

SENATE, No. 2711

STATE OF NEW JERSEY
220th LEGISLATURE

INTRODUCED MAY 26, 2022

Sponsored by:
Senator TROY SINGLETON
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.

3

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
46 for routine, nonurgent, primary medical care will be served more
47 appropriately and economically; and

48 (6) consult with and review, with appropriate emergency
49 medical services providers and organizations, the development of

1 applications to governmental or other appropriate sources for grants
2 or other funding to support emergency medical services programs.

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

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

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

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

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

21 (5) ensure performance improvement of the emergency medical
22 services system and of the emergency medical services and care
23 delivered on scene, in transit, in hospital emergency departments,
24 and within the hospital environment;

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

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

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

38 (9) collect data and information and prepare reports for the sole
39 purpose of designating and verifying trauma centers and other
40 specialty care centers, as described in paragraph (7) of this
41 subsection; provided that data and information collected and reports
42 prepared pursuant to this paragraph shall not be considered a
43 government record pursuant to P.L.1963, c.73 (C.47:1A-1 et seq.),
44 P.L.2001, c.404 (C.47:1A-5 et al.), or the common law concerning
45 access to government records;

46 (10) establish and maintain a process for crisis intervention and
47 peer support services for emergency medical services personnel and
48 public safety personnel, including Statewide availability and
49 accreditation of critical incident stress management or peer support

1 teams and personnel. Such accreditation standards shall include a
2 requirement that a peer support team be headed by a clinical
3 psychologist, psychiatrist, clinical social worker, or professional
4 counselor who: (a) is licensed pursuant to Title 45 of the Revised
5 Statutes; and (b) has at least five years of experience as a mental
6 health consultant working directly with emergency medical services
7 personnel or public safety personnel;

8 (11) coordinate with the Emergency Medical Services for
9 Children Program to maintain, and update as needed, the Statewide
10 program of emergency medical services for children developed
11 pursuant to P.L.1992, c.96 (C.26:2K-48 et seq.);

12 (12) establish and support a Statewide system of health and
13 medical emergency response teams, including emergency medical
14 services disaster task forces, coordination teams, disaster medical
15 assistance teams, and other support teams that shall assist local
16 emergency medical services providers at their request during mass
17 casualty events, disasters, or whenever local resources are
18 overwhelmed;

19 (13) establish and maintain a program to improve the
20 dispatching of emergency medical services personnel and vehicles,
21 including establishing and supporting emergency medical services
22 dispatch training, accrediting 911 dispatch centers, and establishing
23 and maintaining public safety answering points; and

24 (14) identify and establish best practices for managing and
25 operating emergency medical services providers, improving and
26 managing emergency medical services response times, and
27 disseminating such information to the appropriate persons and
28 entities.

29 d. In developing the Statewide Emergency Medical Services
30 Plan, the office shall coordinate with the Emergency Medical
31 Services for Children program and the State trauma medical
32 director, which shall each revise any plans, programs, protocols, or
33 other requirements related to emergency medical services as may be
34 necessary to bring those plans, programs, protocols, or other
35 requirements into conformity with the Statewide Emergency
36 Medical Services Plan.

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38 2. This act shall take effect 180 days after the date of
39 enactment.

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42 STATEMENT

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44 This bill requires the Office of Emergency Medical Services
45 (OEMS) in the Department of Health (DOH) to develop a Statewide
46 Emergency Medical Services Plan that provides for a
47 comprehensive, coordinated, emergency medical services (EMS)

1 system in New Jersey. The plan is to include both short-term and
2 long-term goals and objectives, and may incorporate the use of
3 regional emergency medical services plans tailored to the specific
4 needs of regions within the State as may be designated by the
5 OEMS. If used, regional plans are to be jointly developed by each
6 county board of health within the designated region, and will be
7 developed in consultation with local boards of health, as needed.
8 Regional plans will be subject to approval by the OEMS; upon
9 receiving such approval, the regional plan will be deemed to be part
10 of the Statewide plan. The OEMS will be required to review and
11 update the Statewide plan triennially, and to make such changes to
12 the plan as may be necessary to improve the effectiveness and
13 efficiency of the State's EMS system of care. The DOH will be
14 required to make the Statewide Emergency Medical Services Plan
15 available on its Internet website.

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

18 (1) conduct an inventory of EMS resources available within the
19 State;

20 (2) conduct an assessment of the current effectiveness of the
21 EMS system of care in the State;

22 (3) determine the need for changes to the current EMS system of
23 care, including any changes as may be needed to improve access to
24 EMS in a given region of the State or for a given population within
25 the State;

26 (4) develop performance metrics with regard to the delivery of
27 EMS, establish a schedule for achieving the performance metrics,
28 develop a method for monitoring and evaluating whether the
29 performance metrics are being achieved, and prepare a cost estimate
30 for achieving the performance metrics;

31 (5) work with professional medical organizations, hospitals, and
32 other public and private agencies to develop approaches whereby
33 individuals who presently use the existing emergency department
34 for routine, nonurgent, primary medical care will be served more
35 appropriately and economically; and

36 (6) consult with and review, with appropriate EMS agencies and
37 organizations, the development of applications to governmental or
38 other appropriate sources for grants or other funding to support
39 EMS programs.

40 The bill additionally requires the Statewide Emergency Medical
41 Services Plan to:

42 (1) establish a comprehensive Statewide EMS system,
43 incorporating facilities, transportation, manpower, communications,
44 and other components as integral parts of a unified system that will
45 serve to improve the delivery of EMS and thereby decrease
46 morbidity, hospitalization, disability, and mortality;

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

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- 1 (3) increase access to high quality EMS for all citizens of New
2 Jersey;
- 3 (4) promote continuing improvement in system components,
4 including: ground, water, and air transportation; communications;
5 hospital emergency departments and other emergency medical care
6 facilities; health care provider training and health care service
7 delivery; and consumer health information and education;
- 8 (5) ensure performance improvement of the EMS system and of
9 the emergency services and care delivered on scene, in transit, in
10 hospital emergency departments, and within the hospital
11 environment;
- 12 (6) conduct, promote, and encourage programs of education and
13 training designed to upgrade the knowledge and skills of EMS
14 personnel, including expanding the availability of paramedic and
15 advanced life support training throughout the State, with particular
16 emphasis on regions underserved by EMS personnel having such
17 skills and training;
- 18 (7) maintain a process for designating appropriate hospitals as
19 trauma centers, certified stroke centers, and specialty care centers
20 based on an applicable national evaluation system;
- 21 (8) maintain a comprehensive EMS patient care data collection
22 and performance improvement system, which is to incorporate
23 certain EMS data currently reported to the DOH;
- 24 (9) collect data and information and prepare reports for the sole
25 purpose of designating and verifying trauma centers and other
26 specialty care centers, which data, information, and reports will not
27 be considered a government record for the purposes of open public
28 records access laws;
- 29 (10) establish and maintain a process for crisis intervention and
30 peer support services for EMS personnel and public safety
31 personnel, including Statewide availability and accreditation of
32 critical incident stress management or peer support teams and
33 personnel. The accreditation standards are to include a requirement
34 that a peer support team be headed by a clinical psychologist,
35 psychiatrist, clinical social worker, or professional counselor who:
36 (a) is licensed pursuant to Title 45 of the Revised Statutes; and (b)
37 has at least five years of experience as a mental health consultant
38 working directly with EMS personnel or public safety personnel;
- 39 (11) coordinate with the Emergency Medical Services for
40 Children Program to maintain, and update as needed, the Statewide
41 program of EMS for children developed under current law;
- 42 (12) establish and support a Statewide system of health and
43 medical emergency response teams, including EMS disaster task
44 forces, coordination teams, disaster medical assistance teams, and
45 other support teams that will assist local EMS providers at their
46 request during mass casualty events, disasters, or whenever local
47 resources are overwhelmed;
- 48 (13) establish and maintain a program to improve dispatching of
49 EMS personnel and vehicles, including establishing and supporting

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1 EMS dispatch training, accrediting 911 dispatch centers, and
2 establishing and maintaining public safety answering points; and

3 (14) identify and establish best practices for managing and
4 operating EMS providers, improving and managing EMS response
5 times, and disseminating such information to the appropriate
6 persons and entities.

7 In developing the Statewide Emergency Medical Services Plan,
8 the OEMS will be required to coordinate with the Emergency
9 Medical Services for Children program and the State trauma
10 medical director, both of which will be required to revise any plans,
11 programs, protocols, or other requirements related to EMS as may
12 be necessary to bring those plans, programs, protocols, or other
13 requirements into conformity with the Statewide Emergency
14 Medical Services Plan.