

CHAPTER 223

AN ACT concerning trauma care and supplementing Title 26 of the Revised Statutes.

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

C.26:2KK-1 Findings, declarations relative to trauma care.

1. The Legislature finds and declares that:
 - a. Injury is the leading cause of death for New Jersey citizens aged one to 44, the fourth leading cause of death for all age groups, and accounts for more than 60,000 emergency department visits in the State each year, with direct medical costs estimated to be in excess of \$2 billion;
 - b. At the request of the Department of Health, the American College of Surgeons Trauma Systems Evaluation and Planning Committee assessed the State's trauma system and made numerous recommendations for its improvement. The committee found that, while the provision of trauma care in New Jersey has many dedicated trauma professionals, a sufficient number of ten trauma centers strategically located in the State, and 100 percent emergency medical services coverage, the trauma care system faces many challenges. Among the challenges noted by the committee are the absence of one lead State agency to oversee and ensure the coordination of a Statewide trauma system and the absence of systematic data collection concerning the various aspects of trauma care in the State;
 - c. Among the recommendations made by the committee to address the challenges to the State trauma system were: establishment of a statutorily authorized lead agency to oversee the development of a formal State trauma system, appointment of a designated leader to coordinate stakeholders involved in all aspects of providing trauma care in the development, maintenance, and ongoing evaluation of a formal State trauma system, the creation of an advisory body to formulate policies that address all aspects of patient care, and the development of prevention strategies to help control injury as part of a formal State trauma system;
 - d. While there currently exists a Trauma Center Council in New Jersey which represents multidisciplinary trauma care within the State-designated trauma centers, this Council is focused on the activities and operations of New Jersey's State-designated trauma centers, with limitations in developing an effective trauma system for the State of New Jersey; and
 - e. In order to more effectively prevent injury, improve the care and outcomes of individuals who are injured in New Jersey, and save lives, it is appropriate to ensure the development and implementation of a formal State trauma system to serve injured patients in the State along the continuum of their care, and establish means for ongoing data collection and input from relevant stakeholders in the State's trauma care system to inform policies concerning trauma care in the State.

C.26:2KK-2 DOH designated lead agency.

2. The Department of Health shall serve as lead agency for the development of a formal State trauma system that defines the roles of all health care facilities in the State, taking into account their resources and capabilities, allowing for the provision of care to injured patients in the State along the continuum of care.

C.26:2KK-3 State Trauma Medical Director.

3. a. The Commissioner of Health shall appoint a State Trauma Medical Director, to oversee the planning, development, ongoing maintenance, and enhancement of the formal State trauma system, consistent with the recommendations of the American College of

Surgeons Committee on Trauma, and, to the extent applicable, consistent with the processes outlined in the State Trauma System Planning Guide issued by the National Association of State Emergency Medical Services Officials. The State Trauma Medical Director shall be a physician who is licensed pursuant to Title 45 of the Revised Statutes, is experienced in the provision of surgical critical care and trauma care, and is otherwise qualified to perform the duties of the position.

b. The State Trauma Medical Director shall, in collaboration with the State Trauma System Advisory Committee (STSAC) established pursuant to section 4 of this act, oversee the development of a Statewide trauma system plan, and once the plan has been adopted through regulations promulgated by the department in compliance with the provisions of this act, shall be responsible for implementing, maintaining, and providing ongoing evaluation of the plan. The director shall additionally ensure that the development and implementation of the plan involves broad-based collaboration with stakeholders representing disciplines relevant to trauma care in the State and interested citizens, including the commissioner, the director, or any other stakeholders that the STSAC determines may inform the process.

C.26:2KK-4 State Trauma System Advisory Committee.

4. a. The commissioner shall establish a multidisciplinary State Trauma System Advisory Committee (STSAC) to advise the commissioner and the State Trauma Medical Director on the development of a formal Statewide trauma system plan. In order to enable maximum input from stakeholders, the STSAC shall include, to the extent feasible, representatives of all aspects of trauma care. The members of the committee, who shall be appointed by the Governor, shall include, but need not be limited to, representatives of the following trauma care providers in the State:

- (1) the medical director of each State-designated trauma center, provided that the trauma program managers of each State designated trauma center may serve as alternates for the medical director of each State-certified trauma center;
- (2) the medical director of a State-certified burn treatment facility;
- (3) the chairperson of the New Jersey Emergency Medical Services Council;
- (4) the medical director of a rehabilitation facility in the State that treats patients with traumatic injuries, including traumatic brain injuries and traumatic spinal cord injuries;
- (5) three representatives of pre-hospital care providers in the State, including an advanced life support provider as recommended by the State mobile intensive care advisory council, a volunteer basic life support provider as recommended by the New Jersey State First Aid Council, and a paid basic life support provider;
- (6) The New Jersey licensed physician chairperson of the New Jersey Chapter of the American College of Surgeons Committee on Trauma;
- (7) a New Jersey licensed physician recommended by the New Jersey Chapter of the American College of Emergency Physicians;
- (8) a New Jersey licensed nurse recommended by the New Jersey Chapter of the Emergency Nurses Association;
- (9) one individual with expertise in the prevention of injury; and
- (10) one medical director of the emergency department of a New Jersey hospital that is not a State-designated trauma center.

b. (1) The STSAC shall have an executive committee appointed by the commissioner from among the members of the STSAC, consisting of two medical directors from State-designated Level One trauma centers; two medical directors from State designated Level Two trauma centers; one medical director of an emergency department from a New Jersey

hospital that is not the site of a State-designated trauma center; one representative of pre-hospital care providers in the State; and the State Trauma Medical Director, who shall serve ex officio as chair of the executive committee of the STSAC.

(2) The executive committee of the STSAC shall set forth the times and agenda of the meetings of the STSAC, coordinate the policy recommendations of the STSAC, and draft the STSAC's initial and subsequent reports.

c. (1) Each member of the STSAC shall serve for a term of three years and may be reappointed to one or more subsequent terms, except that of the members first appointed, one third shall serve for a term of three years, one third for a term of two years, and one third for a term of one year. Vacancies in the membership of the committee shall be filled in the same manner provided for the original appointments.

(2) The STSAC shall organize as soon as practicable following the appointment of its members and shall hold its initial meeting no later than 90 days after the effective date of this act.

(3) The members of the STSAC shall select a chairperson and vice chair. The vice chair shall conduct the committee meetings when the chairperson is unable to attend.

(4) The members shall serve without compensation, but shall be reimbursed for necessary expenses incurred in the performance of their duties and within the limits of available funds.

d. (1) Consistent with the recommendations of the American College of Surgeons Committee on Trauma, and, to the extent applicable, consistent with the processes outlined in the State Trauma System Planning Guide issued by the National Association of State Emergency Medical Services Officials, the STSAC shall: analyze data related to trauma care in the State; design a formal system of trauma care in the State with system-wide standards of pre-hospital triage and hospital-based care and policies; evaluate the State trauma system on an ongoing basis, and identify strategies to ensure optimal coordination of the Statewide trauma system. In fulfilling these responsibilities, the STSAC shall seek input from stakeholders representing all aspects of trauma care in the State.

(2) Within one year following the date of enactment of this act, the STSAC shall prepare and submit a report to the commissioner and the State Trauma Medical Director, which shall include a recommended comprehensive State trauma system plan. The plan shall address:

- (a) Best practices and standards for all trauma care providers;
- (b) Development and implementation of protocols for the stabilization and transfer of patients;
- (c) Training requirements for acute care hospital personnel with respect to identifying, stabilizing, and arranging for the transfer of a patient whose condition is beyond the scope of the hospital's capabilities;
- (d) Mandatory trauma triage practices to be performed by emergency medical service providers;
- (e) Any other issues that the STSAC determines to be appropriate for inclusion in the plan.

(3) Subsequent to the receipt of the initial report and recommendation submitted by the STSAC pursuant to this subsection, the commissioner shall promulgate regulations establishing and implementing a State trauma system plan.

(4) Subsequent to the preparation and issuance of its initial report pursuant to this subsection, the STSAC shall: systematically review strategies to maintain and improve the State trauma system; submit an annual report to the commissioner and the State Trauma Medical Director on its activities; and provide any recommendations it determines are necessary to improve the State trauma system.

C.26:2KK-5 Rules, regulations.

5. The Commissioner of Health, pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), shall adopt rules and regulations necessary to effectuate the purposes of this act.

6. This act shall take effect immediately.

Approved January 17, 2014.