

ASSEMBLY, No. 4195

STATE OF NEW JERSEY

220th LEGISLATURE

INTRODUCED JUNE 9, 2022

Sponsored by:
Assemblyman HERB CONAWAY, JR.
District 7 (Burlington)

SYNOPSIS

Requires DOH to develop Statewide Emergency Medical Services Plan.

CURRENT VERSION OF TEXT

As introduced.



1 AN ACT concerning emergency medical services and supplementing
2 Title 26 of the Revised Statutes.

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

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7 1. a. The Office of Emergency Medical Services in the
8 Department of Health shall develop a Statewide Emergency
9 Medical Services Plan that shall provide for a comprehensive,
10 coordinated, emergency medical services system in New Jersey.
11 The plan shall include both short-term and long-term goals and
12 objectives, and may incorporate the use of regional emergency
13 medical services plans tailored to the specific needs of regions
14 within the State as may be designated by the office. Regional plans,
15 if used, shall be jointly developed by each county board of health in
16 that region, in consultation with local boards of health as needed. A
17 regional plan shall be subject to approval by the office; upon
18 approval, the regional plan shall be deemed to be part of the
19 Statewide plan. The office shall review and update the Statewide
20 plan triennially, and shall make such changes to the plan as may be
21 necessary to improve the effectiveness and efficiency of the State's
22 emergency medical services system of care. The department shall
23 make the Statewide Emergency Medical Services Plan available on
24 its Internet website.

25 b. In developing and updating the Statewide Emergency
26 Medical Services Plan pursuant to subsection a. of this section, the
27 office shall, at a minimum:

28 (1) conduct an inventory of emergency medical services
29 resources available within the State;

30 (2) conduct an assessment of the current effectiveness of the
31 emergency medical services system of care in the State;

32 (3) determine the need for changes to the current emergency
33 medical services system of care in the State, including any changes
34 as may be needed to improve access to emergency medical services
35 in a given region of the State or for a given population within the
36 State;

37 (4) develop performance metrics with regard to the delivery of
38 emergency medical services in the State, establish a schedule for
39 achieving the performance metrics, develop a method for
40 monitoring and evaluating whether the performance metrics are
41 being achieved, and prepare an estimate of costs for achieving the
42 performance metrics;

43 (5) work with professional medical organizations, hospitals, and
44 other public and private agencies to develop approaches whereby
45 individuals who presently use the existing emergency department

1 for routine, nonurgent, primary medical care will be served more
2 appropriately and economically; and

3 (6) consult with and review, with appropriate emergency
4 medical services providers and organizations, the development of
5 applications to governmental or other appropriate sources for grants
6 or other funding to support emergency medical services programs.

7 c. The Statewide Emergency Medical Services Plan developed
8 pursuant to subsection a. of this section shall:

9 (1) establish a comprehensive Statewide emergency medical
10 services system, incorporating facilities, transportation, manpower,
11 communications, and other components as integral parts of a unified
12 system that will serve to improve the delivery of emergency
13 medical services and thereby decrease morbidity, hospitalization,
14 disability, and mortality;

15 (2) seek to reduce the time period between the identification of
16 an acutely ill or injured patient and the provision of definitive
17 treatment for the illness or injury;

18 (3) increase access to high quality emergency medical services
19 for all citizens of New Jersey;

20 (4) promote continuing improvement in system components,
21 including: ground, water, and air transportation; communications;
22 hospital emergency departments and other emergency medical care
23 facilities; health care provider training and health care service
24 delivery; and consumer health information and education;

25 (5) ensure performance improvement of the emergency medical
26 services system and of the emergency medical services and care
27 delivered on scene, in transit, in hospital emergency departments,
28 and within the hospital environment;

29 (6) conduct, promote, and encourage programs of education and
30 training designed to upgrade the knowledge and skills of emergency
31 medical services personnel, including expanding the availability of
32 paramedic and advanced life support training throughout the State,
33 with particular emphasis on regions underserved by emergency
34 medical services personnel having such skills and training;

35 (7) maintain a process for designating appropriate hospitals as
36 trauma centers, certified stroke centers, and specialty care centers
37 based on an applicable national evaluation system;

38 (8) maintain a comprehensive emergency medical services
39 patient care data collection and performance improvement system,
40 which shall incorporate the information reported to the department
41 pursuant to section 2 of P.L.2017, c.116 (C.26:2K-67);

42 (9) collect data and information and prepare reports for the sole
43 purpose of designating and verifying trauma centers and other
44 specialty care centers, as described in paragraph (7) of this
45 subsection; provided that data and information collected and reports
46 prepared pursuant to this paragraph shall not be considered a

- 1 government record pursuant to P.L.1963, c.73 (C.47:1A-1 et seq.),
2 P.L.2001, c.404 (C.47:1A-5 et al.), or the common law concerning
3 access to government records;
- 4 (10) establish and maintain a process for crisis intervention and
5 peer support services for emergency medical services personnel and
6 public safety personnel, including Statewide availability and
7 accreditation of critical incident stress management or peer support
8 teams and personnel. Such accreditation standards shall include a
9 requirement that a peer support team be headed by a clinical
10 psychologist, psychiatrist, clinical social worker, or professional
11 counselor who: (a) is licensed pursuant to Title 45 of the Revised
12 Statutes; and (b) has at least five years of experience as a mental
13 health consultant working directly with emergency medical services
14 personnel or public safety personnel;
- 15 (11) coordinate with the Emergency Medical Services for
16 Children Program to maintain, and update as needed, the Statewide
17 program of emergency medical services for children developed
18 pursuant to P.L.1992, c.96 (C.26:2K-48 et seq.);
- 19 (12) establish and support a Statewide system of health and
20 medical emergency response teams, including emergency medical
21 services disaster task forces, coordination teams, disaster medical
22 assistance teams, and other support teams that shall assist local
23 emergency medical services providers at their request during mass
24 casualty events, disasters, or whenever local resources are
25 overwhelmed;
- 26 (13) establish and maintain a program to improve the
27 dispatching of emergency medical services personnel and vehicles,
28 including establishing and supporting emergency medical services
29 dispatch training, accrediting 911 dispatch centers, and establishing
30 and maintaining public safety answering points; and
- 31 (14) identify and establish best practices for managing and
32 operating emergency medical services providers, improving and
33 managing emergency medical services response times, and
34 disseminating such information to the appropriate persons and
35 entities.
- 36 d. In developing the Statewide Emergency Medical Services
37 Plan, the office shall coordinate with the Emergency Medical
38 Services for Children program and the State trauma medical
39 director, which shall each revise any plans, programs, protocols, or
40 other requirements related to emergency medical services as may be
41 necessary to bring those plans, programs, protocols, or other
42 requirements into conformity with the Statewide Emergency
43 Medical Services Plan.
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- 45 2. This act shall take effect 180 days after the date of enactment.

STATEMENT

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This bill requires the Office of Emergency Medical Services (OEMS) in the Department of Health (DOH) to develop a Statewide Emergency Medical Services Plan that provides for a comprehensive, coordinated, emergency medical services (EMS) system in New Jersey. The plan is to include both short-term and long-term goals and objectives, and may incorporate the use of regional emergency medical services plans tailored to the specific needs of regions within the State as may be designated by the OEMS. If used, regional plans are to be jointly developed by each county board of health within the designated region, and will be developed in consultation with local boards of health, as needed. Regional plans will be subject to approval by the OEMS; upon receiving such approval, the regional plan will be deemed to be part of the Statewide plan. The OEMS will be required to review and update the Statewide plan triennially, and to make such changes to the plan as may be necessary to improve the effectiveness and efficiency of the State's EMS system of care. The DOH will be required to make the Statewide Emergency Medical Services Plan available on its Internet website.

In developing and updating the Statewide Emergency Medical Services Plan, the OEMS will be required, at a minimum, to:

- (1) conduct an inventory of EMS resources available within the State;
- (2) conduct an assessment of the current effectiveness of the EMS system of care in the State;
- (3) determine the need for changes to the current EMS system of care, including any changes as may be needed to improve access to EMS in a given region of the State or for a given population within the State;
- (4) develop performance metrics with regard to the delivery of EMS, establish a schedule for achieving the performance metrics, develop a method for monitoring and evaluating whether the performance metrics are being achieved, and prepare a cost estimate for achieving the performance metrics;
- (5) work with professional medical organizations, hospitals, and other public and private agencies to develop approaches whereby individuals who presently use the existing emergency department for routine, nonurgent, primary medical care will be served more appropriately and economically; and
- (6) consult with and review, with appropriate EMS agencies and organizations, the development of applications to governmental or other appropriate sources for grants or other funding to support EMS programs.

1 The bill additionally requires the Statewide Emergency Medical
2 Services Plan to:

3 (1) establish a comprehensive Statewide EMS system,
4 incorporating facilities, transportation, manpower, communications,
5 and other components as integral parts of a unified system that will
6 serve to improve the delivery of EMS and thereby decrease
7 morbidity, hospitalization, disability, and mortality;

8 (2) seek to reduce the time period between the identification of
9 an acutely ill or injured patient and the provision of definitive
10 treatment for the illness or injury;

11 (3) increase access to high quality EMS for all citizens of New
12 Jersey;

13 (4) promote continuing improvement in system components,
14 including: ground, water, and air transportation; communications;
15 hospital emergency departments and other emergency medical care
16 facilities; health care provider training and health care service
17 delivery; and consumer health information and education;

18 (5) ensure performance improvement of the EMS system and of
19 the emergency services and care delivered on scene, in transit, in
20 hospital emergency departments, and within the hospital
21 environment;

22 (6) conduct, promote, and encourage programs of education and
23 training designed to upgrade the knowledge and skills of EMS
24 personnel, including expanding the availability of paramedic and
25 advanced life support training throughout the State, with particular
26 emphasis on regions underserved by EMS personnel having such
27 skills and training;

28 (7) maintain a process for designating appropriate hospitals as
29 trauma centers, certified stroke centers, and specialty care centers
30 based on an applicable national evaluation system;

31 (8) maintain a comprehensive EMS patient care data collection
32 and performance improvement system, which is to incorporate
33 certain EMS data currently reported to the DOH;

34 (9) collect data and information and prepare reports for the sole
35 purpose of designating and verifying trauma centers and other
36 specialty care centers, which data, information, and reports will not
37 be considered a government record for the purposes of open public
38 records access laws;

39 (10) establish and maintain a process for crisis intervention and
40 peer support services for EMS personnel and public safety
41 personnel, including Statewide availability and accreditation of
42 critical incident stress management or peer support teams and
43 personnel. The accreditation standards are to include a requirement
44 that a peer support team be headed by a clinical psychologist,
45 psychiatrist, clinical social worker, or professional counselor who:
46 (a) is licensed pursuant to Title 45 of the Revised Statutes; and (b)

1 has at least five years of experience as a mental health consultant
2 working directly with EMS personnel or public safety personnel;

3 (11) coordinate with the Emergency Medical Services for
4 Children Program to maintain, and update as needed, the Statewide
5 program of EMS for children developed under current law;

6 (12) establish and support a Statewide system of health and
7 medical emergency response teams, including EMS disaster task
8 forces, coordination teams, disaster medical assistance teams, and
9 other support teams that will assist local EMS providers at their
10 request during mass casualty events, disasters, or whenever local
11 resources are overwhelmed;

12 (13) establish and maintain a program to improve dispatching of
13 EMS personnel and vehicles, including establishing and supporting
14 EMS dispatch training, accrediting 911 dispatch centers, and
15 establishing and maintaining public safety answering points; and

16 (14) identify and establish best practices for managing and
17 operating EMS providers, improving and managing EMS response
18 times, and disseminating such information to the appropriate
19 persons and entities.

20 In developing the Statewide Emergency Medical Services Plan,
21 the OEMS will be required to coordinate with the Emergency
22 Medical Services for Children program and the State trauma
23 medical director, both of which will be required to revise any plans,
24 programs, protocols, or other requirements related to EMS as may
25 be necessary to bring those plans, programs, protocols, or other
26 requirements into conformity with the Statewide Emergency
27 Medical Services Plan.