

[Second Reprint]  
**SENATE, No. 5**

**STATE OF NEW JERSEY**  
**217th LEGISLATURE**

INTRODUCED MAY 25, 2017

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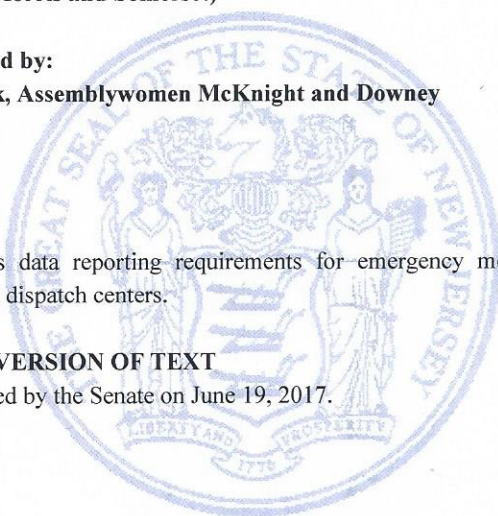
**Senator Beck, Assemblywomen McKnight and Downey**

**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 <sup>1</sup>the commissioner and <sup>1</sup>to  
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 <sup>1</sup>[Responder] responder<sup>1</sup>" 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:

<sup>1</sup>Senate SHH committee amendments adopted June 1, 2017.

<sup>2</sup>Senate 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 'who  
37 was' transported by 'a' 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, <sup>2</sup>response times for emergency  
30 medical services providers.<sup>2</sup> 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. <sup>2</sup>[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.]<sup>2</sup>

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       <sup>2</sup>d. 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.<sup>2</sup>  
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.