

[Second Reprint]
SENATE, No. 5

STATE OF NEW JERSEY
217th LEGISLATURE

INTRODUCED MAY 25, 2017

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SYNOPSIS

Establishes data reporting requirements for emergency medical services providers and dispatch centers.

CURRENT VERSION OF TEXT

As amended by the Senate on June 19, 2017.

(Sponsorship Updated As Of: 6/23/2017)

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:

6

7 1. As used in P.L. , c. (C.) (pending before the
8 Legislature as this bill):

9 “Commissioner” means the Commissioner of Health.

10 “Department” means the Department of Health.

11 “Emergency Medical Services Advisory Council” means the
12 Emergency Medical Services Council constituted in the department
13 as of the effective date of P.L. , c. (C.) (pending before the
14 Legislature as this bill), which serves as the main emergency
15 medical services advisory council to ¹the commissioner and ¹to
16 the Office of Emergency Medical Services, makes
17 recommendations and advises on emergency medical services in
18 New Jersey, monitors legislative developments at all levels and in
19 other states, and supports Statewide public information and
20 education for consumers regarding emergency medical services.

21 “Emergency Medical Services Task Force” means the
22 Emergency Medical Services Task Force constituted in the
23 department as of the effective date of P.L. , c. (C.)
24 (pending before the Legislature as this bill).

25 “Emergency medical services dispatch center” means any
26 communications center which provides services in connection with
27 the coordination of requests for emergency medical services,
28 including, but not limited to, call intake, call processing, emergency
29 medical dispatch, call triage, unit assignment, and dispatch and
30 tracking of any emergency medical services provider or other first
31 responder.

32 “Emergency medical services provider” means any association,
33 organization, company, department, agency, service, program, unit,
34 or other entity that provides pre-hospital emergency medical care to
35 patients in this State, including, but not limited to, a basic life
36 support ambulance service, a mobile intensive care unit, an air
37 medical service, or a volunteer or non-volunteer first aid, rescue,
38 and ambulance squad.

39 “First ¹**Responder** responder¹” means a police officer,
40 firefighter, or other person who has been trained to provide
41 emergency medical first response services in a program recognized
42 by the commissioner.

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:

¹Senate SHH committee amendments adopted June 1, 2017.

²Senate floor amendments adopted June 19, 2017.

1 "Opioid antidote" means naloxone hydrochloride, or any other
2 similarly acting drug approved by the United States Food and Drug
3 Administration for the treatment of an opioid overdose.

4 "Pre-hospital emergency medical care" means the provision of
5 emergency medical care or transportation by trained and certified or
6 licensed emergency medical services personnel at the scene of an
7 emergency and while transporting sick or injured persons to a
8 medical care facility or provider.

9
10 2. a. Each emergency medical services provider shall report to
11 the department, in the most recent National Emergency Medical
12 Services Information System (NEMSIS) format, the following
13 information concerning each incident in which the entity provides
14 emergency medical services:

15 (1) The date, time, and location of the encounter;

16 (2) The nature of the medical emergency, including the number
17 of persons requiring emergency medical services and the condition
18 of each person requiring emergency medical services at the time the
19 provider arrived at the scene of the encounter;

20 (3) Any emergency medical treatment or other services
21 provided, including any specific procedures performed, any
22 medications administered including, but not limited to, an opioid
23 antidote, and any modalities administered;

24 (4) The name and certification or professional licensure of each
25 emergency medical service professional staffing the provider unit
26 during the encounter, regardless of whether the professional
27 provided direct treatment or services to any person;

28 (5) Whether any other emergency medical services provider
29 responded to the request for emergency medical services, and, if so,
30 whether they provided emergency medical treatment or other
31 services to any person;

32 (6) The outcome of the encounter, including whether each
33 person receiving emergency medical services was treated, refused
34 additional treatment, was transported to a hospital or other health
35 care facility or transferred to another emergency medical services
36 provider for further treatment, or died. In the case of a person ¹who
37 was¹ transported by ¹a¹ provider other than the reporting provider,
38 the reporting provider shall identify the transporting provider and
39 the receiving facility, if known. In the case of a person who died,
40 the provider shall indicate the cause of death, if known, and
41 whether the person died before, during, or after the provision of
42 emergency medical services; and

43 (7) Any other particulars of the encounter as may be relevant or
44 as may be required by the commissioner.

45 b. Each emergency medical services dispatch center shall
46 report to the department, in a standardized format as the
47 commissioner shall prescribe by regulation, the following

1 information concerning each request for emergency medical
2 services received by the dispatch center:

3 (1) The date, time, and location of the request for emergency
4 medical services;

5 (2) The nature and circumstances of the emergency, as provided
6 to the dispatch center;

7 (3) The identity of each emergency medical services provider
8 dispatched to the scene of the encounter; and

9 (4) Any other particulars of the request as may be relevant or as
10 may be required by the commissioner.

11

12 3. a. The commissioner shall establish a system to allow for
13 the electronic reporting of emergency medical services dispatch and
14 response information as required pursuant to section 2 of P.L. ,
15 c. (C.) (pending before the Legislature as this bill).
16 Information shall be reported to the system in a format and at such
17 intervals as required by the commissioner, except that, to the extent
18 possible, the system shall interact with existing systems used by
19 emergency medical services providers and emergency medical
20 services dispatch centers, including, but not limited to, emsCharts
21 and Image Trend, to facilitate automated, real-time reporting of the
22 information. The department shall furnish to EMS providers and
23 dispatchers, without charge, any software or programs developed by
24 the department for accessing and using the electronic reporting
25 system.

26 b. The electronic reporting system established pursuant to this
27 section shall, at a minimum, seek to record and track data
28 concerning types of medical emergencies for which emergency
29 medical services are requested, ²response times for emergency
30 medical services providers,² patterns in the timing and location of
31 requests for emergency medical services, patterns in the type or
32 nature of emergency medical services provided, and patterns in
33 dispatch and response activity. ²**【Commencing 24 months after the**
34 **effective date of P.L. , c. (C.) (pending before the**
35 **Legislature as this bill), or at any time thereafter, the commissioner**
36 **may additionally require the system to track and record response**
37 **times for emergency medical services providers.】²**

38 c. The commissioner shall, in consultation with the Emergency
39 Medical Services Advisory Council, adopt rules and regulations,
40 pursuant to the “Administrative Procedure Act,” P.L.1968, c.410
41 (C.52:14B-1 et seq.), establishing quality performance metrics and
42 pre-hospital protocols for emergency medical services providers,
43 which shall be based on the data tracked and recorded pursuant to
44 subsection b. of this section. The commissioner shall review and
45 update the rules and regulations concerning quality performance
46 metrics and pre-hospital protocols as appropriate.

1 ²d. The commissioner shall make the response times for
2 emergency medical services providers that are tracked and recorded
3 pursuant to subsection b. of this section available to the public on
4 the department's Internet website.²

5

6 4. a. The commissioner shall establish, maintain, and
7 coordinate the activities of the New Jersey Emergency Medical
8 Services Task Force.

9 b. The purpose of the task force shall be to support and
10 enhance the provision of specialized response services, utilizing
11 personnel and equipment to respond as requested, for both pre-
12 planned and emergency events, including natural disasters, mass
13 casualty incidents, and chemical, biological, radiological, nuclear,
14 and explosive events, in order to reduce morbidity and mortality
15 through appropriate triage, incident management, and coordinated
16 pre-hospital care and transportation.

17 c. The membership of the task force shall represent all regions
18 of the State and shall include first responders, emergency medical
19 technicians, paramedics, registered nurses, physicians,
20 communications specialists, hospitals, agencies providing
21 emergency medical responder and other emergency medical
22 services, and communication centers utilized for the purpose of
23 providing emergency medical services.

24

25 5. This act shall take effect 180 days after the date of
26 enactment, except that section 4 shall take effect immediately.