical or religious exemptions[;]

[4.] Implement privacy and equity safeguards to ensure sensitive data is securely handled and vulnerable populations are not penalized[; and]

[5.] Provide clear training and support to administrators tasked with enforcing immunization rules.”

The commenters “appreciate [the Department’s] commitment to protecting public health [and] urge the Department to revise the proposed amendment to ensure it is legally sound, ethically responsible, and aligned with the values of educational equity, due process, and medical privacy[.]” (Template 8)

210. COMMENT: As an addendum to Template 8, a commenter recommends that the Department “[l]imit administrators’ role to record collection and referral, not medical judgment, or enforcement. Include explicit due process protections, including written notice, reasonable grace periods, and a formal appeal or review mechanism. Require consultation with qualified public health officials before any exclusion decision based on medical or religious exemptions. Implement privacy and equity safeguards to ensure sensitive data is securely handled and vulnerable populations aren’t penalized. Provide clear training and support to administrators tasked with enforcing immunization rules.” (582)

211. COMMENT: As an addendum to Template 8, a commenter states that “allowing those who are not medical professionals to make determinations regarding an individual’s vaccine requirements, titer results or needed exemptions ... is inappropriate and, frankly, puts a burden on administrators that they should not have to shoulder.

Parents and patients work in concert with their doctor to make the best decisions about the timing and suitability of vaccines. A school administrator should not have the power to second-guess a doctor's professional opinion.” (321)

212. COMMENT: As an addendum to Template 8, a commenter states that “[t]he potential for confidential information be disseminated is exponential. This is a disaster in the making.” (677)

213. COMMENT: A commenter states that “the code change to allow school or child care administrators to become enforcers of medical interventions is simply that this is wrong headed, authoritarian, and an enforcement tool for government to force any treatments in a collective way upon children. School or day care administrators are not health professionals and as such any school or day care official who in good conscience does not resign when told to enforce such policies has no conscience. I [(sic, should be in?)] addition these officials will have information that they should not have any access to. The abuses that can happen will happen without oversight or recourse.” (164)

214. COMMENT: With respect to N.J.A.C. 8:57-2.3 and 2.4, a commenter states “[a]dministrators, teachers, and daycare staff-not healthcare professionals-would be required to collect, verify, and report detailed immunization and health data to the [S]tate, facing fines up to \$1,000 per violation. This blurs the line between education and law enforcement, turning schools into compliance agencies. It threatens privacy and data security by granting a wide network of non-medical personnel access to protected health information.” The commenter “[c]ommand[s] that the ... Department ... [w]ithdraw ... N.J.A.C. 8:57-2.3 [and] 2.4[.]” (696)

215. COMMENT: A commenter is “[o]pposed to people NOT LICENSED to make health care decisions to decide ANY interventions, medications/vaccinations and treatment modalities for anyone.” The commenter provides anecdotal information relating to the commenter’s work history as “a former [p]ediatric [n]urse [p]ractitioner in [p]rimary [c]are” who “had the prescriptive and clinical authority to order immunizations, interventions, consultations and treatments for children. A portion of the proposed health code changes in N.J.A.C. 8:57 places school and child care center administrators without licensure related to health care to be in the role of evaluating and enforcing medical documentation such as vaccination exemptions, titer results, or contraindications. Those NON licensed in medicine, advanced practice nursing, as physician assistants or in epidemiology/public health are not qualified to interpret such information or to determine risks to individuals or the public. The [New Jersey] Division of Consumer Affairs [(DCA)] oversees that healthcare professionals are graduated from an accredited institution of higher learning i.e. [sic] properly educated, have supervised clinical hours in their area of practice during that education, graduated and have passed certification examinations to be licensed. Only after these criteria are met can anyone even scratch the surface of the body of clinical experience necessary and have the authority to make decisions about health care. The [Department?] NJ Health Care Code Committee has exceeded its scope to impinge on public health by overshadowing the regulatory nature of our [DCA] by allowing these proposed changes to the health care code. The [DCA] is the agency the [S]tate government created to champion over public safety. Any Health Code ruling in this area must be limited to those LICENSED

as detailed above, and to be limited to a referral to the parent, legal guardian or adult as individuals to discuss and decide with their primary care provider.” (507)

216. COMMENT: A commenter states “[y]ou cannot mandate vaccination for children at a private institution.” (58)

217. COMMENT: A commenter states “[p]lease reconsider. The amendment does not establish a clear review or appeal process for exclusion decisions, nor does it require consultation with public health officials before students are excluded.” (736)

218. COMMENT: A commenter states “[y]ou can't have two sets of rules, and rules that go beyond what the public schools require. Private institutions have unqualified people, without the medical knowledge, making up their own rules. Religious exemptions must be maintained.” (266)

219. COMMENT: A commenter states “[p]ublic or [p]rivate [s]chools should not require students to have vaccines, medication, behavioral health or retina/facial biometric capture for algorithms and profiling.” (332)

220. COMMENT: A commenter is “very concern[ed] with over reach of government in the health care requirements. After the COVID [sic] fiasco [the commenter] felt personally attacked by the government. [The commenter’s] personal safety felt threaten [sic] by government instead of protected. [The commenter’s] knowledge and understand[ing] of the situation was correct yet was ignored and maligned by others who had no such knowledge or education. These proposals will allow the same to happen in schools. Educators are not Medical [sic] professionals, also this violates personal health privacy by the government and school officials[.] There are too many legal thresholds these measures will break. [The commenter]

support[s] religious exemptions. [One] need[s] to have safe places when common sense is replaced with unsubstantuated [sic] emotions and fears. [New Jersey residents] are losing our liberties little by little under the disguise of health safty [sic].” (542)

221. COMMENT: Commenters state the proposed rulemaking “allow schools, colleges, and employers unprecedented access to the private health data of New Jerseyans in order to carry out State enforcement orders. Because these entities are not healthcare professionals, they are not held to the same confidentiality requirements.” (8, 9, and 14)

RESPONSE TO COMMENTS 209 THROUGH 221: The proposed amendment at N.J.A.C. 8:57-4.2 restates the existing responsibility in that section of an administrator to exclude from attendance a person who does not provide evidence of immunization or immunity in accordance with N.J.A.C. 8:57, which is part of the State Sanitary Code, as stated at recodified N.J.A.C. 8:57-1.5(a). As the notice of proposal Summary states, the obligation of an administrator to undertake this responsibility is established in statute, specifically at N.J.S.A. 26:1A-9, which states, in part, that “the State Sanitary Code shall have the force and effect of law,” and that “[e]very person[,] organization[,] or board of education having control of any public or private school in this State shall insure compliance with the State Sanitary Code as it pertains to the immunization against disease of children attending or having the right to attend such school, including any provision of the code which prohibits attendance by a child who has not been immunized.”

N.J.A.C. 8:57-4.2 would not require an administrator to exercise medical judgment, but to confirm whether required immunizations or immunity thereto are reflected in the documentation that a person submits. Local health agency professionals, school district health professionals, and the Department remain available as resources with which an administrator might consult. Moreover, the Department makes available tools and guidance materials on its website to assist administrators in evaluating compliance, and regularly provides education on the immunization requirements and available exemptions thereto.

The Department remains committed to ensuring that all regulatory actions uphold principles of equity, privacy, and due process. Consistent with existing practice, the Department provides notice, reasonable compliance timelines, and procedural protections where applicable to support fair implementation. Specifically, proposed new N.J.A.C. 8:57-4.9 would provide flexibility for children to be admitted provisionally if they do not meet the minimum requirements for school attendance, establishes a grace period of 30 days for incoming foreign students to obtain immunization documentation and translation of immunization records and filing of applicable exemptions for both medical and religious reasons, and requires adherence to the grace period in the Compact on Educational Opportunity for Military Children (which is also currently 30 days) and other requirements therein.

Recodified N.J.A.C. 8:57-4.4 would restate the existing, longstanding obligation of an administrator to retain records relating to students' immunization documentation pursuant to a longstanding requirement. The retention of these records is necessary to facilitate a local health agency's auditing of an administrator's compliance, and the



identification of under-immunized and provisionally admitted persons in the event of an outbreak requiring exclusion of such persons from attendance pursuant to N.J.S.A. 26:4-6 and proposed new N.J.A.C. 8:57-4.10. The commenters identify no new threat to privacy and data security that the recodified rule would implicate.

The commenters correctly note that a school administrator might not be subject to HIPAA compliance. However, an administrator is subject to Section 444 of the General Education Provision Act (GEPA), which is commonly referred to as the Family Educational Rights and Privacy Act (FERPA). In some respects, FERPA establishes privacy standards relating to student records that are more stringent than HIPAA. For this reason, and to ensure that local health personnel and others charged with enforcing the State Sanitary Code and N.J.A.C. 8:57 have access to the minimum necessary information about each student sufficient to execute their responsibilities, proposed new N.J.A.C. 8:57-4.6(a) would require an administrator to retain evidence of a student's immunization, immunity, exemption, or provisional admission "in a discrete file" that is "separate from the minor's educational and medical records."

Therefore, the Department will make no change upon adoption in response to the comments.

#### **N.J.A.C. 8:57-4.3 (SFHF Template 3)**

222. COMMENT: With respect to N.J.A.C. 8:57-4.3, commenters submitted, either in its entirety or a portion of, the following form letter "[w]hile [the commenters] support safe schools and evidence-based public health measures, [the commenters] have serious concerns about tying New Jersey's school and child care immunization requirements directly to the CDC's [ACIP]. Does this mean that the ... Department ...

will: [a]utomatically adopt all [F]ederal ACIP recommendations as binding in New Jersey without [S]tate legislative review or public comment? Place non-medical school and child care administrators in the position of enforcing a changing [F]ederal immunization schedule? Risk excluding children for paperwork delays, misunderstanding of exemptions, or timing issues rather than genuine public-health risk? Disproportionately harm low-income, immigrant, or religious families who face barriers to documentation or pediatric care?”

The commenters “urge [the Department] to: [r]emove language that ties vaccine mandates automatically to ACIP recommendations; [e]nsure all vaccine requirement changes go through New Jersey’s normal rulemaking or legislative process with full public input; [p]rovide clear due-process protections, including notice, grace periods, and appeals before any exclusion; [l]imit administrators’ role to record collection, not medical judgment or enforcement; [and] [c]onduct equity and privacy impact assessments to ensure vulnerable populations are not unfairly excluded.”

The commenters state “New Jersey families support public health, but major immunization policies must be transparent, state-led, and protective of students’ rights and access to education [and suggest the Department] revise the proposed amendment before it is adopted.” (Template 3)

223. COMMENT: A commenter “oppos[es] the proposed amendments, repeals, and new rules to N.J.A.C. 8:57[.] While [the commenter] understand[s] and respect[s] the State’s efforts to promote public health, these proposed rules raise serious concerns regarding medical freedom, informed consent, and personal autonomy.” The commenter states that “require[ing] adherence to the evolving recommendations of the

[ACIP] and other national organizations effectively removes the individual's ability to make informed, case-by-case decisions in consultation with their healthcare provider. Health decisions should remain personal and voluntary, not mandated by continuously changing external guidelines that may not account for individual health conditions or beliefs. By expanding administrative authority to deny admission to schools, child care facilities, or higher education institutions based on compliance with these immunization schedules, the proposed amendments place undue pressure on individuals and families who wish to exercise medical choice. This approach undermines bodily autonomy and could result in discrimination against those who have legitimate medical, religious, or philosophical objections. Furthermore, the growing reliance on centralized immunization tracking systems and automatic data reporting raises privacy concerns. Individuals have the right to control their personal health information and to consent to how it is shared, stored, and used. Public health policies should protect both community well-being and constitutional freedoms. [The commenter] urge[s] the Department to reject or revise these amendments to ensure that New Jersey residents maintain the right to make personal medical decisions without coercion, penalty, or infringement upon their freedoms." (371)

224. COMMENT: A commenter states "[i]f the flu vaccine is typically only 40 [to] 60 [percent] effective... why would we require our Children to take it?" (754)

225. COMMENT: A commenter states "[t]he proposed rules require adherence to ACIP recommendations 'as amended and supplemented.' Would this mean that any future [F]ederal changes to vaccine schedules or requirements are automatically binding in New Jersey without further state rulemaking or legislative input?" (17)

226. COMMENT: A commenter “oppose[s] aligning with ACIP recommendations. ACIP only makes suggestions but these cannot and should not ever override a family’s private choices, parental and medical freedom and patient-doctor relationship. One size does not fit all.” (72)

227. COMMENT: A commenter states “[r]emove language that ties vaccine mandates automatically to ACIP recommendations[.]” (231)

228. COMMENT: A commenter states “[r]emove language that ties vaccine mandates automatically to ACIP recommendations!! Every individual should be making decisions about their health with their doctor, not with broad goverment [sic] mandates.” The commenter request that the Department “leave health decisions up to the individuals NOT the STATE.” (354)

229. COMMENT: A commenter states “[t]he language tying New Jersey’s vaccine mandates to the federal ACIP schedule improperly delegates [S]tate rule-making to an unelected federal body, bypassing New Jersey’s own Administrative Procedure Act.” (644)

230. COMMENT: A commenter states “[New Jersey] families should not have mandates that come from ACIP.” (685)

231. COMMENT: Two commenters write “to express my concern over the proposal to automatically align New Jersey’s health regulations with federal ACIP recommendations without legislative review or public input. While [the commenter] respect[s] the expertise of national agencies like the CDC and ACIP, our [S]tate must remain accountable to its own citizens through a transparent process that allows debate, discussion, and consideration of community perspectives. Automatically

adopting federal updates bypasses the checks and balances that protect residents from overreach or one-size-fits-all policies. Every medical recommendation, especially those that affect school attendance, employment, or access to services, deserves open dialogue and review within our own [S]tate before being codified. Science evolves, and so should the conversation between policymakers and the people they represent. New Jersey families want to trust that their health decisions reflect both medical evidence and local values, not just automatic compliance with federal directives. Please preserve legislative oversight and public participation in any decision that affects the bodily autonomy and rights of New Jersey residents. Thank you for your attention and dedication to serving our communities.” (707 and 708)

232. COMMENT: Two commenters “strongly oppose[s] the proposed changes to N.J.A.C. 8:57 ... While [the commenter] understand[s] that the State wants to improve public health, these new rules take away too much personal choice when it comes to medical decisions. The proposal would require everyone to follow changing vaccine recommendations from national groups, even if those guidelines don’t fit a person’s individual health needs or beliefs. Important medical decisions should be made between a person and their doctor — not by government rules that can change year to year. These changes would also give schools, child care centers, and colleges more power to deny admission to students who aren’t fully vaccinated, putting unfair pressure on families who choose to delay or decline certain shots. This could lead to discrimination against people with valid medical, religious, or personal reasons for not following every vaccine schedule. Another concern is privacy. The proposal expands [S]tate tracking systems for vaccine and testing information, which could make it easier

for the government or others to access private health records without clear consent. Public health is important, but it must also respect personal freedom and informed consent. [The commenter] urge[s] the Department to reject or revise these changes to make sure every New Jersey resident can make their own medical choices without fear of punishment or loss of access to education or services.” (529 and 800)

233. COMMENT: A commenter states “[a]s a Board Certified Family Nurse Practitioner and future mother residing in the [S]tate of New Jersey, [the commenter] strongly urge[s] the [Department] to reconsider alignment with ACIP guidelines as these are [F]ederal recommendations that are fickle and subject to change and based on ‘expert opinion.’ Non[-]clinical administrators should not be responsible for enforcing medical decisions. This will ultimately serve as a barrier to education for vulnerable and/or religious students.” (446)

234. COMMENT: Two commenters state “[b]y embedding federal or external recommendations into [S]tate code, the [Department] would essentially delegate rule-making power to organizations that are not elected, not accountable to New Jersey citizens, and not subject to our state’s legislative checks and balances. Health policy should reflect the will of the people of New Jersey, not evolving national guidelines that may change without public input or legislative approval.” (303 and 304)

235. COMMENT: A commenter is “[troubled] how the proposal ties New Jersey’s vaccine rules directly to whatever the ACIP (the federal advisory committee) recommends. [The commenter] understand[s] the value of following science and expert guidance, but automatically adopting every new ACIP update without separate [S]tate review means we’re giving up local oversight. [The commenter would] feel much better

if our own [S]tate lawmakers and residents still had a say before new vaccine mandates take effect here. Otherwise, New Jersey ends up bound by decisions made in Washington without ... having a voice.” (237)

236. COMMENT: A commenter states “DO NOT Align New Jersey’s immunization requirements with current ACIP recommendations or those of the Northeast Public Health Collaborative. There should be NO VACCINE MANDATES. Vaccine requirements are coercive and discriminatory, a violation of bodily autonomy, personal freedom, and FULLY INFORMED, NON-COERCED CONSENT[.]” (332)

237. COMMENT: A commenter states “[t]his amendment is all wrong and seriously misguided. It is outsourcing [S]tate authority to a [F]ederal advisory body, while giving non-medical administrators power to dictate health requirements.” The commenter requests the following revisions “[r]emove language that permits private institutions to deny religious exemptions and mandate additional vaccine requirements beyond the New Jersey public school schedule. Protect religious exemptions equally across all educational settings in New Jersey. Preserve vaccine requirements as a matter of [S]tate law, not [F]ederal advisory committee recommendations.” (266)

238. COMMENT: A commenter states “[t]he proposal also improperly delegates New Jersey’s policymaking authority to federal and private bodies. By mandating automatic compliance with the evolving recommendations of the federal ACIP and the American Academy of Pediatrics, the Department effectively allows those organizations—not the State—to determine future vaccine mandates. The Administrative Procedure Act does not permit an agency to adopt ‘moving target’ rules that change whenever an outside entity updates its guidelines.” (236)

239. COMMENT: A commenter states “[t]he rule states New Jersey will adopt ACIP recommendations directly. Please clarify whether every change in the ACIP schedule will become effective for New Jersey school, childcare, and higher-education entry without additional [S]tate rulemaking or a separate public notice-and-comment process. If so, please cite the statutory authority and describe the process and timeline the Department will follow before any ACIP change is enforced for entry requirements. Schools and families need explicit advance notice, implementation timelines, and an opportunity for public comment. Will the legislative process be involved if a vaccine recommendation is being considered for school entry?” (29)

240. COMMENT: With respect to N.J.A.C. 8:57-4.3, a commenter states “its [a]lignment with Advisory Committee for Immunization Practices recommendations tying New Jersey schools and child care immunization requirements directly to the CDC. [The commenter has] the right to exercise my [United States of America] constitutional right for [f]reedom of religion afforded by the 1st amendement [sic] and also the [S]tate law for [r]eligious [e]xemption based on my religious beliefs. [The commenter] see[s] the proposed changes as a stripping away at my religious freedoms undermining long standing religious protections upheld by [New Jersey] Constitution and case law (e.g., Boushea v. City of Newark), also my privacies, rights to travel freely, [w]hat's next, how China literally locked their people in their homes during covid [sic] and left them to starve and die, there's no freedom there. [D]uring [COVID]-19 our government closed churches and small businesses in trying times where God's children needed to seek refuge and safety in our higher power, God, instead our governor Murphy [sic] made sure liquor stores stayed open and unfairly allowed big business to stay open, and the



unscientific practice of removing your mask while eating and talking in a restaurant, and the [six] feet of distance rule between people was later admitted done arbitrary, our states science experts got it wrong, they also followed bad guidance [sic] saying that you couldn't get [COVID]-19 if you took the shot, and also said you couldn't spread [COVID]-19 if you took the shot, science got it wrong big time ! [T]hese changes you want us to follow sounds like over reaching [sic] laws by a King. [The commenter] demand[s] that the [Department] withdrawl [sic] 57 N.J.R. 2203(a) in full ... and [r]estore opt in consent for NJIIS, protect access, and preserve religious exemptions. [The commenter] stand[s] with thousands of New Jersey families who reject this proposal.” (696)

241. COMMENT: A commenter states “provisions giving the Commissioner open-ended discretion to alter school or immunization conditions without further rule-making vest quasi-legislative authority in a single office, contrary to the separation of powers built into state law. These changes therefore exceed the Department’s implementing authority and should be withdrawn or substantially revised.” (644)

242. COMMENT: Commenters “oppose allowing private schools to reject religious exemptions while being permitted to mandate vaccines that are not even on the schedule required for public schools. The rules would also allow that any new vaccine recommendations by the [ACIP] be adopted automatically. This strikes down a transparent process that should include legislative oversight and public input.” (8, 9, and 14)

RESPONSE TO COMMENTS 222 THROUGH 242: Proposed new N.J.A.C. 8:57-4.3 would require adherence to the ACIP schedules, as amended and

supplemented, with respect to the listed vaccinations, subject to the Department's promulgation of rules establishing additional required vaccinations or modifications to the ACIP schedules in accordance with proposed new N.J.A.C. 8:57-1.8. As stated in the notice of proposal Summary, the Department promulgates N.J.A.C. 8:57-4.3 in accordance with the rulemaking authority that N.J.S.A. 26:1A-7, 9, and 9.1, 26:2-137.1, 26:4-6, and 18A:40-21.1 confer upon the Commissioner of the Department.

The Department is not adding new vaccination requirements, rather clarifying the dosing and spacing schedule for existing requirements. This will ensure the immunization requirements are scientifically current and in alignment with the national standards that protect public health. The proposed amendment does not eliminate opportunities for State-level review, oversight, or public comment. New Jersey retains legal authority to determine which immunization recommendations are adopted and how they are implemented. Any incorporation of ACIP guidance into New Jersey's immunization requirements is subject to rulemaking that continues to occur through the State's established regulatory process, which includes public notice, opportunity for public comment, and review prior to adoption. Therefore, the Department will make no change upon the adoption in response to the comment.

**N.J.A.C. 8:57-4.5 and 4.7**

243. COMMENT: A commenter states that the "proposal significantly expands the definition of 'healthcare professional' and substitutes it for 'physician' across numerous sections. It also introduces pharmacists and others authorized to administer vaccines into areas that historically required physician-level clinical judgment. For example, in N.J.A.C. 8:47-4.5(a)3, a health care professional signing a vaccination

record—specifically including pharmacists—is required to diagnose or verify a patient’s immunity to a particular disease ([such as] varicella). Because pharmacists do not have diagnostic authority, this provision demonstrates why the term health care professional must be more precisely defined to include only physicians, advanced practice nurses, or physician assistants in this context and throughout the proposed rule. [The commenter] requests that language referring to ‘physician’ remain, and that clarification be provided in the final rule adoption regarding other healthcare providers, such as advanced practice nurses, physician assistants and pharmacists, at least as follows [w]hich responsibilities require physician expertise[, w]hether non-physician vaccinators will assume reporting or oversight duties traditionally assigned to physicians, and [h]ow these changes are intended to impact liability and delegation authority. Certain determinations within the rule, such as the medical contraindication exemptions at N.J.A.C. 8:57-4.7, involve medical evaluation, contraindication analysis, and public-health risk assessments that may exceed the scope of some license types. [The commenter] encourages the Department to recognize that boundaries are essential to avoid unintended clinical or legal consequences.” (3)

RESPONSE: Recodified N.J.A.C. 8:57-1.3 would establish a definition of the proposed new term “healthcare professional” to mean “a person who holds a credential to provide health services pursuant to Title 45 of the New Jersey Revised Statutes and its implementing rules, and *whose authorized scope of practice includes the diagnosis of illness or disease, including a communicable disease, infection, or condition in humans*” (emphasis added).” Thus, as used throughout the chapter, the term would only include licensees whose professional credential includes authorization to confer

diagnoses of disease, which is the commenter's concern. Recodified N.J.A.C. 8:57-4.4(b)3 would specify that only a healthcare professional, a pharmacist (whose authorized scope of practice includes the administration of certain vaccines pursuant to N.J.S.A. 45:5:14-63), or another Title 45 licensee whose authorized scope of practice includes the administration of vaccines (see, for example, N.J.S.A. 45:12-1 and 1.1, establishing that the practice of optometry includes the administration of coronavirus and influenza vaccines), as a qualified signatory to a record evidencing a person's receipt of an *immunization*. In contrast, proposed new N.J.A.C. 8:57-4.5(a)3 would specify that only a healthcare professional, that is, a licensee with diagnostic authority, is qualified to execute a record confirming that the licensee diagnosed or verified a person as having had varicella (chicken pox), and therefore demonstrates *immunity* to that disease. In further contrast, proposed new N.J.A.C. 8:57-4.7(b) would specify that only a physician or an advanced practice nurse is a qualified signatory to the form at proposed N.J.A.C. 8:57 Appendix L, evidencing that a person has a *medical contraindication* to a particular vaccination.

Thus, the proposed rulemaking is specific in referring to the licensees within Title 45 whom N.J.A.C. 8:57 would recognize as qualified signatories to each type of documentation. Therefore, the Department will make no change upon adoption in response to the comment.

#### **N.J.A.C. 8:57-4.6**

244. COMMENT: Presumably with respect to N.J.A.C. 8:57-4.6, a commenter states "[t]he [proposed rulemaking] appear[s] to require schools to maintain separate, original paper immunization files even when secure digital systems are in use. Could

the Department clarify the reasoning behind this dual requirement, given the potential administrative burden?” (17)

RESPONSE: The Department acknowledges the commenter’s concern that there may be an administrative burden associated with maintaining an original paper immunization copy. Proposed new N.J.A.C. 8:57-4.6(b) permits an administrator to “electronically, some or all information that this subchapter requires the administrator to collect and maintain.” However, this does not obviate the administrator’s obligation to maintain the original paper records. The Department requires administrators to maintain the original immunization records and, pursuant to N.J.A.C. 8:57-4.6(a), make the records available for “inspection on request of the local health official with jurisdiction and/or the Department for immunization record auditing and related public health oversight and enforcement activities.” The Department requires the original immunization file to ensure the entirety of the information contained therein is available for Department review and to ensure public health and safety. Therefore, the Department will make no change upon adoption in response to the comment.

**N.J.A.C. 8:57-5**

245. COMMENT: A commenter states “delete a reference to a TB diagnostic test that unnecessarily prolongs patient hospital stays.[’] If a patient is released back into the community or nursing facility without this test done and they have TB is is [sic] spread.” (149)

RESPONSE: The commenter refers to a portion of the notice of proposal Summary and not the proposed rule text. The commenter is incorrect in stating that “if a

patient is released back into the community or nursing facility without this test done and they have TB, [it will spread].” As the notice of proposal Summary states, the diagnostic test would no longer be required because it unnecessarily prolongs hospital stays and is inadequate to confirm whether someone has transmissible TB or not. Therefore, the Department will make no change upon adoption in response to the comment.

**N.J.A.C. 8:57-6**

246. COMMENT: A commenter states that “language citing N.J.S.A. 18A:61D-1 implies [that an IHE] must confirm receipt of ‘primary childhood immunizations.’ However, the statute requires only that students submit a valid immunization record that documents the required immunizations for IHEs or evidence of immunity.” The commenter recommends the Department “[r]emove ‘primary childhood immunizations’ from the language to properly align this section precisely with statutory language and current practice.” (19)

RESPONSE: N.J.S.A. 18A:61D-1 requires a collegian to submit a valid immunization record that “documents the administration of all required immunizations.” This would include immunizations as to which, if missing, an applicable Catch-up Schedule applies. If no Catch-up Schedule exists that is applicable to the collegian’s age, then the rule imposes no responsibility on an IHE to ensure that the collegian obtains missing primary childhood immunizations. The inclusion of the term “primary childhood immunizations” is intended to reflect continuity with immunizations required for school attendance in New Jersey.

247. COMMENT: A commenter notes that “N.J.S.A. 18A:61D-1 states that only students 30 years of age or less must show proof of vaccination. The [Department] has

previously stated that it cannot require a college student over 30 years of age to present proof of vaccination or immunity for any of the required college vaccines, but still highly recommends that students are age-appropriately immunized. Is this still consistent with [Department requirements], or are you proposing the ‘regardless of age’ requirement as referenced throughout the document?”

With respect to proposed new N.J.A.C. 8:57-6.10 addressing the hepatitis vaccine, the commenter states that “N.J.S.A. 18A:61D-9 is referenced in this document as applying to ‘all collegians regardless of age.’ But the language of N.J.S.A. 18A:61D-9 is for collegian wh[o] is 30 years old or younger.” The commenter inquires with respect to N.J.A.C. 8:57-6.10 and 6.10(c), “what ‘certain’ collegians is being defined as” and whether “provisional periods for Hepatitis B being removed for students who should have been vaccinated during grades 9 [through] 12[.]” The commenter inquires whether proposed new N.J.A.C. 8:57-6.11 would apply to IHE collegians, regardless of age, and, if so, “does this eliminate all provisional admission options? Most IHEs currently require compliance before residential housing, but allow provisional academic enrollment pending documentation, as previously permitted by N.J.A.C. 8:57-6:12. The removal of provisional admission will have financially devastating consequences for IHEs.” (19)

248. COMMENT: A commenter representing an IHE states that N.J.A.C. 8:57-6.11 “is not clear on whether the requirement to receive meningococcal-containing vaccine applies to collegians over 30 years of age or not. There appear to be some internal inconsistencies with regard to the age at which students must comply with vaccination requirements. For example, this [section] applies ‘to all collegians, regardless of age.’ However, [proposed new N.J.A.C.] 8:57-6.3 states, consistent with

... N.J.S.A. 18A:61D-1, that the vaccination requirements apply to collegians aged 30 and under. This is what [the commenter has] based [the IHE's] policy on[. The IHE has been] requiring receipt of MenACWY vaccine within the previous [five] years for any students living in dormitory-style facilities who are less than 30 years of age. Please clarify the age requirement here.” (6)

RESPONSE TO COMMENTS 247 AND 248: N.J.S.A. 18A:61D-1 requires, and proposed new N.J.A.C. 8:57-6.3 would require, an IHE to condition a collegian's continued enrollment at the IHE on the collegian's provision of evidence of immunization against or immunity to the communicable diseases that Subchapter 4 requires as a condition of a student's attendance at an elementary and secondary school in New Jersey, unless the collegian is over 30. This follows from N.J.S.A. 18A:61D-2, which authorizes an IHE to exempt a collegian from providing evidence of immunization if the collegian attended elementary or secondary school in New Jersey, and from N.J.S.A. 18A:40-21.1, which requires hepatitis B immunization as a condition of enrollment in grades 9 through 12. If a collegian who is under 30 is missing immunizations that Subchapter 4 requires, and a Catch-up Schedule exists that is applicable to that collegian, then proposed new N.J.A.C. 8:57-6.3 would require an IHE to condition the collegian's continued enrollment and attendance at the IHE on the collegian presenting evidence of immunization or immunity (subject to exemptions that were available with respect to Subchapter 4 immunizations for which a Catch-up Schedule exists, and exemptions that Subchapter 6 recognizes).

N.J.S.A. 18A:61D-9, which requires hepatitis B immunization, establishes no age limitation and, thus, applies to every collegian, regardless of age, “enrolling in a program



leading to an academic degree at a public or private institution of higher education in this State, who registers for 12 or more credit hours of course study per semester or term.” N.J.S.A. 18A:61D-10 establishes the only exemptions from this requirement.

N.J.S.A. 18A:62-15.1, effective January 14, 2004, which establishes the meningococcal vaccine requirement, appears in a separate chapter of the New Jersey Revised Statutes, therefore, the exemption for those 30 and under at N.J.S.A. 18A:61D-1 likewise does not apply. N.J.S.A. 18A:62-15.1 states that a collegian is to provide evidence of having received the meningococcal vaccine if an ACIP recommendation exists applicable to that collegian, subject only to N.J.S.A. 18A:62:15.2, which establishes the only available exemptions (medical contraindication or religious conflict).

249. COMMENT: With respect to N.J.A.C. 8:57-6.1, a commenter states “[p]lease edit the language to specify ‘public or private’ entities to ensure clarity.” The commenter recommends “recommends incorporating the Appendix P form into the annual IMM-3 submission to ensure that contact information is up-to-date [and] [r]evise the language of ‘Highest Ranking Official’ to allow designation of the Director of Student Health Center or other responsible health official. This reflects actual institutional practice and accountability.” (19)

RESPONSE: N.J.A.C. 8:57-6.1 specifies that it applies to all IHEs. This would be inclusive of all public and private IHEs. The rule would require the highest ranking official to designate any institutional official as the institutional liaison for that IHE. Thus, the highest ranking official could elect to designate the “Director of Student Health Center” as the commenter suggests. The point of the rule is to ensure that the IHE is cognizant of its obligation to maintain an up-to-date identification of a liaison whom the

IHE acknowledges as its official representative and single point of contact with whom the Department is to submit compliance directives and requests for information, and for whose compliance with N.J.A.C. 8:57 the IHE takes responsibility.

250. COMMENT: With respect to N.J.A.C. 8:57-6.3, a commenter states “[t]his section is confusing because of the large number of cross references. It appears that this section is subject to 8:57-6.6 ... but since these terms are not explicitly stated, it is unclear. While [the commenter] appl[ies] registration holds to those students who don’t fulfill vaccination requirements, a clearly- and consistently-stated provisional period is important to provide. Please confirm that provisional periods are maintained under this rule proposal and what the terms of those provisional periods are.” (6)

251. COMMENT: A commenter states “[t]he language across sections [at N.J.A.C. 8:57-6.4], 6.5, 6.6, 6.7, 6.8, and 6.12 is inconsistent and confusing regarding provisional admission timelines.” The commenter states that “[s]ome sections appear to eliminate provisional admission entirely; others refer to 10-, 14-or 30-day periods (especially for international students). Historically, N.J.A.C. 8:57-6.12 allowed provisional admission for the first term if required immunization documentation is not available at the time of registration.” The commenter requests clarification regarding the following: “[a]re provisional periods being removed altogether? If retained, please specify consistent timelines and criteria applicable to all IHEs [and] provide a flow chart on how each immunization compliance is to be implemented. The way N.J.A.C [8:57-6.6] is written is not clear or easy to interpret and implement[.]” The commenter inquires whether “the [Department] considered the complexity of implementation of immunization requirements if no provisionary period is permitted [or] the significant financial impact on

an IHE if students are not permitted to be admitted or retained at an IHE if they do not meet the immunization requirements without a provisional period? The removal of provisional periods may have financially devastating implications for IHEs.” (19)

RESPONSE TO COMMENTS 250 AND 251: The proposed new rules at Subchapter 6 would neither eliminate provisional admission nor change its structure. Provisional admission timeframes and requirements are established by statute, which often defines provisional admission differently. The 10-day requirement at N.J.A.C. 8:57-6.4(a)3 refers only to the deadline by which a student must submit documentation after missing a scheduled dose or receiving an invalid dose, not the length of a provisional admission period.

N.J.A.C. 8:57-6.6(a) would permit provisional admission and continued enrollment for one academic term, consistent with the current practice. The reference to 14 days is to ensure that a student on a catch-up schedule remains no more than 14 days behind the minimum interval.

With respect to timelines listed for exemptions, N.J.A.C. 8:57-6.7 would require an IHE to review annually existing medical exemptions to confirm whether the contraindication still exists; if not, the administrator must require evidence of immunization or immunity or require the collegian to request a new medical exemption. N.J.A.C. 8:57-6.8 would indicate that an IHE need not require a collegian to request a new request for a religious exemption if the statutory criteria are met for required vaccinations other than Hepatitis B and Meningococcal disease, for which statutory requirements for religious exemptions apply, addressed by proposed new N.J.A.C. 8:57-6.12.

252. COMMENT: With respect to N.J.A.C. 8:57-6.4, a commenter states that “[d]efining ‘certified translation’ narrowly will significantly delay international student compliance and impose additional costs.” The commenter recommends the Department “[a]llow translated records via secure electronic translation (e.g., Google Translate) when the meaning and data integrity are clear and unambiguous.” (19)

RESPONSE: N.J.A.C. 8:57-4.4 allows the certified translation to be made by any adult, provided the translation includes the certifying statement, the name and signature of the translator, and the date. Use of an electronic translation tool entails risks related to accuracy and accountability that are not present with a certifying human individual. By allowing the translation to be made by any adult, the Department ensures the accuracy of the document while imposing the minimum possible burden on the individual.

253. COMMENT: A commenter states that proposed new N.J.A.C. 8:57-6.15 “requires IHEs to distribute a meningococcal disease brochure to all incoming students, track their responses, assess vaccination compliance, and document if exempt students choose to get vaccinated after receiving the information. It is not apparent how to collect information on whether exempt students decide to receive the vaccine because of the information shared with them in the brochure.” (6)

254. COMMENT: A commenter states “IHEs already provide education on meningococcal disease per N.J.A.C. 8:57-6.10, using the [Department] brochure or equivalent materials.” The comment requests the Department “require[e] a specific [Department]-created document [that] may not easily interface with the EHR systems that various IHEs are utilizing, making easy dissemination of the material difficult.” The

commenter states the “[p]roposed changes to track whether an exempt student subsequently chooses vaccination would be operationally infeasible, create increased logistical and staffing burdens, and would not provide meaningful public health data.” In addition, the commenter requests the Department “clarify the age range and applicability ...” (19)

RESPONSE TO COMMENTS 253 AND 254: N.J.S.A. 18A:61D-7 establishes the requirement that an IHE disseminate information about meningitis to college students and develop procedures for tracking the dissemination of this information. The Department declines to mandate the procedure by which an IHE is to track its compliance with this requirement taken nearly verbatim from statute.

255. COMMENT: With respect to N.J.A.C. 8:57-6.16, two commenters state that “it would be more practicable to retain the current deadline of February 1 by which an IHE must report on the immunization status of students to the Department, instead of December 1” because IHEs are “at peak capacity from August through December. Most IHEs do not have the administrative bandwidth for accurate reporting before winter break.” The February 1 deadline would give the commenters “time to analyze the data during winter break when [the commenters are] treating far fewer students.” (6 and 19)

RESPONSE: The December 1st deadline is consistent with a reporting timeframe that is within 60 to 90 days from the first day of classes. This would ensure that each IHE reviews and follows up on immunization compliance and timely enforces provisional admissions. An IHE that requires additional time for data analysis is encouraged to communicate with the VPDP to coordinate reporting and ensure data accuracy.

**(SFHF Template 7)**

256. COMMENT: Commenters submitted, either in its entirety or a portion of, the following form letter, known as Template 7, “[the commenters] strong[ly] oppos[e] the proposed changes to [N.J.A.C.] 8:57, which, as written, lay the groundwork for a discriminatory two-tiered system based on immunization and testing status. While the Department claims the proposal is intended to ‘modernize’ communicable disease control, several provisions clearly expand state authority in ways that will divide New Jersey residents into two classes: [t]hose deemed compliant (vaccinated, up-to-date with recommended doses, tested through approved means) [and] [t]hose deemed non-compliant (exempted, hesitant, or using alternative medical pathways)[.]”

The commenters state “[t]he language in the proposal makes it clear where the rule mandates electronic submission and testing records to centralized [S]tate systems designed to be compatible with SMART Health Cards, which can be foreseeably used to deny access based on health status. In the proposed changes, authority to exclude students has been extended to non-medical personnel, and exclusion can be based on suspicion or perceived risk, not evidence-based. In addition, exemptions are not honored during periods of perceived prevalence. This structure does not uphold public health, it institutionalizes medical discrimination. It creates a system in which: [c]hildren may be excluded from school based solely on immunization status, even in the absence of illness[;] [e]mployees may face exclusion or quarantine not based on confirmed illness, but on administrative suspicion or vague thresholds[; and] [c]itizens’ access to public life becomes contingent on digital records tied to health compliance, not individual choice or consent.”

The commenters state “[t]he result is a two-tiered society -one with full access and another denied basic participation in education, employment, or public life. This is inconsistent with the Equal Protection Clause of the 14th Amendment and the principles of medical neutrality and informed consent.” (Template 7)

257. COMMENT: As an addendum to Template 7, a commenter states “[t]o say that such new-found ‘control’ by unelected officials and administrators is in contradiction to parental and residents’ rights – would be a gross understatement. At the barest minimum, such ‘control’ is inconsistent with the Equal Protection Clause of the 14th Amendment and the principles of medical neutrality and informed consent.” The commenter opposes the proposed rulemaking and requests the Department “REMOVE any [Department] rule changes that: [w]ould permit private institutions to deny religious exemptions, [i]nstitute new mandatory and automatic health reporting systems, and [i]mpose new (and unlimited) vaccine requirements – whose ultimate intention appears to protect government ‘administrators’ and staff – versus New Jersey’s residents.” (103)

258. COMMENT: As an addendum to Template 7, a commenter states that “[t]his is a clear end-run opposes around informed consent, medical privacy, and the doctor-patient relationship. Moreover, the proposal creates a surveillance state, which violates privacy. This is NOT ACCEPTABLE! [(Emphasis in original.)]” (311)

259. COMMENT: As an addendum to Template 7, a commenter states “[d]on’t enact these changes.” (557)

260. COMMENT: A commenter opposes “aspects of the proposed healthcare code changes because they will create a new MEANS to DISCRIMINATE. Mandating Digital SMART Health Cards, as read by this [New Jersey] resident in the proposed

changes to the health code, can be used to both deny children their education and prospective candidates from employment solely based on perceived health status. America has addressed discrimination based on sex of a person, including LGBTQ+, ethnicity/race of a person, disabilities of a person and age of a person as unacceptable. If implemented, this SMART Health Card makes access to public life contingent on digital records tied to health compliance, not individual choice or consent, thereby by definition is DISCRIMINATORY and will violate the Equal Protection Clause of the 14th Amendment. [The commenter] implore[s] the [New Jersey] Board of Health [(sic, should be Department?)] to NOT create any new possibility for discrimination.” (507)

RESPONSE TO COMMENTS 256 THROUGH 260: The Department disagrees with the assertion the proposed rulemaking will result in a “two-tiered” discriminatory system based on vaccination status and “systems designed to be compatible with SMART Health Cards.” Pursuant to N.J.S.A. 26:4-131 et seq., “[a] health care provider shall not discriminate in any way against a person solely because the person elects not to participate in the registry.” The Department does not anticipate that New Jersey residents would experience discrimination or loss of opportunity due to vaccination status as a result of the proposed rulemaking. The Department refers the commenters to its responses to comments on Template 9. The commenters do not include any suggested changes to or any specific, actionable criticism of the proposed rules. Therefore, the Department will make no change upon adoption in response to the comments.



## **General Opposition**

261. COMMENT: A commenter is “concerned about the proposed amendments, repeals, and new rules. As a responsible adult [the commenter has] the right to make decisions about [the commenter’s] own body. [The commenter] discuss[s] [with their doctor] which tests and vaccines are appropriate for [the commenter]. [The commenter is] not anti-vaccine, but do[es] not believe people should be forced to take vaccines that they may not need or want. Vaccines, medications, and treatments sometimes have adverse reactions. [The commenter and their] doctors ... discuss possible side effects of treatments, vaccines, or medications and [the commenter] make[s] the final decision whether or not [the commenter] wish[s] to proceed. Decision making should be between patients and their doctors. [The commenter] believe[s] the Department ... must be completely transparent and share data with the public. For example, if there is rabies in the area, [the commenter] think[s] the public should be informed. However, [the commenter] do[es] not believe the Department ... should collect data about individuals to force them to comply with mandated vaccines, medications, or treatments. Informing the public of health concerns is positive. Taking away personal rights is negative. [The commenter] believe[s] the Department ... wants to keep the citizens of [New Jersey] healthy, but to do that the citizens must trust that the department is acting in their best interest and not overreaching. Please consider a more positive approach.”

(771)

262. COMMENT: A commenter states “[t]hese proposed changes to [N.J.A.C.] 8:57 rule will violate [New Jersey] State statute and various provisions of the [New

Jersey] Constitution. [The commenter] urge[s] the [Department] to withdraw the changes.” (679)

263. COMMENT: A commenter opposes “the changes proposed. It is an overreach of government and should be voted down.” (575)

264. COMMENT: A commenter states that “[c]ircumventing the entire legislative process is insane. There is nothing in this proposal which is sane.” (544)

265. COMMENT: A commenter is “strongly opposed to the proposed changes. Please safeguard informed consent, bodily autonomy, parental rights, religious freedom and privacy rights[.]” (298)

266. COMMENT: A commenter “oppose[s] the Department[‘s] proposed amendments to N.J.A.C. 8:57. While [the commenter] support[s] reasonable updates to public health policy, this proposal far exceeds the Department’s legal authority under New Jersey law, and one can only wonder what entities are pushing for and driving this supposed improvement[.] The commenter states that “[t]hese are not minor oversights; they represent a fundamental overreach of executive authority. The Department should withdraw the proposal and return with a rule that adheres strictly to legislative intent, respects constitutional boundaries, and preserves transparency for the citizens of New Jersey.” (236)

267. COMMENT: A commenter states “I strongly oppose[s] this bill for my medical freedom[.]” (54)

268. COMMENT: A commenter is “opposed to the proposed amendments to [N.J.A.C.] 8:57[.]” (769)

269. COMMENT: A commenter opposes “the proposed changes to [N.J.A.C.] 8:57[.]” (744)

270. COMMENT: A commenter objects “to this proposal. It should be voted down!” (278)

271. COMMENT: A commenter “oppose[s] these changes[.]” (444)

272. COMMENT: A commenter “OPPOSE[S] THIS[.]” (582)

273. COMMENT: A commenter is “opposed to these changes.” (630)

274. COMMENT: A commenter self-identifies as a New Jersey citizen and “oppose[s] any changes to [Department] health codes[.]” (28)

275. COMMENT: A commenter “oppos[es] the changes to [N.J.A.C.] 8:57. The government should have no authority over the religious choices of an individual or that person's children.” (211)

276. COMMENT: A commenter “strongly oppose[s] this proposal[.]” (258)

277. COMMENT: A commenter “strongly reject[s] this proposal.” (107)

278. COMMENT: A commenter “oppose[s] these Code revisions.” (144)

279. COMMENT: A commenter “strongly oppose[s] the proposed amendments! [The commenter] moved to [New Jersey] to maintain our religious freedoms, and now they are at risk! No!” (746)

280. COMMENT: A commenter “do[es] not agree with this revision and think[s] that New Jersey should not revise the current health code[.]” (210)

281. COMMENT: A commenter “oppose[s]” and is “against this new proposal[.]” (540)

282. COMMENT: A commenter self-identifies as a New Jersey citizen and “oppose[s] all these changes.” (202)

283. COMMENT: A commenter self-identifies as “a practicing family doctor” and “oppose[s] all [of the proposed amendments to N.J.A.C.] 8:57[.]. These changes represent a power grab and are not allowing for any oversight by the elected legislative bodies[.]” (143)

284. COMMENT: A commenter “strongly oppose[s] these proposed changes and ask[s] you to vote against them.” (90)

285. COMMENT: A commenter “adamantly oppose[s] changes to [N.J.A.C.] 8:57, a [rule] that would dramatically expand the power of the Department ... These changes are an immediate threat to both religious freedoms and parental rights.” The commenter is “completely OPPOSED to limiting religious and personal exemptions to vaccines[,], allowing schools and universities to deny enrollment to unvaccinated students, even for religious reasons[,], to expanded government health data tracking, reducing privacy and parental authority[, and] to giving the [S]tate more control over medical decisions that have traditionally belonged to families and individuals. This proposal represents a serious risk to freedom of religion, medical choice, and parental rights.” (768)

286. COMMENT: A commenter states “[t]he proposed changes to N.J.A.C. 8:57 represent a direct violation of medical ethics, constitutional rights, and public trust. [The proposed changes] would authorize the government to: [c]ollect and store personal medical data in real time—without informed consent[;] [r]estrict or isolate individuals based on suspicion rather than confirmed diagnosis[;] [and d]eny access to education,

employment, and public life without due process or recourse[.] There is no lawful or ethical basis for granting the Department ... permanent emergency powers. Such authority erodes the foundations of freedom, privacy, and informed consent—principles that define both medicine and democracy. [The commenter] call[s] on all legislators, attorneys, and citizens to stand together in opposition to N.J.A.C. 8:57. This proposal must be withdrawn.” (561)

287. COMMENT: A commenter states “[t]his violates my rights as an American citizen and [the commenter] object[s] to these changes to New Jersey law.” (259)

288. COMMENT: A commenter states “[a]dministrators are not medical professionals. [The commenter is] opposed to all of these changes.” (453)

289. COMMENT: Two commenters state “[t]he proposal expands government access to personal health data, weakens religious exemptions for school shots, and hides key public records from view. By bypassing the legislature, it threatens parental rights and public trust[.]” (160 and 398)

290. COMMENT: A commenter states “[t]his is against the Constitution.” (160)

RESPONSE TO COMMENTS 261 THROUGH 290: The Department acknowledges the commenters’ general opposition to the proposed rulemaking. The Department identifies its statutory rulemaking authority to promulgate N.J.A.C. 8:57 within the “authority” statement of the notice of proposal and within the notice of proposal Summary and Federal Standards Statement. The commenters do not suggest changes to, or identify specific, actionable criticism of, the proposed rulemaking. Therefore, the Department will make no change upon adoption in response to the comments.

291. COMMENT: A commenter states “[i]t is [the commenter’s] firmly held belief that [one] must make every attempt to honor religious freedom and uphold parental rights, particularly with regard to medical freedom. The research clearly shows that vaccines are not without risk, and where there is risk, [one] must allow choice. The proposed changes to [Department] rules threatens to infringe upon these freedoms and [the commenter would] like to go on record as strongly opposing them.” (728)

292. COMMENT: A commenter “strongly oppose[s] any efforts to expand ‘vaccination’ mandates. Vaccines are badly overrated and dangerous. The diseases for which vaccines exist are nearly all of low lethality. The prevalence of such diseases dropped sharply many decades before vaccines were introduced. If they have access to healthy food, water and air, humans are fundamentally healthy. [Humans] have very effective immune systems. Vaccines are all downside. They present serious risks that far outweigh any benefits. They’re a big money maker. Thus, they’ve been widely hyped via decades of propaganda. Many people have been conned to believe in them. Those who believe in vaccines should feel protected after they’ve taken their many shots. They shouldn’t feel afraid of others infecting them. Those who don’t should be allowed to avoid the shots, with their various toxic components.” (522)

293. COMMENT: A commenter states “[t]his is government overreach. The current system is working please leave it alone.” (625)

294. COMMENT: A commenter states “[p]lease do not allow this[.]” (623)

295. COMMENT: A commenter states “[a]dministrators are NOT medical professionals.” (201)

296. COMMENT: A commenter states “[p]lease leave the law as is. [The commenter does] not need any more restrictions or regulations for [the commenter’s] family health decisions.” (92)

297. COMMENT: A commenter “[is] totally against this proposal this is against [the commenter’s] beliefs and rights this must not apply[.]” (757)

298. COMMENT: A commenter is “100 [percent] [a]gainst this law [the commenter] ha[s] a constitutional right. [One has] the choice and [r]ight as parents to do what is best for [one’s] children [a]nd grandchildren... [h]ealth and lives[.]” (711)

299. COMMENT: A commenter states “[p]lease vote no to these changes.” (442)

300. COMMENT: Two commenters state “VOTE NO ON RE-WRITING THE STATE HEALTH CODE (N.J.A.C. 8:57))” (215 and 217)

301. COMMENT: A commenter is “in total disagreement with ANY of [the commenter’s public health information] being surveilled, monitored or listed on any State platform, website, [or] database. [The commenter] will make [their] own medical decisions without State interference.” (59)

302. COMMENT: A commenter states “[i]t's about time you all do as the inhabitants demand, you were elected to protect the rights of the people, not infringe upon them. [The commenter] will start to finally engage and file a formal remonstrance if you pass this. Taking away the free will of the people was nothing any of you were hired to do, coercion and malfesance [sic] of stripping away the constitutionally protected rights of any man of woman is not your job role. You can and willbe [sic] held accountable. Free will and free choice only. Religous [sic] freedoms only. Parental

rights only. Stop stepping of [sic] the essential services you were hired to do. Enough [sic] is enough already. [The commenter] remain[s] and watching ... . [sic]" (175)

303. COMMENT: A commenter states "[t]hese proposed changes represent an egregious overreach threatening parental rights, human rights, and transparency. If allowed to stand, they could enable discrimination, restrict educational access, and conceal crucial information from the public, leaving government agencies free to act without oversight." (167)

304. COMMENT: A commenter states "[t]his is a very important issue that cannot go ignored." (293)

305. COMMENT: A commenter "urge[s] immediate withdrawal of the entire proposed changes to the [S]tate health code, [N.J.A.C.] 8:57. These changes would limit parental rights and erode religious and medical freedom. They would expand government control over personal data. They would reduce democratic transparency and oversight. They could enable potential discrimination and further erode privacy protections. These proposed changes are not in the public interest." (434)

306. COMMENT: A commenter states "This is a violation of federal law: Health Insurance Portability and Accountability Act (HIPAA) is a federal law. Enacted in 1996, it provides national standards to protect sensitive patient health information from being disclosed without the patient's consent or knowledge. HIPAA creates federal rules that set a floor for patient privacy and security, though [S]tate laws can provide stricter protections. It applies to health plans, healthcare providers, and healthcare clearinghouses that handle electronic health information. The law is implemented



through rules like the HIPAA Privacy Rule and HIPAA Security Rule, which grant patients [sic] rights over their health information.” (149)

307. COMMENT: A commenter is “against ‘conditions of admission to schools,[’] It’s a violation of individual rights.” (149)

308. COMMENT: A commenter states “[t]his goes against my rights.” (55)

309. COMMENT: A commenter states “[t]his is a massive overstep and violation by the [S]tate.” (58)

310. COMMENT: A commenter states “[w]ithdraw this immediately.” (58)

311. COMMENT: A commenter is “against all the potential overreach these proposed changes put our health policy at risk of. [The commenter is] against establishing any centralized database that would collect every resident's health information and the very real dangers of creating a two-tiered system giving unchecked powers to administrators to monitor, restrict and penalize residents based on health status. These risks were realized not [five] years ago during a very stressful Covid [sic] chapter and we should be preventing the reoccurrence of another such situation not setting up the framework to have another health hysteria be even more easily corrupted for nefarious reasons. Where are our rights to privacy, confidentiality, unwarranted search [and] seizure, informed consent, [and] due process[?] These 300+ pages of proposed changes that have been quietly proposed with no public interest, awareness[,] or consent lacks the transparency that would be abundant if this were being done for the public good. [The commenter is] very opposed to all of these changes.” (751)

312. COMMENT: A commenter states “[w]eaponizing immunizations is tyranny.” (58)

313. COMMENT: A commenter states “[s]urveillance with a warrant is a violation of civilian rights at every level, [S]tate or [F]ederal.” (58)

314. COMMENT: A commenter states “[s]top the nonsense[.] Leave our rights alone[.]” (516)

315. COMMENT: A commenter “whole heartedly OPPOSE[S] the following: ... Department ... [p]ropose[d] [a]mendments, [r]epeals, and [n]ew [r]ules at N.J.A.C. 8:57. This is against the United States Constitution and [New Jersey] [S]tate law according to [the commenter’s] research and [the commenter’s] attorney. You must ask [the commenter’s] permission or get the permission of any [United States of America] Citizen before enrolling any [United States of America] Citizen (or anyone basically) in any medical, government or any type of program. [The commenter has] parental, medical[,] and human rights and [the commenter is] protected by law. This government overreach must stop now and we must follow the constitution [sic]. [The commenter] represent[s] over a few million people in [New Jersey] and this must stop now. Signatures are coming and if things don’t change our elected officials will be replaced.” (451)

316. COMMENT: A commenter states “[d]o not make these changes. [New Jersey] need[s] less governing ..., not more.” (409)

317. COMMENT: A commenter states “[s]top representing the interests of pharmaceutical companies and profits over the rights and health of the citizens of [New Jersey], which you are supposed to represent.” (530)

318. COMMENT: A commenter states “[w]hile [the commenter] support[s] public health efforts, [the commenter is] deeply concerned this proposal undermines informed consent, privacy, and individual autonomy. OPPOSE[.]” (577)

319. COMMENT: A commenter states “[c]oncerned[.]” (379)

320. COMMENT: A commenter does “NOT support this amendment, it is a gross overreach and violation of rights.” (105)

321. COMMENT: A commenter states “[g]overnment over reach [sic] into the private lives of its citizens is unacceptable. [One has] pediatricians who take care of health needs of [one’s] children, not the public school governance. Every child need is different and specific to their situation and health status.” (693)

322. COMMENT: A commenter states “[p]lease stop this bill in it’s pathway to violating our constitutional rights. Be more transparent and cease the covert behind the scenes action of political elites to damage our lives!” (808)

323. COMMENT: A commenter states “[p]lease do not let these code changes take effect.” (202)

324. COMMENT: A commenter states “[p]lease DO NOT make any substantive changes to the existing laws! No one needs any more regulation regarding personal health choices for our families.” The commenter states that she “[r]eject the proposed changes.” (90)

325. COMMENT: A commenter is “very concerned how this will effect [sic] compliance with the 14th Ammendment [sic]. Please consider the revisions [sic] stated in this comment[.]” (80)

326. COMMENT: A commenter states “[i]t is rather troubling the charges that the [Department] is trying to implement upon the people of [New Jersey]. The proposal is marginalizing individuals and it’s not acceptable.” (574)

327. COMMENT: A commenter is “opposed to the changes, the government has too much influence on our personal lives and health now. [The commenter is] concerned that vaccinations are required for child care [sic] and higher education in our [S]tate. [The commenter] feel[s] it should be an informed decision between the parents and their doctor as to vaccinations not the [S]tate preventing you from getting an education through coercion of vaccination.” (22)

328. COMMENT: A commenter “absolutely oppose[s] these changes are [sic] they are against our freedoms as stated in the Bill of Rights and Constitution[.] [One] must always have our parental rights to decide what’s best for our children protected, our children have the right to receive education regardless of their medical status. These changes would mean if they have ever suffered from a vaccine adverse reaction, they would not be able to get educated as [one] see[s] fit via private institutions and many families make the financial sacrifice because public education keeps failing our children and in many neighborhoods it’s not a safe environment to send children into these public schools that don’t provide adequate quality education. These changes should absolutely NOT be considered as viable without [S]tate public vote!” (226)

329. COMMENT: A commenter is “very disheartened and concerned to see the yet another way the [S]tate of [New Jersey] is attempting to silence the voice of the people in this [S]tate. As a citizen, tax payer, [and] former elected official [the commenter is] seriously concerned for all the families in this [S]tate who wish follow their religious beliefs in raising their families. This is yet another reason why so many of us feel this [S]tate is no longer a safe and practical place to make a home and raise a family.” (658)

330. COMMENT: Two commenters “adamantly oppose[s] changes to [N.J.A.C.] 8:57, a [rule] that would dramatically expand the power of the Department ... These changes are an immediate threat to both religious freedoms and parental rights. [The commenter is] completely OPPOSED to limiting religious and personal exemptions to vaccines[;] to allowing schools and universities to deny enrollment to unvaccinated students, even for religious reasons[;] to expanded government health data tracking, reducing privacy and parental authority[; and] to giving the [S]tate more control over medical decisions that have traditionally belonged to families and individuals. This proposal represents a serious risk to freedom of religion, medical choice, and parental rights.” (300 and 301)

331. COMMENT: A commenter states “New Jersey families support public health, but major immunization policies must be transparent, [S]tate-led, and protective of students’ rights and access to education. Please revise the proposed amendment before it is adopted.” (75)

332. COMMENT: A commenter states “loss of consent and automatic enrollment is very alarming. [The commenter] disagree[s]. Please reconsider.” The commenter “disagree[s].” (736)

333. COMMENT: A commenter, New Jersey resident, “who deeply values medical freedom, personal choice, and informed consent. [The commenter] strongly oppose[s] the proposed amendments, repeals, and new rules under N.J.A.C. 8:57.” (303 and 304)

334. COMMENT: Two commenters “urge[s] the Department to withdraw or substantially revise this proposal. New Jersey can promote public health without

violating personal liberty. Protecting freedom of choice in healthcare is fundamental to a free society, and once surrendered, it cannot easily be regained. Please preserve our right to make voluntary, informed medical decisions for ourselves and our families. Respect for bodily autonomy and personal liberty is the foundation of true public health.” (303 and 304)

335. COMMENT: A commenter provides anecdotal professional history regarding the commenter’s career as a physician. The commenter “professionally reject[s] the proposed Health Code rewrite by the ... Department[.]” The commenter states “[i]n the future, Artificial Intelligence ‘Public Health’ may mandate any number of injections, downloads, chips, eugenics, mass euthanasia & more for the ‘Greater Good.’ PLEASE PROTECT ... FAMILIES AND CHILDREN IN NEW JERSEY!” (332)

336. COMMENT: A commenter “oppose[s] this proposal. It overrides [the commenter’s] privacy regarding health information and severely limits the opt-out option on this issue.” (470)

337. COMMENT: A commenter states “[p]lease just check out the website. No viruses have ever been isolated or for the sake of people who believe they study such things, they haven’t been properly isolated with a control study and you are using cell debris as proof of virus. Also, animals get sick from over confinement. They need the proper diet of steak if it’s a lion or seeds if it’s a bird you kinda know that but ok it needs more room and to rotate the housing often thanks for considering usually if an animal is sick also is because of pollution or toxic exposure. Everyday, people and animals die from neglect. Mostly due to VIRUS theory. Please check the actual scenarios and get the facts. Maybe the lion needs better steak. Better seeds. Suck it. HHH[.]” (335)

338. COMMENT: A commenter states “Stop the surveillance. Don’t you understand how dystopian this is.” (597)

339. COMMENT: A commenter states “[i]f these revisions [or] changes are sanctioned families will lose critical protections for informed consent and faith-based choice. We the people want the government to have limited control over our health/vaccine choices.” (440)

340. COMMENT: A commenter expresses “many concerns about [N.J.A.C.] 8:57.” The commenter is “concerned about how the rules collectively weave in controversial legislation that, up until now, the public has been able to oppose [and] about the discretionary power granted to the Health Commissioner.” The commenter expresses “concern about the automatic alignment to ACIP recommendations, and the ability to even go beyond these [and] about the OPRA exemptions, which would block the public from access to information about vaccination application and emergency measures. [The commenter is] concerned about the expanded public health surveillance, the restrictions on opt-outs and the funding initiatives that influence these rules [and the commenter’s] concerns are further amplified by this public comment process, which seems to ask the public, not just to sift through 320 pages of legalese, but also to match their concerns to the appropriate chapters/sections in order to be documented. This feels disingenuous. Perhaps [the Department] can start by streamlining the public comment process so the public is provided with the appropriate opportunity to express heartfelt concerns.” (601)

341. COMMENT: Commenters state their strong opposition to the proposed rulemaking, the commenters state “[t]his regulatory action is a clear attempt to bypass

the Legislature, given that similar legislation repeatedly failed to advance due to widespread opposition in January 2020. That overwhelming rejection of efforts to severely restrict religious exemptions should be a clear signal that New Jerseyans will not tolerate policies that further erode their religious and medical freedoms.” (8, 9, and 14)

RESPONSE TO COMMENTS 291 THROUGH 341: The comments do not contain any suggested changes to or any specific, actionable criticism of the proposed rules. Therefore, the Department will make no change upon adoption in response to the comments.

342. COMMENT: Two commenters state “[w]ith less than four months before a new Governor and General Assembly are sworn in, the Department should not be pushing through sweeping regulatory changes that could bind the next administration. Major policy decisions of this scope should not be rushed through in a lame-duck period. Doing so undermines public trust and the Legislature’s oversight role. While [the commenter] understand[s] there is a formal comment process, the sheer volume of constituent concern warrants clear and timely answers from the Department. Legislators have a responsibility to conduct oversight and hold agencies accountable when rulemaking appears to reach beyond its authority or sidestep the legislative process.” (8, 9, 14, and 17)

RESPONSE: Regardless of when a new administration begins, the Department always has the statutory duty to protect New Jerseyans from preventable infectious diseases. The Department has full legal authority, including explicit Legislative direction as described at multiple places in the rulemaking and this adoption to implement these



changes. Therefore, the Department will make no change upon adoption in response to the comments.

### **Extended Comment Period and Public Hearings**

343. COMMENT: Commenters state “[g]iven the scope of this 300-plus page proposal and the level of public interest, it is essential that residents have a fair opportunity to review and comment on its contents. Accordingly, [the commenters] request that the Department extend the public comment period by at least 30 days and hold one or more public hearings to allow for meaningful public participation.” (2, 5, and 7)

344. COMMENT: A commenter “request[s] an extension of the public comment period related to those proposed regulatory revisions. Such an extension seems warranted for several reasons, including the significance, magnitude, and relative complexity of the contemplated changes. In short, a 320-page revision of the State Health Code deserves an expanded public comment period. In that same vein, perhaps it would be appropriate for the Department to schedule public hearings in the various regions of the State to ensure transparency and welcome full and fair public engagement and participation.” (18)

345. COMMENT: A commenter requests “[c]an [the Department] please change the comment submission form for user-friendliness? I would also like to request a public hearing to address these rules.” (601)

346. COMMENT: A commenter states “[p]lease withdraw new code [rules] or at least give the people a chance to comment in open public session. There is no transparency in your process, and [the commenter] demand[s] transparency.” (787)

347. COMMENT: A commenter request “that you [(the Department?)] slow down and hold public hearings.” (459)

348. COMMENT: Two commenters state “[p]lease ensure public hearings are scheduled for a full transparent and public participation in these amendments. In addition, extending the public comment period another 30 days is also requested.” (336 and 337)

349. COMMENT: A commenter “strongly encourage[s] a public hearing on the rewrite N.J.A.C 8:57.” (567)

350. COMMENT: A commenter states “[a] public hearing is absolutely necessary.” (144)

351. COMMENT: A commenter “[c]ommand[s] that the ... Department [w]ithdraw 57 N.J.R. 2203 (a) in full [and] [h]old public hearings in every county before any re-roposal [sic].” (696)

352. COMMENT: Two commenters state “[a]ny policy that impacts the health, privacy, and bodily autonomy of millions of residents must be decided by the citizens of New Jersey themselves, not by administrative agencies. Such significant decisions should be brought to a public vote or addressed through the elected legislature, where representatives are directly accountable to the people. This ensures transparency, protects constitutional rights, and upholds democratic principles by letting New Jersey residents determine what’s best for their communities.” (303 and 304)

RESPONSE TO COMMENTS 343 THROUGH 352: The Department provided a 60-day comment period, during which it received approximately 2,686 comments. The Department provided ample time, notice, means, and opportunity for comments to be

submitted on the proposed rulemaking, as evidenced by the number of comments received. Therefore, the Department will not hold a public hearing or extend the comment period for an additional period.

### **Unvaccinated Minority Groups**

353. COMMENT: A commenter submits “this public comment on the August 18, 2025[,] proposed [rule] changes found in [N.J.A.C. 8:57-]4.1 that would allow private schools, preschools, daycares, elementary schools, high schools, and colleges to deny religious exemptions to vaccination and mandate additional vaccines beyond what public school students are required to receive.” The commenter states that “New Jersey has been a protector and advocate of minority groups, and those who choose not to vaccinate due to religious reasons are in the minority. New Jersey should advocate for this minority group and put in place protections rather than making it easier to discriminate against them. Even if everyone were vaccinated at a school, whether it be private or public, there is about 10 [percent] of the population that does not create antibodies, even when vaccinated. Thus, there can never be 100 [percent] protection at a school even if vaccination is 100 [percent]. Instead, the [D]epartment should create [rules] that require hand washing before lunch in school, as that is an extremely effective way to prevent the spread of disease at a time of day when kids are touching food and then putting hands in their mouth.” (692)

RESPONSE: The commenter does not include any suggested changes to or any specific, actionable criticism of the proposed rules. Unvaccinated persons are not considered a protected class pursuant to Title VII of the Civil Rights Act, furthermore, the Department does not anticipate the proposed rulemaking will result in discrimination

against unvaccinated persons. Furthermore, the Department has no statutory rulemaking authority with respect to “require hand washing before lunch in school,” and the comment exceeds the scope of the proposed rulemaking. Therefore, the Department will make no change upon adoption in response to the comment.

### **Privacy and Freedom**

354. COMMENT: A commenter states that “[a]ccountability is a part of science and this [rule] is not accountable! Its moving [m]edicine in the wrong direction and violates the [Doctor-]Patient relationships! [The commenter’s] medical information is private!” (190)

355. COMMENT: A commenter “strongly oppose[s] the changes to N.J.A.C. 8:57, which would give too much power to unelected personnel[,] and which promotes an agenda opposed to freedom and the ideals of our democracy.” (348)

356. COMMENT: A commenter “support[s] freedom of choice, and strongly oppose[s] mandatory vaccinations.” (673)

357. COMMENT: A commenter expresses “[deep concerns] about the proposed changes. [The commenter states that their] child's vaccination status should not be shared with the insurance company, that is a violation of [the commenter’s] Hippa [sic] rights. [The commenter] would be willing to proceed to a lawsuit if this rule is enforced.” (674)

358. COMMENT: A commenter states that “[h]idden inside this rule change are provisions that threaten parental rights, medical privacy, religious freedom, and transparency in New Jersey.” (291)

359. COMMENT: A commenter believes “that it is a lack of trust and it is not right to have [one’s] information out if [one] do[es] not want to.” (555)

360. COMMENT: A commenter states that “[n]o one and no government body has the right to take away an individual's health freedom or complete privacy for any reason!” (378)

361. COMMENT: A commenter states that “[t]his is exactly why people are losing trust in the so called government. Health care in this country is a joke.” The commenter states that “[i]f people aren’t on your drugs you ostracize them. [The commenter] say[s] no to your vaccines. [The commenter] vote[s] no to your secrecy policies. We the people need to remove lawmakers like these who attack the citizens for monetary gain! Absolutely not!” (93)

362. COMMENT: A commenter does “not want [their] health freedom taken away. Being able to access [the commenter’s] information is not permissible. People can CHOOSE to be able to do what they wish with their own bodies. [The commenter does not] want [their] children to be forced to be jabbed with what is required for the sake of following along.” (77)

363. COMMENT: A commenter states “[k]eep [o]ur medical [i]nformation private[.]” (132)

364. COMMENT: A commenter objects “to this loss of privacy.” (290)

365. COMMENT: A commenter states “[t]his is about freedom pure and simple. Be on the right side of morality. We will not stand for overreach but are willing to with community and not be dictated over our life decisions.” The commenter states “[e]nough said.” (63)

366. COMMENT: A commenter states “Patient medical information, including vaccines, should remain confidential and not allowed to be demanded by the [S]tate[.]” (214)

367. COMMENT: A commenter states “[k]eep our medical info private and allow our right to choose what goes into our bodies. You must not take away our medical freedoms[.]” (613)

368. COMMENT: A commenter states that “[i]ts ironically convenient how you lie and frame this new proposed policy as a ‘privacy issue’, when in fact it is to prevent we the people from knowing the truth about what is actually going on. Your ploy will NOT work. We will sue you in court and WIN. Pam Popper's MAFA group (make americans free again) group has and is currently suing for similar reasons and is WINNING most cases. If you don't drop this nonsens [sic], we will soon see you in court. Remember, GOD never loses!!!! In any case, we WILL NOT COMPLY with any of your tyrannical rules, no matter what!!!” (43)

369. COMMENT: A commenter states “[t]he [Department] has proposed changes to the [S]tate health code that would significantly expand bureaucratic power, weaken constitutional protections, and reduce oversight.” The commenter “urge[s] [the Department] to reject this proposal that puts our constitutional rights at risks, impacts our religious freedom and compromises our right to privacy.” (134)

370. COMMENT: A commenter states that “any decisions pertaining to my health care should be between myself and attending physician. [The commenter is] against having a complete stranger whose credentials may be questionable make decisions on

my behalf. [The commenter is] appalled that anyone in government might force their will on my health, someone who knows nothing about me or my life.” (372)

371. COMMENT: A commenter states “[t]his is surely a HIPPA violation. And definitely a violation of of [sic] freedoms[.]” (480)

372. COMMENT: A commenter states “I don’t think the government has any right to interfere with my medical decisions. My health care decisions should be between me and my personal doctor only, and these changes to the statue interfere with this right.” (714)

373. COMMENT: A commenter “strongly oppose[s] these changes that will take away people's rights against any forced medication(s), allow an unelected office to make decisions that that impact consent, privacy and personal autonomy without oversight. We saw how incompetent and brutal and unscientific the government response to a supposed pandemic (Covid) [sic] proved to be. To codify the ability of the government officials and minions to create, mandate, obfuscate, and mishandle another health response would be criminal violation of our constitutional rights.” (164)

374. COMMENT: A commenter states “[g]overnment, whether it be Federal, State or local, has NO PLACE or business, in my personal health care choices. Please stop this legislation.” (165)

375. COMMENT: A commenter states “[t]his proposal is an invasion of privacy and steps beyond [the commenter’s] personal rights.” (637)

376. COMMENT: A commenter states “[p]lease don[’]t take away [the commenter’s] voice for [the commenter’s] children to do what is right for [the commenter’s] family[.]” (701)

377. COMMENT: A commenter states “the ramifications of an individual's constitutional right. Government should never be in the business of individuals personal choices, informed consent decisions. This information is personal and should be protected fully through the HIPPA Act[.]” (115)

378. COMMENT: A commenter questions “[h]ow is this not a violation of ... privacy and HIPA [sic] laws? Every day some new rule is being implemented that is detrimental to the [S]tate. How many more people do you want to move out of this state? All that will be left are the people living off the [S]tate and not contributing[.]” (584)

379. COMMENT: A commenter states “[t]he public health policies of this [S]tate already are a burden on families who have ill children and cannot opt out of treatments, risking even death of the child in order to get the public education they are entitled to. No further regulation.” The commenters suggest “religious exemptions [be reinstated] and ... more privacy and freedoms [be given] instead.” (171)

380. COMMENT: A commenter states “[w]hile [the commenter] support[s] public health efforts, [the commenter is] deeply concerned this proposal undermines informed consent, privacy, and individual autonomy. There should always be an opt-out option.” The commenter states “[p]rivacy matters!” (75)

381. COMMENT: A commenter states “people should have a choice as to whether their private medical information is shared. There should be a choice whether [one] want[s] [their] information shared or [one] want[s] to refuse this. Parents and patients [sic] rights and freedoms should be preserved not removed.” (360)



382. COMMENT: A commenter states “[i]t is time to allow people the freedom of choice when it comes to vaccines. There is too much information that proves the inefficiency and harm of some vaccines on some people. This harm is detrimental in many cases.” (75)

383. COMMENT: A commenter states “[p]lease do not repeat history and keep [the commenter’s] rights and freedoms in place!!” (735)

RESPONSE TO COMMENTS 354 THROUGH 383: The commenters do not include any suggested changes to or any specific, actionable criticism of the proposed rules. Therefore, the Department will make no change upon adoption in response to the comments.

### **My Body**

384. COMMENT: A commenter states “[p]lease stop trying to control our lives. Let us have medical freedom and allow us the freedom of choice over our bodies and our children’s bodies. Let us decide what we want to do.” (253)

385. COMMENT: A commenter does “not agree with being placed into a vaccine database. You are violating my rights. Stop it. [The commenter] also do[es] not agree with eliminating religious exemptions from vaccination. You are violating my rights. Stop it. My body is MY BODY and it is NOT your body. You have no right to force medical procedures on [the commenter] nor on anyone else. You are overstepping and need to step back.” (308)

386. COMMENT: A commenter “consider[s] this legislation to be unconstitutional in terms of privacy, a major intrusion into the lives of citizens, and a dangerous threat to liberty. We are not going to sign onto, agree with or abide by any bill which deprives us

of religious liberty, informed consent, or determination over the bodies of ourselves or our children (remember ‘my body, my choice?’... Further, we need to get the big money out of our political system so we do not have politicians promoting corporate agendas as we see here. [The commenter] ha[s] tried to keep this quite simple so it would be clear, but if we delve into the science, actual science, there has been a huge amount of corruption and fraud going on, to say nothing of gross conflicts of interest, and we need to clean it up. [The commenter] hope[s] each representative will look into these things closely and decide whether they are representing corporate sponsors or the people of New Jersey.” (336)

387. COMMENT: A commenter states “[k]eep your government overreach out of my health choices. There is overwhelming evidence on the damage caused by vaccines. [The commenter is] not going to be controlled by corrupt big pharma [sic]. [The commenter’s] body [the commenter’s] health [the commenter’s] choice[.]” (539)

388. COMMENT: A commenter states “[s]top the unnecessary surveillance proposals and allegiance to the pharmacriminals [sic] and start working for the people of the [S]tate of [New Jersey] who pay your salary and are your bosses. ‘Our body our choice’!!! Remember that slogan that you all formerly embraced. Where is that slogan now?” (43)

389. COMMENT: A commenter is “disgusted about the [Department] overreach. We MUST protect individual rights and liberties to control our bodies and our [children’s] bodies, this is BIG PHARMA and government overreach. Stop this!” (138)

390. COMMENT: A commenter states “[t]his is being done to protect big pharma [sic] and corrupt individuals, not the public, from being held accountable.” (24)

391. COMMENT: A commenter states “[s]top this NOT Voted [sic] for tyrannical [sic] control grab now! [New Jersey residents] are the bosses of [their] bodies, not the [S]tate and not the [Department]. [The commenter] pay[s] your salaries and you answer to us.” (43)

392. COMMENT: A commenter states “[p]lease allow [New Jersey] residents to have privacy. No one should have a say in what [New Jersey residents] can and can't do to our own bodies and health records.” (583)

393. COMMENT: A commenter states “[t]hese measures are unconstitutional. [One] need[s] freedom to choose what goes into [ones] bodies and that of [one's] children. So many vaccine[-]injured people have trusted the 'system' to their detriment or even death.” (709)

394. COMMENT: A commenter states “[i]f these proposals are codified, religious exemption could become something health authorities ignore or strip away by rule, not by law. It is a fundamental shift in who holds power over our bodies, beliefs, and freedom. Please don't take away [the commenter's] freedom of deciding what is best for the health of [the commenter and the commenter's] family.” (62)

395. COMMENT: A commenter states “[the commenter] decide[s] what goes into [the commenter's] child's body not the government.” The commenter states the Department's “job is to teach [the commenter's] children[,] not make medical decisions for [the commenter's children,] that job belongs to the parents.” (505)

396. COMMENT: A commenter states “[o]ur medical data is our own property. No benefit comes to private citizens by tracking to mandate global medical decisions. You don't know [the commenter's] medical or genetic susceptibilities and there for using

these for mandates which may harm [the commenter] is unethical. Vaccine invites [(sic?)] are real.” (441)

397. COMMENT: A commenter states “[p]lease do not threaten us with taking away our God Given [sic] right to protect our children. Our body, our choice. Every time you try to take away religious exemption, you are forcing families from the [S]tate. Families should be able to reject foreign objects into their bodies, especially fetal cells and animal cells. Robert F. Kennedy is now revealing just how dangerous the other ingredients are. Covid [sic] vaccines have killed millions. Catholic schools could go out of business if this happens. Please make the right decision to keep our children safe in this [S]tate. Otherwise [the commenter] will be leaving [a]nd so will many people.” (687)

398. COMMENT: A commenter states “[n]o mandates. The system has been flawed and if you are ignoring the info [sic] being illucodated [sic]by the new administration , you will continue to enforce like a Mafia [sic] your outdated medical mandates on individuals who cannot methylate or detox the ingredints [sic] in vaccines causing neuroinflsmmation [sic] and neurological disease. You don't control [the commenter's] body or [the commenter's] children's destinies potentially being the cause of permanent destruction of lives.” (441)

399. COMMENT: A commenter states “[m]y body my choice, isn't that what pro abortionists have changed for decades. [The commenter's] religion[']s beliefs are protected and this is a violation which is based on outdated medical knowledge regarding vaccines. This is a [New Jersey] mafia stronghold against it's taxpayers. Don't kid yourself into thinking it's anything less! Shameful. Leave us alone!” (441)

400. COMMENT: A commenter states “No organization has the right nor the authority to mandate any procedure to a human body. NUREMBER [sic] CODE[.] Look at the large study group[.]” The commenter states that “[i]n Lancaster, [Pennsylvania]-[t]he Amish do not vaccinate and [the commenter further asserts that] they do not have the epidemic problem of autistic children. Unless this group is souless [sic] we need to re-examine the use of vaccines. Read the inserts outloud [sic] at all meetings.” (154)

401. COMMENT: A commenter states “[the commenter is] having [the commenter’s] freedom and rights violated enough. If [the commenter has] learned anything in the last five years is that the government does not have [the commenter’s] best interest at heart and does not care what they put inside [the commenter’s] body. [The commenter has] become very diligent in reading and researching everything and anything that [the commenter] put[s] in [the commenter’s body] body or [the commenter’s] kids bodies and it is not your choice. It is [the commenter’s] choice. You cannot take my choice away for what [the commenter does] for [themselves and their] children, they’re [the commenter’s] children, [the commenter’s] God-given, right[.]” (803)

402. COMMENT: A commenter states “[t]he only person that should decide on what goes into their body is the individual.” (122)

403. COMMENT: A commenter states “[m]y body my choice. My child my choice. Go have your own kids and make decisions for them. Leave mine alone. Stop this.” (576)

404. COMMENT: A commenter states “[m]y health is my choice, it’s not for the government to tell me what’s best for [the commenter]. Manufacturing companies are

exempt from liability, why can my body choose what's best for me. How much money is at stake, who's pockets are filled with pharma's \$\$ [sic] tax payers dollars, my body my choice[.]" (361)

405. COMMENT: A commenter "strongly oppose[s] any law that mandates any vaccine being forced upon a [New Jersey] citizen against his or her will. [The commenter's] body is sacrosanct and shall be thus protected. [The commenter] would fight that in court, if necessary. NO VACCINE MANDATES." (249)

406. COMMENT: A commenter states "[t]hie [sic] [S]tate government should not have access or a say in a person's bodily autonomy." (58)

407. COMMENT: A commenter, a New Jersey resident, states "[the commenter has] disgusted with what [the commenter has] experienced and learned regarding vaccine policy and privacy of health information over the last couple of years. [The commenter is] against any institution requiring people to get a vaccine to access services. With the Vaccine Injury Act of 1986 and the PREP Act from the Bush administration still in place, [the commenter has] remained convinced that American people are more or less a captive market to an industry that is not held accountable to the proper extent at the [F]ederal level. The Biden and Trump administration[s] have worsened matters by emphasizing surveillance at the expense of Americans' privacy in more ways than one. [The commenter is] asking that you retract the proposed health code changes as they will only make matters worse and increase the rate at which people move out of New Jersey. By continuing to promote these code changes you only confirm that you do not act in the best interest of New Jerseyans but rather in the best interest of corporations in the Pharmaceutical and Surveillance industries. [One]

alone choose what [one] allow into our bodies. No force. No penalties. No mandates.” (182)

408. COMMENT: A commenter states “[r]eligion is a choice! So is [one’s] right to decide on vaccines! The D[e]partment has no business telling us we have to vaccinate! It is a personal decision that [one has] the right to control and decide!” (472)

409. COMMENT: A commenter states “[p]lease give us our rights to vaccinate or not[.]” (569)

410. COMMENT: A commenter believes “that these proposed health codes are a violation of [the commenter’s] right to privacy and [the commenter’s] right to choose what goes in [the commenter’s] body and what does not. It’s against [the commenter’s] civil liberties. [The commenter’s] religious freedom is [the commenter’s] right as a citizen of the United States[.]” (32)

411. COMMENT: A commenter states “[n]o one is permitted under natural law to tamper with [one’s] bod[y] without [one’s] consent.” (280)

412. COMMENT: Two commenters state “[n]o government agency or public institution has the moral or constitutional right to mandate medical treatments, including vaccines. Medical decisions must remain between an individual and their healthcare provider, based on personal circumstances, beliefs, and risk assessment, not dictated by state regulation. These proposed changes would tie state health rules directly to national advisory bodies like the ACIP and ‘other nationally recognized health advocacy organizations,’ allowing outside entities to shape New Jersey policy without public accountability. This undermines individual sovereignty and the right of citizens to make informed, voluntary choices about their own bodies.” (303 and 304)

413. COMMENT: A commenter states that “[n]o one has the right to tell anyone what they can or cannot put in their bodies as far as vaccinations go[.] There was no reason to continue vaccinating everyone! The government made everyone take the Covid [sic] shot and it killed millions of people yet it is still pushed to take this shot! Again, no one should be made to take a shot!” The commenter provides anecdotal health information regarding people who the commenter alleges suffered a vaccine-related injury or death. The commenter “stand[s] with everyone when [one] say[s] no vaccinations, and that should not stop anyone from getting an education!” (121)

RESPONSE TO COMMENTS 384 THROUGH 413: The commenters do not include any suggested changes to or any specific, actionable criticism of the proposed rules. The proposed rulemaking does not require New Jersey residents to be vaccinated without their consent. Therefore, the Department will make no change upon adoption in response to this comment.

**“Stop”**

414. COMMENT: A commenter states that the “This [proposal] needs to be trashed. Full Stop. Otherwise, there needs to be a public hearing so you can have the power to trash this for us.” The commenter questions “[h]ow do we trash this proposal? Please extend the public comment period if you are not going to trash it.” (129)

415. COMMENT: A commenter states “[s]top these changes. We had to learn something from the lock downs that this power will be abused. They are bypassing the checks and balances[.] Stop this in it's tracks. Unelected people are the judge, jury and executioner with these changes. This is too dangerous. Stop this in it's tracks. Administration will abuse this power. This is bypassing the checks and balances of our



democratic process and our republic. Please stop this from moving forward. This power will be abused. They will bypass our democratic process and violate our republic. Don't let this happen to our great state" (129)

416. COMMENT: A commenter is "against any and all parts of this." (96)

417. COMMENT: A commenter states "[i]t [sic] too much. It's all too much."  
(578)

418. COMMENT: A commenter states "[s]tick those vaccines up your rear ends. [The commenter does] not consent for any medical intervention [the commenter does] not want and that includes vaccines." (550)

419. COMMENT: A commenter states "REJECT! This is not good and majority of your constituents do not agree with the proposed ammendments [sic]." (439)

420. COMMENT: A commenter "oppose[s] this legislation and support[s] parental rights[.]" (422)

421. COMMENT: A commenter states "[d]o the right thing!" (352)

422. COMMENT: A commenter states "[u]nacceptable over reach[.]" (734)

423. COMMENT: A commenter states "[s]top this[.]" (443)

424. COMMENT: A commenter states "[t]his must be stopped. It is a tyrannical assault on freedom and the ability for people to make a living. It is unfair and extremely harmful to our republic." (447)

425. COMMENT: A commenter states "[p]lease do not [m]ake any changes to the health code [N.J.A.C.] 8.57[.]" (86)

426. COMMENT: A commenter states “[w]e need to STOP tracking everyone and everything. We are moving in a very bad direction. George Orwell's 1984 ... or China for that matter. Enough. We are a free country. Let's keep it that way.” (24)

427. COMMENT: A commenter states “[s]top this evil now[.]” (216)

428. COMMENT: A commenter “would like to opt out[.]” (399)

429. COMMENT: A commenter states “This cannot go through!! Please stop this now!” (159)

430. COMMENT: A commenter states “[n]o[.]” (316)

RESPONSE TO COMMENTS 414 THROUGH 430: The commenters do not include any suggested changes to or any specific, actionable criticism of the proposed rules. Therefore, the Department will make no change upon adoption in response to the comments.

### **Discrimination**

431. COMMENT: A commenter opposes “any government system that implies or directly imposes discrimination based on health choices. This is absolutely unacceptable and a slippery slope. If this can be done with viruses and vaccination status, what about mental health (medicated or unmedicated) or abortions/pregnancy. Please consider that this is a great overreach into private medical decisions.” (269)

432. COMMENT: A commenter states “[d]o not allow this to go through this is a wild overreach of power and unacceptable. A parent should be allowed to determine whether or not to vaccinate their child and that should not be the deciding factor as to whether that child can then receive an education. Why is that even a thought? That because [the commenter] do[es] not agree with the ingredients in the vaccines my child

can then not have the same education as every other child? Is this not a new form of segregation.” (245)

433. COMMENT: A commenter states that “[the commenter] saw the discrimination during COVID [sic]. [The commenter] do[es] not want that to happen again.” (383)

434. COMMENT: A commenter states “[a]ny discrimination based on someone’s immunization is akin to antisemitism or racism.” (58)

435. COMMENT: A commenter states “[t]he short of it is that this is discriminatory [sic][.]” (810)

RESPONSE TO COMMENTS 431, 432, 433, 434, AND 435: The Department maintains the confidentiality and security of information in the Communicable Disease Reporting and Surveillance System (CDRSS) and the New Jersey Immunization Information System (NJIIS), including vaccination status, in accordance with the New Jersey Office of Homeland Security and Preparedness, “Statewide Information Security Manual” (2024), as amended and supplemented, available at <https://www.cyber.nj.gov/grants-and-resources/state-resources/statewide-information-security-manual-sism>, which is consistent with National Institute of Standards and Technology (NIST), United States Department of Commerce, “The NIST Cybersecurity Framework (CSF) 2.0” (2024), as amended and supplemented, available at <https://www.nist.gov/cyberframework>. The Department does not anticipate that the proposed rulemaking will result in discrimination against persons based on vaccination status. The commenters do not include any suggested changes to or any specific,

actionable criticism of the proposed rules. Therefore, the Department will make no change upon adoption in response to the comments.

## **COVID**

436. COMMENT: A commenter states that “Covid [sic] vaccines PROVED that this is NOT a good thing. The vaccines were not properly tested and no one is held responsible for the injuries they caused. We need to be very careful about dosing and medical contradictions [sic].” (24)

437. COMMENT: A commenter states “[y]our proposed legislation is unlawful, corrupt, and an obvious attempt to advance the transhumanist, globalist Agenda 2030 at a [S]tate level through a reprise of forced mRNA-gene-editing quaxines [(sic)] and other biofascist [(sic)] nanotech strategies disguised (poorly) as public health.

Congratulations on outing yourselves as yet another deeply corrupt water carrier for the pharMafia [(sic)] that loves to poison people for profit. Do they have control files on you perhaps? Would you even have the skill set to recognize, let alone craft, any truly helpful public health policies that would support genuine health for people? Your entire department's sole mission is to push damaging quaxine [(sic)] pseudo science and cause iatrogenic injury via mandated jabs. Do you realize how many people have awakened to your baseless, shameless propaganda drivels since Convid-1984? [(sic)] Time for a new script because yours is old and predictable in its fascist, trashy content.” (392)

RESPONSE TO COMMENTS 436 AND 437: The commenters do not include any suggested changes to or any specific, actionable criticism of the proposed rules.

Therefore, the Department will make no change upon adoption in response to these comments.

### **Parental Rights**

438. COMMENT: A commenter states “[p]arental rights are constitutional rights-religious exemptions should be available to all residents of [New Jersey.]” (70)

439. COMMENT: A commenter states “[p]lease protect rights of parents.” (83)

440. COMMENT: A commenter supports “privacy in home schooling. Parents should have the right to educate their own children. It’s a choice. To educate [one’s] children or privately or publicly.” (145)

441. COMMENT: A commenter states “[s]top trying to circumvent the rule of law and legislative process just to achieve your goals of medical tyranny. It will NOT work. We the people are in charge here. If need be we, the masses will begin home schooling our children to avoid the [S]tate indoctrination as well was [sic] to stay healthy. We will prevail [sic], NOT you.” (43)

442. COMMENT: A commenter provides anecdotal information regarding a person who had a vaccine-related injury. The commenter states “will not send [the commenter’s children] to school if vaccination is mandatory[.]” (599)

443. COMMENT: A commenter states “[a]s a parent if in [New Jersey the commenter’s] ability to parent the way [the commenter] wish[es] to is taken from [the commenter]. [The commenter’s] children will be taken out of the school system along with many others. If then [the commenter’s] ability taken away to homeschool [the commenter’s] own children. [The commenter] will move out of the [S]tate of [New Jersey] along with many others. There will always be a way. You cannot parent and

own other people's children because you think your opinion is superior to what [the commenter] think[s] and feel[s] is better for [THE COMMENTER'S (emphasis in original)] children. In America [the commenter has] freedoms [sic] of religion and [the commenter] raised [their] children along our faith. You cannot and will not take that away from [the commenter] and countless others." (603)

444. COMMENT: A commenter "refuse[s] the vaccines that are pushed[.]" The commenter provides anecdotal private medical health information relating to the commenter's relative. The commenter states CDC required schedule is "insane." Furthermore, the commenter "know[s] vaccines are NOT safe, the science doesn't lie, the industry does. [The commenter] want[s] to protect [their] information and approve the release of medical information. It is personal." (774)

445. COMMENT: A commenter states "[t]he role of a parent is to protect and guide our childre'shealth [sic]and well being [sic] as [parents] see fit. Humans are notcookie cut [sic]. [Humans] are individuals and should not be told by some individualor [sic] authority figure how to do what we feel is best for our children. Government overreach is killing our children and setting them up for illhealth [sic] in the future through maby [sic] facets. This is another step toward the unconscionable." (616)

446. COMMENT: A commenter states "In no way shape or form should the government or schools take freedom away from parents. This is about freedom and choice. That is why [the commenter] live[s] in America. Unethical and [one] ha[s] to fight to stop these bills from passing[.]" (588)

447. COMMENT: A commenter states “[t]hese propos[ed] [amendments] take away the freedoms and rights of parents to make educated decisions about the immunity needs of their children. Parents have a God given right to practice the religion of their choosing and to follow those religious beliefs and guidelines. Health records are private and should remain so.” (107)

448. COMMENT: A commenter asks “[the Department] keep parents informed of their child's vaccinations and to discourage removing medical and religious exemption. Parents ultimately want what is best for their children and should be involved in their child's healthcare decisions. Parents and caregivers should be given education and guidance and not have their rights removed.” (321)

449. COMMENT: A commenter, a parent, “whole heartedly believe[s] in the parent's being able to decide whether or not to give their child vaccines. It is the parents right to protect their children in any way possible and [the commenter] believe[s] [they are] exercising that right by choosing not to vaccinate because they are not safe.” (555)

450. COMMENT: A commenter states “[t]his is a big concern of [the commenter] because when [the commenter's] child goes to school they should be able to go no matter what ([i]f they have had vaccines or not), it doesn't matter. It is [the commenter's] right as a parent to opt out of vaccines due to our religious beliefs. [One is] doing what [one] feel[s] is right and that is no one else's decision but the parent.” (555)

451. COMMENT: A commenter states “[p]arental rights need to be honored as well. If medicine is as good as it claims, then it does not need to impose its will on

those who have different ideas. Let Darwinian consequences prove the better path - this is the fundamental path of the scientific method. Test it and record the results. Free will comes with consequences of the choices [one] make[s]. Either develop the proof that one method is better, or develop better persuasion [sic] - but do not mandate compliance [sic] over objections.” (576)

452. COMMENT: A commenter states “[p]arents and their doctors should decide what is best for their children. NOT the government. Not [the Department]. Stay out of [the commenter’s] medical and health lives. Focus on coming up with a cure for diabetes.” (132)

453. COMMENT: A commenter states “[s]ince when does the [S]tate or [F]ederal government take precedence over the rights of parents caring for their dependent children? This insanity is adding to the already invasive system in place. Health decisions and all others are meant to be made by the parents or legal guardians of minor children until the children are grown. We are on a very slippery slope here and [the commenter is]against legislation weakening parental rights.” (712)

454. COMMENT: A commenter opposes “the idea of the D[epartment] making decisions for what is best for our children [and] the threat of not respecting medical exemptions. Make recommendations, yes! But let the parent and their doctor decide what is best for there [sic] children[.]” (132)

455. COMMENT: A commenter, self-identifies as a New Jersey resident, “opposes any changes that weaken religious exemptions or limit parental rights.” (394)

456. COMMENT: A commenter, a New Jersey Resident, United States of America citizen and parent, “oppose[s] this amendment change or any change that



weakens religious exemptions or limits parental rights ... Please protect our rights as families and parents.” (97)

457. COMMENT: A commenter states “[n]o changes need to be made to current [rule]. The proposed changes go against parental rights! These changes are also discriminatory and a complete over reach [sic]. It’s important that all kids are provided with equal rights and a[n] opportunity to attend school and their attendance must not be influenced or affected by vaccination status[.]” (741)

458. COMMENT: A commenter states “[t]his is a parents right to choose how to protect their children and an overreach of the government.” (609)

459. COMMENT: A commenter “strongly oppose[s] any overreach that impinges on a parents right to make choices that best suits their individual children’s needs. Collecting data segregates personal freedom of choice, alienates, and is not consistent with ethical standards of correlating PPI/Sensitive Health Data.” The commenter further states that “if there is no autonomy and choice, the freedoms this country fought for are gone. If there’s concerns over people’s choices, the solution is information and education, not parental/choice restriction/data aggregation.” (438)

460. COMMENT: A commenter states “[p]lease respect parent’s decisions with their children especially when it comes to religious beliefs and their child’s health and well being [sic].” (78)

461. COMMENT: Commenters state “[p]arents have the inherent right and responsibility to make medical decisions for their children. Linking school or higher-education admission requirements to national immunization schedules without the ability to question or opt out is coercive and discriminatory. These proposed rules could

effectively exclude healthy children or students from education based solely on personal medical choice — which violates the principles of equal access and freedom of conscience.” (303 and 304)

462. COMMENT: A commenter self-identifies as “a parent of [the commenter’s] children and a person guaranteed freedom to make [the commenter’s] own decisions regarding my family. Your role is to advise and respect [the commenter’s] decisions. It is [the commenter] who make choices for [the commenter’s] family’s health and well-being, not you. You are not God and have no right to tell me what to do, gather my private information without my explicit consent, nor force on me any treatment whatsoever. [The commenter] refuse[s] to accept your sick communist regime trickery. [The commenter] ha[s] no expectations of care from the [S]tate for [the commenter’s] rights and opinions, but still hope that someone actually reads [one’s] comments and will present modicum of respect towards ‘we the people.’” (21)

RESPONSE TO COMMENTS 438 THROUGH 462: The notice of proposal Summary identifies the statutory basis upon which the Department derives its authority to promulgate the rules at N.J.A.C. 8:57. The commenters do not include any suggested changes to or any specific, actionable criticism of the proposed rules. Therefore, the Department will make no change upon adoption in response to the comments.

## **Appendices**

463. COMMENT: With respect to N.J.A.C. 8:57 Appendix Q, a commenter representing an IHE states that “[the IHE] only tracks whether a student received the vaccine at 16 years of age or within the last five years. [The IHE] do[es] not track prior

doses, because it is the most recent one that is relevant to [the IHE]. This data point should be optional to provide.” The IHE commenter states that the MenACWY vaccine is an “optional ... two-dose series. However, it is not clear whether the Department is looking for data on who has received the entire series [as indicated by “Received Two Doses” field] or just one dose [as indicated by “Received Meningococcal B Vaccine” field]. Please clarify this on the form.” (6)

RESPONSE: The Department will make a change at N.J.A.C. 8:57 Appendix Q upon adoption to remove the “Received Meningococcal B Vaccine” field and change the “Received Two Doses” field at N.J.A.C. 8:57 Appendix Q to “if available,” remove “optional vaccine,” and IHEs can complete this field, if it is applicable to the student.

**Summary of Agency-Initiated Changes:**

1. The Department is making a change upon adoption at new N.J.A.C. 8:57-1.8 to add abbreviations for the entities known as the American College of Physicians® (ACP), the American Academy of Family Physicians (AAFP), and the American College of Obstetricians and Gynecologists (ACOG).

2. The Department is making a change upon adoption at recodified N.J.A.C. 8:57-2.3(b) to add the term “exposure” to “Rabies and rabies PEP administration. The Department inadvertently omitted the term “exposure” from the rule text, although it used the term in the notice of proposal Summary. Additionally, rabies PEP administration is used only upon rabies exposure, therefore, the change would align the rule text to a diagnosis that requires rabies PEP administration.

3. The Department is making a change upon adoption at recodified N.J.A.C. 8:57-2.6 to remove the requirement that a clinical laboratory report negative results of influenza and SARS-CoV-2. This change would decrease the administrative burden on a clinical laboratory and the Department but would not decrease the regulatory protection of the rule, because the results of these tests are negative.

4. The Department is making a change upon adoption at new N.J.A.C. 8:57-6.7 to correct a grammatical error referring to vaccine contraindications or precautions that the AAP Red Book, the ACP, the AAFP, and the ACOG recommend or recognize, to ensure that the rule remains consistent with new N.J.A.C. 8:57-1.8.

5. The Department is making changes upon adoption at N.J.A.C. 8:57 Appendix L, the form of Request for Medical Exemption from Mandatory Immunization (Form IMM-53):

i. To identify the AAP Red Book, the ACP, the AAFP, and the ACOG as sources of immunization contraindications and precautions, consistent with the agency-initiated change described at 4 and to retain consistency with N.J.A.C. 8:57-1.8;

ii. To add a table that a health care professional provider is to use to identify each medical contraindication or precaution and the corresponding immunization for which an exemption is requested, and the length of time during which the contraindication and/or the precaution applies, in accordance with N.J.A.C. 8:57-4.7 and 6.7; and

iii. To delete the table that lists existing ACIP Contraindications and Precautions to prevent the form's obsolescence should the ACIP or another entity

amend or supplement this list. The VPDP will maintain an updated table of recognized contraindications and precautions on its website.

### **Federal Standards Statement**

At Subchapter 1, within the definitions at N.J.A.C. 8:57-1.2, the Department elects to incorporate by reference Federal guidance documents and publications and Federally endorsed or supported publications that establish best practices and procedures to which Subchapters 2 and 5 refer with respect to the identification, electronic reporting, epidemiologic investigation, and response to communicable diseases, infections, and conditions, outbreaks thereof, and laboratory test results relating to the identification of the causative organisms thereof. These include the CDC Laboratory Recommendations for Syphilis Testing, the FDA Food Code, the CDC Notifiable Condition List, the CLSI M100<sup>®</sup> Performance Standards for Antimicrobial Susceptibility Testing, the United States Department of Human Services Systematized Nomenclature of Medicine—Clinical Terms (SNOMED-CT) United States (US) Edition, and the CDC, Surveillance Case Definitions for Current and Historical Conditions. No applicable Federal standard requires the Department to incorporate by reference these guidance documents and recommended standards.

At Subchapter 1, the Department further elects to incorporate by reference Federal publications and Federally supported or endorsed publications, to which Subchapters 3, 4, and 6 refer. These publications establish best practices and procedures, and identify immunization types, schedules, laboratory serology testing, and contraindication and precaution recommendations, for children and adults. These

include the several publications that the chapter collectively refers to as the ACIP recommendations.

Section 222 of the Public Health Service Act (42 U.S.C. § 217a), as amended, established the ACIP. The ACIP has statutory roles under subsections 1928(c)(2)(B)(i) and 1928(e) of the Social Security Act (42 U.S.C. §§ 1396s(c)(2)(B)(i) and 1396s(e)) and subsection 2713(a)(2) of the Public Health Service Act (42 U.S.C. § 300gg-13(a)(2)).

The ACIP provides advice and guidance to the Director of the CDC regarding use of vaccines and related agents for effective control of vaccine-preventable diseases in the civilian population of the United States. The ACIP recommendations include schedules governing appropriate doses and dosing intervals, guidance on contraindications and precautions for use of vaccines and related agents, and information on recognized adverse events. The ACIP periodically reviews and, as appropriate, revises its recommendations. The CDC Director reviews and, if the Director determines to adopt them, publishes the ACIP recommendations as official CDC/HHS recommendations in the Morbidity and Mortality Weekly Report (MMWR). The Patient Protection and Affordable Care Act, Section 2713 of the Public Health Service Act, as amended, requires health plans subject thereto to cover the cost of immunizations that the ACIP recommends, without copayment or cost-sharing, if the CDC Director adopts the ACIP recommendations.

The ACIP recommendations (including the vaccines, doses, and dosing interval schedules, and the precautions and contraindications) serve as the list of vaccines for administration to children and adolescents who are eligible to receive vaccines through

the Vaccines For Children (VFC) program established at section 1928 of the Social Security Act. The VFC program is a Federally funded program that provides vaccines at no cost to children who might not otherwise be vaccinated because of inability to pay. The Secretary, and as delegated, the CDC Director, use the ACIP recommendations in the purchase, delivery, and administration of pediatric vaccines in the VFC program.

The Department is the VFC program coordinator in New Jersey. N.J.A.C. 8:57 does not implement the VFC program; however, in administering the VFC program, the Department requires VFC providers (such as pediatricians and Federally Qualified Health Centers) to administer VFC program vaccines to eligible children in accordance with the ACIP recommendations.

As described in the notice of proposal Summary, N.J.A.C. 8:57-1.2 would incorporate by reference the ACIP recommendations, as amended and supplemented. No applicable Federal standard requires the Department to incorporate by reference the ACIP recommendations. N.J.S.A. 26:2-137.1 requires the Department to identify required and recommended immunizations in consideration of the ACIP recommendations. The proposed amendments, repeals, recodifications, and new rules at Subchapters 4 and 6 would require an administrator to require evidence of immunization or immunity as a condition of one's admission to and continued enrollment at a child care center, school, or IHE, in adherence to the ACIP recommendations for dose timing and intervals, laboratory serology testing, contraindications, and precautions, with respect to the vaccinations that the Department identifies as required. An administrator's adherence to the ACIP recommendations would be subject to the

exceptions at N.J.A.C. 8:57-4.3 and the provisional admission schedules at N.J.A.C. 8:57-4.9 and 6.6.

At Subchapter 1, the Department also elects to incorporate by reference nationally and internationally accepted information technology standards and coding languages that the Federal government publishes, supports, or accepts as authoritative, to which Subchapters 2 and 3 refer. These standards facilitate electronic reporting of communicable diseases, infections, and conditions, occurrences of outbreaks thereof, and laboratory test results relating to the identification of the causative organisms thereof, to the CDRSS, and immunizations and related information to the NJIIS. These include the HL7 Implementation Guide, the Healthcare Effectiveness Data and Information Set<sup>®</sup>, and the Logical Observation Identifiers Names and Codes<sup>®</sup>. In addition, at N.J.A.C. 8:57-3.15(c), the Department identifies its election to adhere to and comply with the American Immunization Registry Association Public Health Immunization Information System Interjurisdictional Memorandum of Understanding, which is a cooperative agreement that facilitates secure interjurisdictional data-sharing among immunization information systems.

These Federally issued, supported, or endorsed standards facilitate interconnectivity and interoperability among data systems and enable the Department to collect and share data with State partners and governmental public health authorities in other jurisdictions, such as other states' communicable disease reporting systems and immunization information systems, and the CDC. The Department's election to incorporate by reference and, in some cases, either recommend or require the regulated community to adhere to, the types of standards described above, enables the



State to participate in Federal grant funding opportunities that require system interconnectivity and interoperability sufficient for the Department to engage in electronic public health data sharing with the United States Department of Health and Human Services and public health authorities within the State and in other regions, states, and jurisdictions. In addition, the Department's adherence, and its recommendation or requirement within this chapter that members of the regulated community adhere to these standards make the Department and members of the regulated community eligible to participate in Federal grant funding opportunities that support data modernization initiatives designed to encourage "minimum use" of electronic health recordkeeping technology. To the extent these standards could be considered Federal standards to which the rules at N.J.A.C. 8:57 are subject to the terms and conditions of Federal grant funding agreements, the proposed amendments, recodifications, repeals, and new rules at N.J.A.C. 8:57, would meet, but not exceed, these standards.

As the notice of proposal Summary describes, the adopted amendments, recodifications, repeals, and new rules at N.J.A.C. 8:57 would be subject to the Federal standard articulated in the McKinney-Vento Homeless Assistance Act, 42 U.S.C. §§ 11431 through 11435. N.J.A.C. 8:57-4.2(d) would require compliance with, but would not exceed, this applicable Federal standard, with respect to the period during which an administrator is to admit an unhoused person, to whom the Federal standard applies, to a school pending submission of evidence of immunization or immunity.

As the Summary above describes, pursuant to N.J.S.A. 18A:75A-19, the Interstate Compact on Educational Opportunity for Military Children (Compact), and

rules promulgated in accordance therewith, as amended and supplemented pursuant to N.J.S.A. 18A:75A-13, the Military Interstate Children's Compact Commission (MIC3), would apply to the adopted amendments, recodifications, repeals, and new rules at N.J.A.C. 8:57. The MIC3 rules supersede and preempt any State requirement to demonstrate a minor's immunization or immunity in accordance with ACIP recommendations. N.J.A.C. 8:57-4.9(c) would require compliance with, but would not exceed, this standard with respect to the period during which an administrator is to permit a student or collegian, who is a military child to whom the compact applies, to attend provisionally pending submission of evidence of immunization or immunity.

The Department promulgates the rules at Subchapter 5 to comply with State statutes requiring the identification, treatment, management, and confinement of persons with suspected or confirmed TB, which the rulemaking authority above identifies. The Department receives funding from the Agency for Toxic Substances and Disease Registry of the CDC, pursuant to a Federal Award Project entitled Tuberculosis Elimination and Laboratory Cooperative Agreement (Award) that is intended to support prevention and control activities and laboratory services to reduce TB morbidity and mortality, prevent transmission of TB, and prevent progression from latent TB infection to active TB disease.

The rules at N.J.A.C. 8:57-5 facilitate the Department's compliance with the terms and conditions of the award by enabling the Department to ensure the compliance of, and collect Statewide data and information from, its local partners throughout the State relating to the State's efforts toward the advancement of the award's goals. These partners include local health agencies, health care facilities,

correctional facilities, clinical laboratories, institutions, and other entities with compliance and reporting obligations. The Department, in turn, can comply with required reporting to the CDC as to the State's use of the award and its achievement of performance measures and other deliverables. These reports address the State's efforts to diagnose and treat persons with TB disease and persons with latent TB infection; examine immigrants and refugees who have an overseas B classification for TB; strategically direct testing for, and treatment of, latent TB infection; engage in program planning, evaluation, and improvement activities; perform epidemiologic surveillance and response; facilitate human resource development and partnership activities; and strengthen public health laboratory services. The existing rules at Subchapter 5, and the amendments thereto, would meet, but not exceed, the terms and conditions of the award.

Except as described above, the Department does not adopt the amendments, repeals, recodifications, and new rules pursuant to the authority of, or to implement, comply with, or participate in any program established pursuant to Federal law, or a State statute that incorporates or refers to Federal law, standards, or requirements. Therefore, a Federal standards analysis is not required.

**Full text** of the adopted amendments, new rules, and recodifications follows (additions to proposal indicated in boldface with asterisks **\*thus\***; deletions from proposal indicated in brackets with asterisks \*[thus]\*):

## CHAPTER 57

REPORTABLE COMMUNICABLE DISEASES, INFECTIONS, AND CONDITIONS;  
REPORTABLE ZOO NOTIC DISEASES OCCURRING IN ANIMALS; COMMUNICABLE

DISEASE REPORTING AND SURVEILLANCE SYSTEM; NEW JERSEY  
IMMUNIZATION INFORMATION SYSTEM; CHILDHOOD IMMUNIZATION; AND  
IMMUNIZATION OF COLLEGIANS

8:57-1.8 Department procedure for the establishment of vaccine-preventable disease immunization recommendations and requirements

(a) (No change from proposal.)

(b) In the circumstances described at (a) above, the Department shall evaluate whether the ACIP recommendations for the immunization of all populations of the State against vaccine-preventable diseases are sufficient to ensure the required high levels of immunization that are necessary to protect the people of New Jersey and, in particular, attendees at child care centers, schools, and IHEs, from vaccine-preventable diseases, upon consideration of:

1. Evidence-based best practices and guidance materials issued by nationally recognized advisory and advocacy bodies with respect to preventive health, pediatric, internal, and family medicine services, such as the American Academy of Pediatrics **\*(AAP)\***, the American College of Physicians® **\*(ACP)\***, the American Academy of Family Physicians **\*(AAFP)\***, and the American College of Obstetricians and Gynecologists **\*(ACOG)\***; and/or

2. (No change from proposal.)

(c) (No change from proposal.)

8:57-2.3 Reportable communicable diseases, infections, and conditions

(a) (No change from proposal.)

(b) Confirmed cases of the following are reportable by the close of the next business day following the date of confirmation of a communicable disease, infection, or condition diagnosis, receipt of a positive laboratory or POC test result, or other confirmation of a communicable disease, infection, or condition:

...

Rabies **\*exposure\*** and rabies PEP administration;

...

8:57-2.6 Reportable laboratory results for certain organisms; reporting procedures; submission of culture isolates and other test specimens

(a) A clinical laboratory director shall report the information at (b) below upon obtaining, as indicated at (a)1 through 6 below, a culture, a specimen suspected to contain, and/or laboratory test result indicating the presence and, if specified, absence, of a listed organism, in the time and manner specified, to, as indicated, the Department, and/or the applicable local health agency of the jurisdiction in which the person whose specimen is tested resides, or if the residence is unknown, to the local health agency of the jurisdiction in which the entity that requested the laboratory test is located.

1.-3. (No change from proposal.)

4. A laboratory shall report by means of ELR or electronic reporting by the close of the business day next following the date on which the result is obtained, a result that is positive, and, if specified below, negative, for the following organisms, except that a negative culture or blood smear shall not be reported unless preceded by a positive result for the specified organism:

...

Influenza, (for laboratories reporting by ELR) \*[(positive and negative)]\*;

...

SARS-CoV-2 \*[(positive and negative)]\*;

...

(b)-(c) (No change from proposal.)

8:57-6.7 Medical exemption from compliance with N.J.A.C. 8:57-6.3, 6.10, and/or 6.11 pursuant to N.J.S.A. 18A:61D-10 and 18A:62-15.2

(a) An IHE shall not require a collegian who is subject to N.J.A.C. 8:57-6.3, 6.4, 6.10, and/or 6.11 to comply therewith, with respect to an immunization that is medically contraindicated or presents a precaution for that collegian for a reason that the ACIP recommendations \*[or]\*\*, the AAP Red Book([specifies]\*\*, **the ACP, the AAFP, and the ACOG, \*specify\*** as a vaccine contraindication.

(b)-(c) (No change from proposal.)

(d) An IHE can consult \*[with]\* the VPDP to obtain assistance in reviewing a statement for compliance with this section and determining whether the reason specified as a contraindication or precaution **\*in a request submitted\*** pursuant to \*[(c)3]\* **(b)\*** above, is a reason that the ACIP \*[recommends or]\* **\*recommendations,\*** the AAP Red Book \*[identifies or recognizes]\*\*, **the ACP, the AAFP, and the ACOG, specify\*** as a vaccine contraindication or precaution.

## APPENDIX L



New Jersey Department of Health  
Vaccine Preventable Disease Program

**REQUEST FOR MEDICAL EXEMPTION FROM MANDATORY IMMUNIZATION**

**INSTRUCTIONS FOR COMPLETION**

It is easiest to use the latest version of Adobe Reader DC. If you do not have the latest version, download and install the free software by visiting this webpage: [get.adobe.com/reader/](http://get.adobe.com/reader/).

1. Fill out the form completely. ALL form fields are required.
  - a. Enter the name of the student and other identifying information.
  - b. Select each vaccine for which an exemption is requested.
    - i. Check to indicate whether the exemption is temporary (list the date through which the exemption is valid) or permanent.
    - ii. Guidance for medical exemptions for vaccination can be obtained from the contraindications, indications, and precautions described in the vaccine manufacturers' package insert and recommendations from the Committee on Infectious Diseases of the American Academy of Pediatrics (AAP), the American College of Physicians® (ACP), the American Academy of Family Physicians (AAFP), the American College of Obstetricians and Gynecologists (ACOG) and of the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC).
    - iii. Ensure a valid contraindication/precaution is noted for each vaccine for which an exemption is requested, and that the contraindication/precaution is consistent with AAP/ACP/AAFP/ACOG/ACIP guidelines. Note that the presence of a moderate to severe acute illness with or without fever is a precaution to administration of all vaccines. However, as acute illnesses are short-lived, medical exemptions should not be submitted for this indication.
2. Sign and date the Attestation Statement.
3. Provide a copy to the person requesting the medical exemption or directly to the school, preschool or child care center.
4. Keep a copy of the form for your records.

Name of Student ( <i>first, middle, last</i> )		Date of Birth
Name of Parent/Guardian (if under 18) ( <i>first, middle, last</i> )		Primary Phone
Patient/Parent Home Address		Address Line 2
City	State	Zip Code
Patient/Parent Email Address		



## REQUEST FOR MEDICAL EXEMPTION FROM MANDATORY IMMUNIZATION

### Contraindications and Precautions to Vaccination (CHECK ALL THAT APPLY)

Vaccine	Exemption Length	
<input type="checkbox"/> DTaP, Tdap	<input type="checkbox"/> Temporary Through	<input type="checkbox"/> Permanent
<input type="checkbox"/> DT, Td	<input type="checkbox"/> Temporary Through	<input type="checkbox"/> Permanent
<input type="checkbox"/> Haemophilus Influenzae type b (Hib)	<input type="checkbox"/> Temporary Through	<input type="checkbox"/> Permanent
<input type="checkbox"/> Hepatitis B (HepB)	<input type="checkbox"/> Temporary Through	<input type="checkbox"/> Permanent
<input type="checkbox"/> Inactivated poliovirus vaccine (IPV)	<input type="checkbox"/> Temporary Through	<input type="checkbox"/> Permanent
<input type="checkbox"/> Influenza inactivated injectable (IIV)	<input type="checkbox"/> Temporary Through	<input type="checkbox"/> Permanent
<input type="checkbox"/> Influenza recombinant (RIV)	<input type="checkbox"/> Temporary Through	<input type="checkbox"/> Permanent
<input type="checkbox"/> Measles, Mumps, Rubella (MMR)	<input type="checkbox"/> Temporary Through	<input type="checkbox"/> Permanent
<input type="checkbox"/> Meningococcal (MenACWY)	<input type="checkbox"/> Temporary Through	<input type="checkbox"/> Permanent
<input type="checkbox"/> Meningococcal (MenB)	<input type="checkbox"/> Temporary Through	<input type="checkbox"/> Permanent
<input type="checkbox"/> Pneumococcal Conjugate (PCV13, PCV15, PCV20)	<input type="checkbox"/> Temporary Through	<input type="checkbox"/> Permanent
<input type="checkbox"/> Varicella	<input type="checkbox"/> Temporary Through	<input type="checkbox"/> Permanent

Describe the patient's contraindication(s)/precaution(s). A table that lists contraindications and precautions for commonly used vaccines can be found at [nj.gov/health/cd/documents/imm\\_requirements/guide\\_contraindications](http://nj.gov/health/cd/documents/imm_requirements/guide_contraindications).

# **REQUEST FOR MEDICAL EXEMPTION FROM MANDATORY IMMUNIZATION**

Attestation			
<p>I am a physician (M.D. or D.O.) licensed to practice medicine in a jurisdiction of the United States or an advanced practice nurse licensed in a jurisdiction of the United States.</p> <p>By signing below, I affirm that the stated contraindication(s) and precaution(s) is for a reason that the ACIP recommendations or the AAP Red Book, ACP, AAFP, and ACOG identifies or recognizes as a vaccine contraindication or precaution. I understand that I might be required to submit supporting medical documentation. I also understand that any misrepresentation might result in referral to the New Jersey State Board of Medical Examiners and/or appropriate licensing/regulatory agency for any reason.</p>			
Healthcare Provider Name (please print)			Specialty
NPI Number	License Number		State of Licensure
Phone	Fax	Email	
Address			
City	State		Zip Code
Signature			Date

## **APPENDIX Q**

New Jersey Department of Health  
Vaccine Preventable Disease Program  
P.O. Box 369 Trenton, NJ 08625-0369

**ANNUAL COLLEGE IMMUNIZATION STATUS REPORT**

Complete electronically using ADOBE READER ([desktop application only](#)). Only electronic submissions will be accepted. Submit one IMM-3 form for each campus location by no later than February 1 to reflect Fall enrollment of the current academic year. For assistance completing the form, contact [HigherEdVax@doh.nj.gov](mailto:HigherEdVax@doh.nj.gov).

Name of Higher Education Institution		Institution Type		Report Year
Street Address	Town/Municipality	State	County	Zip Code
Institutional Liaison or Designee (for implementing immunization requirements and maintaining records)				
(First)	(Last)	(Title)	(Email)	(Phone)

**A. ENROLLMENT**

Total Fall Enrollment (headcount)	total	
Total Incoming College students:	total	

**B. MEASLES, MUMPS, AND RUBELLA VACCINE REQUIREMENT**

a. Number of incoming students in non-degree status not subject to the MMR rules:	a. minus	
b. Number of incoming students born before 1957 not subject to the MMR rules:	b. minus	
c. For 2-year colleges ONLY: Number of incoming students with fewer than 12 credit hours not subject to the MMR rules:	c. minus	
d. Number of students subject to the MMR rules [incoming - (a + b + c) = d]:	d. balance	

Counting each student only once, enter the number of students who:

Meet MMR* Requirement	Have Provisional Status	Have Medical Exemptions	Have Religious Exemptions	Do Not Meet MMR* Requirement
				out of

\* For Incoming students, two doses of a measles-containing vaccine are required, preferably MMR given on or after the first birthday separated by at least one month or laboratory evidence of immunity.

**C. MENINGOCOCCAL VACCINE REQUIREMENT (MenACWY)**

Number of newly enrolled students subject to the meningococcal vaccine requirement: \_\_\_\_\_

Counting each student only once, enter the number of new students who:

Meet Meningococcal Requirement	Have Medical Exemptions	Have Religious Exemptions	Do Not Meet Meningococcal Requirement
			out of

Of those students who meet the meningococcal vaccine requirement, how many students:

Received Two Doses (MenACWY)*

\* If available.

**D. HEPATITIS B VACCINE REQUIREMENT (New Students With 12 Or More Credit Hours)**

How many new student with 12 or more credit hours are subject to the Hepatitis B requirement?

Counting each student only once, enter the number of new students with 12 or more credit hours who:

Meet Hepatitis B Requirement*	Have Provisional Status	Have Medical Exemptions	Have Religious Exemptions	Do Not Meet Hepatitis B Requirement
				out of

\* For Incoming students, documentation of three doses of a hepatitis B containing vaccine, or any two doses of a hepatitis B vaccine approved for a two dose regimen administered to the student between 11 through 15 years of age is required or laboratory evidence of immunity.

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<b>E. OVERALL VACCINE COMPLIANCE</b>	
a. How many students are subject to all three vaccine requirements?	
b. Of those subject to all three vaccine requirements, how many are meeting all three?	

How does your institution offer the following vaccination services?

VACCINE	SERVICE DELIVERY METHOD	SERVICE DELIVERY ENTITY NAME
MMR		
MENINGOCOCCAL MENINGITIS		
HEPATITIS B		

Other Recommended Vaccinations (hold down Ctrl key and select all that apply in each category)

In House	Contracted	By Referral

**Sign & Submit Electronically:** Click signature field, follow on-screen prompts to e-sign. Then, click "SUBMIT" (Instructions below). Or, save and send the completed and signed form as a file attachment to [HigherEdVax@doh.nj.gov](mailto:HigherEdVax@doh.nj.gov).

<b>Person Signing &amp; Submitting Form</b>				
(First)	(Last)	(Title)	(Email)	(Phone) ,
		Form fields will lock upon successful e-signature. To make changes, right-click the signature and select "Clear Signature" from the menu and fields will unlock.		

Electronic Signature

**FORMS MUST BE SIGNED BEFORE SUBMISSION.** Unsigned and/or hard copies of forms are not valid and will not be accepted. Having trouble signing or submitting this form? For technical assistance, please click here to contact the [NJDOH Forms Office](#).

**INSTRUCTIONS:** It is easiest to use the latest version of Adobe Reader DC. If you do not have the latest version, download and install the free software by visiting this webpage: <https://get.adobe.com/reader/>

- 1) Fill out the form completely. ALL form fields are required except where noted as being optional.
- 2) E-sign form by clicking on signature field. The Adobe ID / signature process should be automatic. You might have to click on and select the ID you want to use (if you have multiple) or select the option to create one (if you do not have one). Follow the on screen instructions after clicking on the signature field. Once the form is signed, fields will lock and the "SUBMIT" button will appear. (Be sure the form is correct / complete before signing.)
- 3) Click the "SUBMIT" button. A window will pop up. Select either A) Default Email (application) or B) Webmail (accessed through a web-browser).
  - A) "Default" - Your email application should launch and a new email should be automatically drafted with the form attached! This may take a few moments to happen, or you may have to look for the email in your "Drafts" folder. Click "SEND" to submit the form via email.
  - B) "Webmail" - If you have Gmail or Yahoo, select the that option. Otherwise, select "Other" from the dropdown menu and continue.  
Enter your email address and password.  
Enter the IMAP and SMTP server name information for your webmail client. You may want to ask your IT department for this information. You only need to set this up once. After it is set up, your information will be saved for future use.  
If you have your web browser open to your email inbox, you may be directed automatically to your "Drafts" folder, in which you should see the email drafted by Adobe with your form attached. Or, you may have to open your email in a web browser and click on the drafts folder to find this email with your form attached. Open the drafted email (subject should include the form number IMM-3) and click "SEND" to send the email.
- 4) Check your "SENT" folder to ensure the email was sent.