

## CHAPTER 116

AN ACT concerning emergency medical services and supplementing Title 26 of the Revised Statutes.

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

C.26:2K-66 Definitions relative to emergency medical services.

1. As used in P.L.2017, c.116 (C.26:2K-66 et seq.):

“Commissioner” means the Commissioner of Health.

“Department” means the Department of Health.

“Emergency Medical Services Advisory Council” means the Emergency Medical Services Council constituted in the department as of the effective date of P.L.2017, c.116 (C.26:2K-66 et seq.), which serves as the main emergency medical services advisory council to the commissioner and the Office of Emergency Medical Services, makes recommendations and advises on emergency medical services in New Jersey, monitors legislative developments at all levels and in other states, and supports Statewide public information and education for consumers regarding emergency medical services.

“Emergency Medical Services Task Force” means the Emergency Medical Services Task Force constituted in the department as of the effective date of P.L.2017, c.116 (C.26:2K-66 et seq.).

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

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

"First responder" means a police officer, firefighter, or other person who has been trained to provide emergency medical first response services in a program recognized by the commissioner.

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

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

C.26:2K-67 Report by provider to department.

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

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

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

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

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

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

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

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

b. Each emergency medical services dispatch center shall report to the department, in a standardized format as the commissioner shall prescribe by regulation, the following information concerning each request for emergency medical services received by the dispatch center:

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

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

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

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

C.26:2K-68 System to allow for electronic reporting of information; rules, regulations.

3. a. The commissioner shall establish a system to allow for the electronic reporting of emergency medical services dispatch and response information as required pursuant to section 2 of P.L.2017, c.116 (C.26:2K-67). Information shall be reported to the system in a format and at such intervals as required by the commissioner, except that, to the extent possible, the system shall interact with existing systems used by emergency medical services providers and emergency medical services dispatch centers, including, but not limited to, emsCharts and Image Trend, to facilitate automated, real-time reporting of the information. The department shall furnish to EMS providers and dispatchers, without charge, any software or programs developed by the department for accessing and using the electronic reporting system.

b. The electronic reporting system established pursuant to this section shall, at a minimum, seek to record and track data concerning types of medical emergencies for which emergency medical services are requested, response times for emergency medical services providers, patterns in the timing and location of requests for emergency medical services,

patterns in the type or nature of emergency medical services provided, and patterns in dispatch and response activity.

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

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

C.26:2K-69 New Jersey Emergency Medical Services Task Force.

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

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

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

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

Approved July 21, 2017.