

ASSEMBLY, No. 4802

STATE OF NEW JERSEY 218th LEGISLATURE

INTRODUCED DECEMBER 10, 2018

Sponsored by:

Assemblyman LOUIS D. GREENWALD

District 6 (Burlington and Camden)

Assemblywoman VERLINA REYNOLDS-JACKSON

District 15 (Hunterdon and Mercer)

Assemblyman DANIEL R. BENSON

District 14 (Mercer and Middlesex)

Co-Sponsored by:

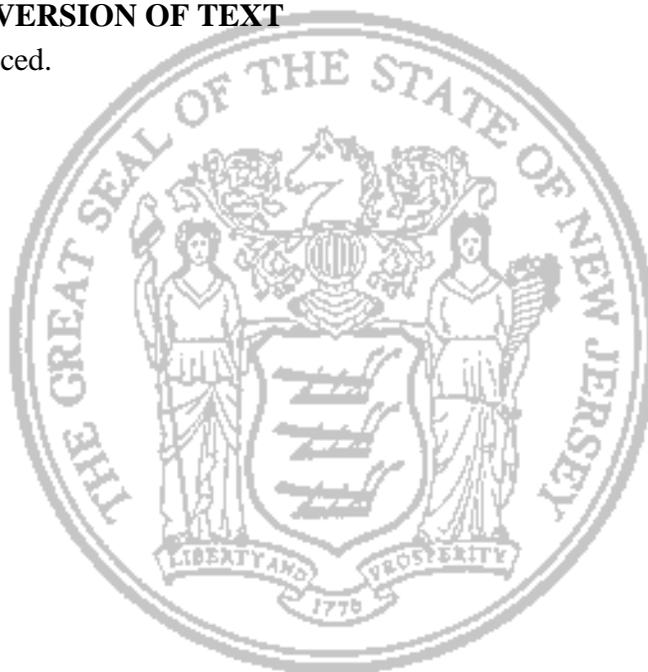
Assemblywomen Pintor Marin and Speight

SYNOPSIS

Requires certain hospitals to provide hospital-based or hospital-linked violence intervention programs, in order to be designated as Level One or Level Two trauma centers.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 2/26/2019)

1 AN ACT concerning trauma centers and violence prevention in New
2 Jersey and supplementing Chapter 2KK of Title 26 of the
3 Revised Statutes.

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

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8 1. a. (1) A hospital in the State, which provides services in a
9 municipality that has a disproportionately high rate of firearm
10 violence or homicide, shall not be designated as a Level One or
11 Level Two trauma center, under the provisions of P.L.2013, c.233
12 (C.26:2KK-1 et seq.) and the regulations adopted pursuant thereto,
13 unless the hospital operates or contracts with a hospital-based or
14 hospital-linked violence intervention program that provides
15 appropriate counseling, case management, and social services to
16 patients who have been injured as a result of violence.

17 (2) Any hospital in the State that provides services in a
18 municipality that has a disproportionately high rate of firearm
19 violence or homicide, and that was designated as a Level One or
20 Level Two trauma center prior to the effective date of this section,
21 shall be required to establish or contract with a hospital-based or
22 hospital-linked violence intervention program within one year after
23 the effective date of this act, or shall have its designation revoked.

24 (3) For the purposes of enforcing the provisions of this
25 subsection, the commissioner shall establish criteria to be used in
26 identifying municipalities that have disproportionately high rates of
27 firearm violence or homicide, and shall develop a list of such
28 municipalities, based on the application of identified criteria. The
29 list shall be published on the department's Internet website, and
30 shall be revised and updated as necessary, on at least an annual
31 basis.

32 b. The commissioner shall adopt rules and regulations,
33 pursuant to the "Administrative Procedure Act," P.L.1968, c.410
34 (C.52:14B-1 et seq.), as may be necessary to implement the
35 provisions of this section. Such rules and regulations shall identify,
36 at a minimum, the criteria that the department will use, pursuant to
37 paragraph (3) of subsection a. of this section, to determine which of
38 the State's municipalities have a disproportionately high rate of
39 firearm violence or homicide.

40 c. As used in this section:

41 "Commissioner" means the Commissioner of Health.

42 "Department" means the Department of Health.

43 "Hospital-based or hospital-linked violence intervention
44 program" means a program that is operated by a hospital, or by a
45 person or entity who is contracted by the hospital, and which works
46 to end cycles of violence through the provision of intensive
47 counseling, case management, and social services to patients in the
48 hospital who are recovering from gunshot wounds and other injuries
49 resulting from violence.

1 2. This act shall take effect immediately.

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STATEMENT

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6 This bill would provide that any hospital in the State, which
7 provides services in a municipality that has a disproportionately
8 high rate of firearm violence or homicides, may not be designated
9 as a Level One or Level Two trauma center, under the provisions of
10 P.L.2013, c.233 (C.26:2KK-1 et seq.) and the regulations adopted
11 pursuant thereto, unless the hospital operates or contracts with a
12 hospital-based or hospital-linked violence intervention program that
13 provides appropriate counseling, case management, and social
14 services to patients who have been injured as a result of violence.
15 Any such hospital that, as of the bill's effective date, was already
16 designated as a Level One or Level Two trauma center, will be
17 required to establish or contract with a hospital-based or hospital-
18 linked violence intervention program within one year after the bill
19 becomes effective, or will have its designation revoked.

20 For the purposes of enforcing the bill's provisions, the
21 Commissioner of Health would be required to establish criteria to
22 be used in identifying municipalities that have disproportionately
23 high rates of firearm violence or homicide, and would further be
24 required to develop a list of such municipalities, based on the
25 application of such identified criteria. The list is to be published on
26 the Internet website of the Department of Health, and is to be
27 revised and updated as necessary, on at least an annual basis.

28 Many U.S. hospitals see a "revolving door" of gunshot injuries,
29 as patients who have been shot are at a very high risk of being
30 violently reinjured and perpetrating retaliatory violence themselves.
31 In some urban hospitals, up to 45 percent of patients treated for
32 violent injuries like gunshot wounds are re-injured within five
33 years, and up to 20 percent of those patients are killed in the five
34 year period following discharge. Hospital-based or hospital-linked
35 violence intervention programs (HVIPs) work to break these cycles
36 of violence by providing intensive counseling, case management,
37 and social services to patients who are recovering from gunshot
38 wounds and other violent injuries. Multiple case studies and
39 controlled trials have shown that HVIPs are highly effective at
40 reducing patients' rates of violence and re-injury. Moreover,
41 because HVIPs effectively reduce the likelihood that patients will
42 be re-hospitalized or will perpetrate violence in the future, they
43 have also been associated with substantial cost savings in health
44 care.