[First Reprint]

ASSEMBLY, No. 2007

STATE OF NEW JERSEY

222nd LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2026 SESSION

Sponsored by:
Assemblywoman SHAMA A. HAIDER
District 37 (Bergen)
Assemblywoman LISA SWAIN
District 38 (Bergen)
Assemblywoman LUANNE M. PETERPAUL
District 11 (Monmouth)

Co-Sponsored by:
Assemblyman Stanley, Assemblywoman Lopez, Assemblyman Spearman, Assemblywomen Park, Donlon, Assemblyman Freiman, Assemblywomen Simmons, Speight and Brennan

SYNOPSIS

Requires certain providers to perform intimate partner violence screenings and all health care professionals to take certain actions to prevent perpetrators of intimate partner violence from obtaining copies of victim's medical record.

CURRENT VERSION OF TEXT

As reported by the Assembly Community Development and Women's Affairs Committee on May 4, 2026, with amendments.

(Sponsorship Updated As Of: 9/24/2026)

AN ACT concerning intimate violence screenings and the disclosure of a victim's medical records to the perpetrator of the intimate violence, and supplementing Title 52 of the Revised Statutes.

BE IT ENACTED *by the Senate and General Assembly of the State of New Jersey:*

1. As used in this act:

"Health care professional" means a person who is licensed or otherwise authorized, pursuant to Title 45 of the Revised Statutes, to provide health care services in the State, including, but not limited to, a physician, nurse, or physician assistant.

"Intimate Partner Violence" means the occurrence of any one of the acts enumerated in section 3 of P.L.1991, c.261 (C.2C:25-19) that is inflicted upon a patient by a person with whom the patient has or had an intimate relationship."

"Provider" means a licensed physician, advanced practice nurse, physician assistant, certified midwife, certified professional midwife, or certified nurse midwife.

"Victim of intimate violence" means any person who has been subjected to intimate partner violence by a person with whom the victim has or had an intimate relationship.

2. a. A provider in the State shall:

(1) conduct a [1]**[**periodic**]**[1] screening [1]annually or at an interval recommended by the American College of Obstetricians and Gynecologists,[1] to determine whether each patient receiving care from that provider is or may be a victim of intimate partner violence, which screening shall be conducted in accordance with nationally recognized evidence-based guidelines; and

(2) document, in the patient's medical record, the findings from each intimate partner violence screening and [1]**[**any specific evidence supporting the findings**]** , with the patient's consent, include any related documentation[1].

b. An intimate partner violence screening conducted pursuant to this section shall be performed in a private area, [1]which may include screening the patient in-person screening, or using telemedicine and telehealth, as those terms are defined in section 1 of P.L.2017, c.117 (C.45:1-61), or by self-administration by using a paper-based or electronic screening instrument,[1] where only the provider and the patient are present, [1]**[**which may include screening the patient in person or using telemedicine and telehealth, as those terms are defined in section 1 of P.L.2017, c.117 (C.45:1-61), or by self-administration by the patient using a paper-based or electronic

EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.
Matter enclosed in superscript numerals has been adopted as follows:
[1]Assembly ACW committee amendments adopted May 4, 2026.

screening instrument] unless the patient has consented to have another person present[1].

c. If a provider finds, based on a screening performed pursuant to this section, that a patient is or may be a victim of intimate partner violence, [1][the provider shall provide]1 the patient [1]shall be provided[1]:

(1) during the same visit, with a list of the resources and services that are available in the State and region to assist and protect victims of intimate partner violence, as provided by the Department of Children and Families and the Department of Health pursuant to subsection d. of this section; and

(2) with referrals to other appropriate health care [1][providers] professionals[1], as deemed by the provider to be necessary to help the patient fully address the physical or mental consequences of the intimate partner violence.

d. The Department of Children and Families and the Department of Health, in consultation with an organization that provides support to survivors of domestic violence, shall make available to providers in the State, and update on at least a biennial basis a list identifying all of the resources and services that are available in the State, and in each region of the State, to assist and protect victims of intimate partner violence.

3. [1][A provider who finds, pursuant to section 2 of this act, that a patient is or may be a victim of intimate partner violence, and any other health care professional who notes, in a patient's medical record, any evidence or findings of intimate partner violence, shall, during the same visit in which the suspected intimate partner violence is documented, require the patient to reapprove the list of persons who are authorized to obtain a copy of the patient's medical record in accordance with the provisions of the "Health Insurance Portability and Accountability Act of 1996 ," Pub.L.104-191, and the federal health privacy rule set forth at 45 CFR Parts 160 and 164.]1 If the alleged perpetrator of the intimate partner violence was previously authorized by the patient to obtain a copy of the patient's medical record, the provider or other health care professional documenting the suspected intimate partner violence shall advise the patient that the patient may remove the alleged perpetrator from the list of persons who are authorized to receive copies of the medical record going forward.

4. The Commissioner of Children and Families and the Commissioner of Health, in consultation with each other, shall adopt rules and regulations, pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), as may be necessary to implement the provisions of this act.

5. This act shall take effect on the first day of the fourth month next following the date of enactment, except that the Commissioner of Children and Families and the Commissioner of Health, acting in consultation with each other, [1]**[**shall**]** may[1] take anticipatory administrative action in advance of the effective date as may be necessary to implement the provisions of this act.