

ASSEMBLY, No. 2050

STATE OF NEW JERSEY

219th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2020 SESSION

Sponsored by:

Assemblywoman ELIANA PINTOR MARIN

District 29 (Essex)

SYNOPSIS

Establishes restrictions on designation of new trauma centers.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel.



1 **AN ACT** concerning designated trauma centers, amending P.L.2013,
2 c.223, and supplementing Title 26 of the Revised Statutes.

3

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

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7 1. (New section) a. Notwithstanding any other provision of
8 law, the Commissioner of Health shall not issue a certificate of need
9 to any health care facility designating the facility as a trauma center
10 if the facility is located within 15 miles of any other facility that is
11 currently designated as a trauma center.

12 b. The commissioner shall not issue a request for certificate of
13 need applications for health care facilities to seek designation as a
14 trauma center unless the State Trauma System Advisory Committee
15 recommends in favor of issuing the request as provided in
16 subsection e. of section 4 of P.L.2013, c.223 (C.26:2KK-4).

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18 2. Section 4 of P.L.2013, c.223 (C.26:2KK-4) is amended to
19 read as follows:

20 4. a. The commissioner shall establish a multidisciplinary
21 State Trauma System Advisory Committee (STSAC) to advise the
22 commissioner and the State Trauma Medical Director on the
23 development of a formal Statewide trauma system plan. In order to
24 enable maximum input from stakeholders, the STSAC shall include,
25 to the extent feasible, representatives of all aspects of trauma care.
26 The members of the committee, who shall be appointed by the
27 Governor, shall include **【**, but need not be limited to,**】**
28 representatives of the following trauma care providers in the State:

29 (1) the medical director of each State-designated trauma center,
30 provided that the trauma program managers of each State
31 designated trauma center may serve as alternates for the medical
32 director of each State-certified trauma center;

33 (2) the medical director of a State-certified burn treatment
34 facility;

35 (3) the chairperson of the New Jersey Emergency Medical
36 Services Council;

37 (4) the medical director of a rehabilitation facility in the State
38 that treats patients with traumatic injuries, including traumatic brain
39 injuries and traumatic spinal cord injuries;

40 (5) three representatives of pre-hospital care providers in the
41 State, including an advanced life support provider as recommended
42 by the State mobile intensive care advisory council, a volunteer
43 basic life support provider as recommended by the New Jersey State
44 First Aid Council, and a paid basic life support provider;

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.

- 1 (6) The New Jersey licensed physician chairperson of the New
2 Jersey Chapter of the American College of Surgeons Committee on
3 Trauma;
- 4 (7) a New Jersey licensed physician recommended by the New
5 Jersey Chapter of the American College of Emergency Physicians;
- 6 (8) a New Jersey licensed nurse recommended by the New
7 Jersey Chapter of the Emergency Nurses Association;
- 8 (9) one individual with expertise in the prevention of injury; and
9 (10) one medical director of the emergency department of a New
10 Jersey hospital that is not a State-designated trauma center.
- 11 b. (1) The STSAC shall have an executive committee appointed
12 by the commissioner from among the members of the STSAC,
13 consisting of two medical directors from State-designated Level
14 One trauma centers; two medical directors from State designated
15 Level Two trauma centers; one medical director of an emergency
16 department from a New Jersey hospital that is not the site of a
17 State-designated trauma center; one representative of pre-hospital
18 care providers in the State; and the State Trauma Medical Director,
19 who shall serve ex officio as chair of the executive committee of the
20 STSAC.
- 21 (2) The executive committee of the STSAC shall set forth the
22 times and agenda of the meetings of the STSAC, coordinate the
23 policy recommendations of the STSAC, and draft the STSAC's
24 initial and subsequent reports.
- 25 c. (1) Each member of the STSAC shall serve for a term of
26 three years and may be reappointed to one or more subsequent
27 terms, except that of the members first appointed, one third shall
28 serve for a term of three years, one third for a term of two years,
29 and one third for a term of one year. Vacancies in the membership
30 of the committee shall be filled in the same manner provided for the
31 original appointments.
- 32 (2) The STSAC shall organize as soon as practicable following
33 the appointment of its members and shall hold its initial meeting no
34 later than 90 days after the effective date of this act.
- 35 (3) The members of the STSAC shall select a chairperson and
36 vice chair. The vice chair shall conduct the committee meetings
37 when the chairperson is unable to attend.
- 38 (4) The members shall serve without compensation, but shall be
39 reimbursed for necessary expenses incurred in the performance of
40 their duties and within the limits of available funds.
- 41 d. (1) Consistent with the recommendations of the American
42 College of Surgeons Committee on Trauma, and, to the extent
43 applicable, consistent with the processes outlined in the State
44 Trauma System Planning Guide issued by the National Association
45 of State Emergency Medical Services Officials, the STSAC shall:
46 analyze data related to trauma care in the State; design a formal
47 system of trauma care in the State with system-wide standards of
48 pre-hospital triage and hospital-based care and policies; evaluate the

1 State trauma system on an ongoing basis, and identify strategies to
2 ensure optimal coordination of the Statewide trauma system. In
3 fulfilling these responsibilities, the STSAC shall seek input from
4 stakeholders representing all aspects of trauma care in the State.

5 (2) Within one year following the date of enactment of this act,
6 the STSAC shall prepare and submit a report to the commissioner
7 and the State Trauma Medical Director, which shall include a
8 recommended comprehensive State trauma system plan. The plan
9 shall address:

10 (a) Best practices and standards for all trauma care providers;

11 (b) Development and implementation of protocols for the
12 stabilization and transfer of patients;

13 (c) Training requirements for acute care hospital personnel with
14 respect to identifying, stabilizing, and arranging for the transfer of a
15 patient whose condition is beyond the scope of the hospital's
16 capabilities;

17 (d) Mandatory trauma triage practices to be performed by
18 emergency medical service providers;

19 (e) Any other issues that the STSAC determines to be
20 appropriate for inclusion in the plan.

21 (3) Subsequent to the receipt of the initial report and
22 recommendation submitted by the STSAC pursuant to this
23 subsection, the commissioner shall promulgate regulations
24 establishing and implementing a State trauma system plan.

25 (4) Subsequent to the preparation and issuance of its initial
26 report pursuant to this subsection, the STSAC shall: systematically
27 review strategies to maintain and improve the State trauma system;
28 submit an annual report to the commissioner and the State Trauma
29 Medical Director on its activities; and provide any
30 recommendations it determines are necessary to improve the State
31 trauma system.

32 e. Prior to issuing a request for certificate of need applications
33 for health care facilities to apply for trauma center designation, the
34 commissioner shall submit the proposed request to the STSAC,
35 which shall review the proposed request and issue a
36 recommendation as to whether the commissioner may issue the
37 request. No request for certificate of need applications for health
38 care facilities to apply for trauma center designation shall be issued
39 if the STSAC recommends against issuing the request.

40 (cf: P.L.2013, c.223, s.4)

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42 3. This act shall take effect immediately.

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STATEMENT

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47 This bill revises the requirements for health care facilities to be
48 designated as trauma centers. Specifically, the bill prohibits any

1 facility from being issued a certificate of need designating the
2 facility as a trauma center if that facility is located within 15 miles
3 of another facility that is currently designated as a trauma center.
4 Additionally, the bill requires that the Commissioner of Health
5 submit any proposed request for certificate of need applications for
6 health care facilities to apply for trauma center designation to the
7 State Trauma System Advisory Committee (STSAC), which is to
8 review the proposed request and issue a recommendation as to
9 whether the commissioner may issue the request for applications.
10 No request for certificate of need applications for health care
11 facilities to apply for trauma center designation may be issued if the
12 STSAC recommends against issuance.