SUBCHAPTER 3. SPECIMEN COLLECTION AND LABORATORY TESTING

8:51A-3.1 Specimen collection

(a) Screening for blood lead at or above the blood lead reference value shall be by blood lead test.

(b)-(c) (No change.)

SUBCHAPTER 4. FOLLOW-UP OF LEAD SCREENING RESULTS

8:51A-4.1 Reporting of lead screening results

(a) Each physician, registered professional nurse, as appropriate, or health care facility that screens a child for blood lead at or above the blood lead reference value shall provide the parent or legal guardian with the results of the blood lead test and an explanation of the significance of the results.

(b) For each child who has a blood lead test, on a venous blood sample, at or above the blood lead reference value, the physician, registered professional nurse, as appropriate, or health care facility shall notify, in writing, the child's parent or guardian of the test results and provide the parent or guardian with an explanation in plain language of the significance of the results.

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

(a) Each physician, registered professional nurse, as appropriate, or health care facility that screens a child for blood lead at or above the blood lead reference value shall provide or make reasonable efforts to ensure the provision of risk reduction education and nutritional counseling for each child with blood lead at or above the blood lead reference value of whole blood.

(b) The physician, registered professional nurse, as appropriate, or health care facility shall obtain, or make reasonable efforts to obtain, a venous confirmatory blood lead test whenever a capillary blood lead screening sample produces a result at or above the blood lead reference value.

(c) For each child who has blood lead at or above the blood lead reference value on a test performed with a venous blood sample, the physician, registered professional nurse, as appropriate, or health care facility shall provide, or make reasonable efforts to ensure, the provision of diagnostic evaluation, medical treatment, and follow-up blood lead testing in accordance with currently accepted medical guidelines.

(d) (No change.)

(e) When a physician, registered professional nurse, as appropriate, or health care facility performs lead screening on a child and receives a result at or above the blood lead reference value on a test performed with a venous blood sample, the physician, registered professional nurse, as appropriate, or health care facility shall perform lead screening of all siblings or other members of the same household who are at least six months but less than 72 months of age, if these children have not been screened previously, or are at high risk for lead exposure, as determined by a PEA performed in accordance with N.J.A.C. 8:51A-2.1.

HUMAN SERVICES

(a)

DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES

Notice of Readoption

Medical Necessity Review Tool For Substance Use Disorders

Readoption with Technical Changes: N.J.A.C. 10:163

Authority: N.J.S.A. 30:1-12 et seq.; P.L. 2017, c. 28; and Reorganization Plan 001-2018.

Authorized By: Sarah Adelman, Commissioner, Department of Human Services.

Effective Dates: September 10, 2024, Readoption; October 7, 2024, Technical Changes.

New Expiration Date: September 10, 2031.

Take notice that pursuant to N.J.S.A. 52:14B-5.1, the rules at N.J.A.C. 10:163, Medical Necessity Review Tool for Substance Use Disorders, were scheduled to expire on October 16, 2024.

This chapter applies to State-regulated health insurance carriers, the State Health Benefits Program, and the School Employees' Health Benefits Program (collectively, "insurance carriers and programs"). Pursuant to P.L. 2017, c. 28, in 2017, the Commissioner of the Department of Human Services (Department), in consultation with the Department of Health (DOH), designated evidence-based and peer-reviewed clinical practice guidelines and a clinical review tool to be used by these insurance carriers and programs in reviewing medical necessity for inpatient or outpatient treatment of substance use disorders. More particularly, the American Society of Addiction Medicine (ASAM) criteria was designated as the evidence-based and peer-reviewed clinical practice guidelines and the Level of Care Index (LOCI) tool was designated as the evidence-based and peer-reviewed clinical review tool required for use by insurance carriers and programs. The Department has consulted with DOH, and the Department and DOH continue to concur that the clinical guidelines in the ASAM criteria and the LOCI tool, or any similar tool with fidelity to the ASAM criteria, fulfill the requirements of the law. Further, for the reasons described below, the Department and DOH concur with the addition of the ASAM Criteria Assessment Interview Guide (ASAM Guide) as an additional tool with fidelity to the ASAM criteria.

This chapter is comprised of two subchapters. Subchapter 1 describes the purpose of the chapter; that is, for the Department to designate a clinical review tool to be utilized for medical necessity review regarding the treatment of substance use disorders, and sets forth definitions for terms. Subchapter 2 designates the ASAM criteria as the evidence-based clinical guidelines and the LOCI, or any similar tool with fidelity to the ASAM criteria, as the evidence-based clinical tool for purposes of medical necessity review of substance use disorder treatment.

In addition to readopting the existing rules, the Department is making a technical change at N.J.A.C. 10:163-2.1(b) to add a reference to an additional tool with fidelity to the ASAM criteria, the ASAM Criteria Assessment Interview Guide and to add a definition to the ASAM Criteria Assessment Interview Guide at N.J.A.C. 10:163-1.2. The ASAM Guide, developed by ASAM and the University of California, Los Angeles Integrated Substance Abuse Programs, is a "paper-based resource to support more consistent and effective implementation of *The ASAM Criteria ...*" ASAM news release, "*ASAM Releases New Free Paper-Based ASAM Criteria Assessment Interview Guide,"* February 16, 2022, available at https://www.asam.org/news/detail/2022/02/16/asam-releases-new-free-paper-based-asam-criteria-assessment-interview-guide. The ASAM Guide is a "publicly available standardized version of *The ASAM Criteria* assessment" that "enhances the public utility of The ASAM Criteria's multidimensional assessment approach for the addiction treatment community." *Ibid*. According to R. Corey Waller, MD, MS, FACEP, DFASAM, editor-in-chief for *The ASAM Criteria*, the ASAM Guide "will help support a more consistent application of *The ASAM Criteria* to improve care delivery and coordination across diverse healthcare systems." *Ibid*.

While the Department is readopting these rules with technical changes, it recognizes that further rulemaking may be necessary to update these rules to reflect current practices. Thus, the Department will continue to review the rules and may consider making substantive amendments prior to the next scheduled expiration.

The Department has reviewed the rules and has determined them to be necessary, reasonable, and proper for the purpose for which they were originally promulgated, as required by Executive Order No. 66 (1978). Therefore, pursuant to N.J.S.A. 30:1-12 and P.L. 2017, c. 28, and in accordance with N.J.S.A. 52:14B-5.1.c(1), these rules are readopted and shall continue in effect for a seven-year period.

Full text of the technical changes follows (additions indicated in boldface **thus**; deletions indicated in brackets [thus]):

SUBCHAPTER 1. GENERAL PROVISIONS

10:163-1.3 Definitions

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

. . .

"ASAM Criteria Assessment Interview Guide" or "ASAM Guide" means the publicly available, standardized version of the ASAM Criteria assessment released by the Addiction Society of Addiction Medicine and University of California, Los Angeles Integrated Substance Abuse Programs, which is incorporated herein by reference, as amended and supplemented. The Guide (2022) is available at https://www.asam.org/asam-criteria/implementation-tools/criteria-intake-assessment-form.

. . .

SUBCHAPTER 2. CLINICAL GUIDELINES AND REVIEW TOOL FOR MEDICAL NECESSITY REVIEW OF TREATMENT OF SUBSTANCE USE DISORDERS

10:163-2.1 Clinical guidelines and review tool

(a) (No change.)

(b) The evidence-based and peer-reviewed clinical review tool for purposes of reviewing medical necessity for the treatment of substance use disorders is the LOCI**, the ASAM Criteria Assessment Interview Guide,** or any similar tool with fidelity to the ASAM criteria.

LAW AND PUBLIC SAFETY

(a)

DIVISION OF CONSUMER AFFAIRS
BUREAU OF SECURITIES
Fees
Adopted Amendments: N.J.A.C. 13:47A-1.1, 1.2, 2.1, 2.11, 3.1, 3A.1, 5.2, 7.9, 7.10, 10.2, 10.3, 10.4, 13:47A-10 Appendix B, 12A.4, and 12A.8

Proposed: June 3, 2024, at 56 N.J.R. 983(a).
Adopted: August 15, 2024, by Elizabeth M. Harris, Bureau Chief, New Jersey Bureau of Securities.
Filed: September 10, 2024, as R.2024 d.096, **without change**.

Authority: N.J.S.A. 49:3-47 et seq., specifically 49:3-66.1.

Effective Date: October 7, 2024.
Expiration Date: June 13, 2029.

Summary of Public Comments and Agency Responses follows:

The official comment period ended August 2, 2024. The Bureau of Securities (Bureau) received comments from the following individuals:

1. Kyle R. Innes, Managing Director and Association General Counsel, Securities Industry and Financial Markets Association (SIFMA)

2. Amy McDonald, Associate General Counsel, Investment Company Institute

1. COMMENT: A commenter opposes the fee increases and contends that the Bureau and the New Jersey securities industry will not benefit from these increases. The commenter points to the State of New Jersey Fiscal 2025 Budget in Brief (2025 Budget in Brief), which indicated that the fee increases would "avert the need for further spending reductions" in New Jersey. The commenter also contends that the increases would be one of the largest in any state and would make New Jersey an outlier. According to the commenter, the fee increases could lead to loss of revenue for New Jersey and reduce the ability of New Jersey businesses to raise capital. The commenter urges the Bureau not to adopt the fee increase and to consider more modest fee increases that will be used solely to support the Bureau.

RESPONSE: Pursuant to N.J.S.A. 49:3-66.1, the fees charged by the Bureau must be "reasonably related to the overall costs of carrying out the regulatory and administrative duties of the bureau ..." As explained in the notice of proposal, the Bureau's fees have remained static since 2019, while the scope and scale of the Bureau's regulatory, enforcement, and investor education activities have evolved and expanded. Those activities include, among other things, serving as a lead state in large-scale, multijurisdictional cases that resolved favorably for investors; stepping up investor protections for seniors by implementing the Safeguarding Against Financial Exploitation Act; and conducting investor education programs to combat fraud and maintain confidence in the securities markets.

The Bureau understands that the 2025 Budget in Brief refers to increases in the Bureau's fees. However, the Bureau is adopting the proposed fee increases to ensure that it is fully equipped to meet its regulatory, enforcement, and investor education responsibilities. The proposed fee increases will enable the Bureau to keep pace with the demands of a constantly shifting regulatory and enforcement landscape while continuing to fulfill its traditional functions, including investigatory on-site and desk examinations of registrants; investigating complaints from investors and industry participants and referrals from other regulators; and monitoring the marketplace for fraudulent securities activity.

2. COMMENT: A commenter recognizes that the securities industry has an interest in ensuring that the Bureau is properly funded. The commenter contends that the fee increases are unlikely to support the Bureau, as fees collected by the Bureau will be diverted to the General Fund.

RESPONSE: As noted in the Response to Comment 1, the proposed fee increases are "reasonably related to the overall costs of carrying out the regulatory and administrative duties of the Bureau …" See N.J.S.A. 49:3-66.1. Indeed, for the reasons set forth in detail in the notice of proposal, the proposed fee increases will ensure that the Bureau is equipped to keep pace with the demands of a constantly shifting regulatory and enforcement landscape. The Bureau's enforcement efforts include, but are not limited to, schemes involving market manipulation; issues involving the securitization of digital asset and cryptocurrency products; misuse of investor funds; fraudulent sales of securities; firms' failure to reasonably supervise; dishonest and unethical practices by registrants; and the offer and sale of securities by unregistered firms and individuals. These efforts are resource-intensive, and the need to stay abreast of sophisticated, rapidly evolving technology in the securities industry will only make them more so in the years ahead. The proposed fee increases will help the Bureau maintain and expand these efforts.

3. COMMENT: A commenter contends that the proposed fee increases will exacerbate cost issues for the securities industry in New Jersey. The commenter points to data indicating that New Jersey has lost 2,000 securities jobs since 2013, while nationwide 250,400 jobs have been added. The commenter contends that the national average for state registration of broker-dealer agents is $68.00. In addition, the commenter notes that the most common registration fee for broker-dealer agents is $50.00; that only 10 states have a fee above $100.00; and that currently, the most expensive fee is $150.00.

RESPONSE: The Bureau recognizes that the proposed fee increases will make its registration fees among the highest in the country. However, the Bureau is mindful of the need for states to continually update their registration fees to fulfill their ever-increasing enforcement and regulatory responsibilities. Indeed, the Bureau's fees may not remain among the highest in the country for long, and it is incumbent upon the Bureau to plan not just for the immediate future but for longer-term priorities and responsibilities as well.

4. COMMENT: A commenter points out that the Governor recently proposed a 2.5 percent Corporate Transit Fee, which would result in the nation's highest corporate tax of 11.5 percent. The proposed fee increases would impact the same entities that would be required to pay the proposed Corporate Transit Fee. The commenter opposes the proposed tax increase and maintains that the increased fees and taxes would be an attack on the securities industry in New Jersey.

RESPONSE: The proposed increase in the Corporate Transit Fee is outside the scope of this rulemaking. In establishing its fees, the Bureau must assess not whether the fees would add to the regulated industry's other financial burdens, but rather whether its fees are "reasonably related