26:2K-35

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12/16/86

LEGISLATIVE HISTORY CHECKLIST

NJSA:	26:2K-35 to 26:2K-38			"Emergency Medical Services Helicopter Re- sponse Plan"	
LAWS OF:	1986				
				CHAPTER 106	
BILL NO:	A1806				
Sponsor(s):	Rocco and o	others			
Date Introduced: January 27, 1986					
Committee: Assembly:		Health and Human Resources; Appropriations			
	Senate:	Revenue, Finance a	nd Approp	1806	
Amended during passage:		Yes	since ident	ubstituted for S1692 not attached ince identical to A1646). Amendments uring passage denoted by asterisks.	
Date of Passage:		Assembly:	June 9, 198	e 9, 1986	
		Senate:	June 26, 19	986	
Date of Approval:		Sept. 5, 1986			
Fellowing statements are attached if available:					
Sponsor statement:			Yes		
Committee s	tatement:	Assembly	Yes 5-22	2-86 & 5-5-86	
		Senate	Yes		
Fiscal Note:			No		
Veto Message:			No		
Message on Signing:			No		
Following were printed:					
Reports:			No		
Hearings:			No		

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[SECOND OFFICIAL COPY REPRINT] ASSEMBLY, No. 1806

STATE OF NEW JERSEY

INTRODUCED JANUARY 27, 1986

By Assemblymen ROCCO, SHUSTED, HAYTAIAN, COLBURN, SHINN, MORAN, HENDRICKSON, SINGER, CHINNICI and FRANKS

An Act establishing the New Jersey Emergency Medical Service Helicopter Response Program and an emergency medical transportation service, amending P. L. 1984, c. 146 and supplementing Title 26 of the Revised Statutes.

1 BE IT ENACTED by the Senate and General Assembly of the State 2 of New Jersey:

1 1. (New section) As used in this act:

a. "Commissioner" means the Commissioner of the Department3 of Health.

b. "Dispatch" means the coordinated request for and dispatch of the emergency medical service helicopter reponse unit by a central communications center located in the service area, followning protocols developed by the mobile intensive care hospital, the regional trauma *or critical care* center*, the commissioner* and the superintendent.

c. "Emergency medical service helicopter response unit" means 9 a specially equipped hospital-based emergency medical service 10helicoper staffed by * mobile intensive care paramedics and critical 11 12care nurses]* *advanced life support personnel* and operated for the provision of advanced life support services under the medical 13direction of a mobile intensive care program and the regional 14 trauma ** or critical care** center authorized by the commissioner. 15 d. "Emergency medical transportation" means the prehospital 16 17or interhospital transportation of an acutely ill or injured patient 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 printed in italics thus is new matter.

Matter enclosed in asterisks or stars has been adopted as follows:

*-Assembly committee amendments adopted May 5, 1986.

**-Assembly committee amendments adopted May 22, 1986.

18 by *[an]* *a dedicated* emergency medical services helicopter 19 response unit *[owned]* *operated*, maintained and piloted by 20 the Division of State Police of the Department of Law and Public 20A Safety *pursuant to regulations adopted by the commissioner under 20B chapter 40 of Title 8 of the New Jersey Administrative Code*.

e. "Medical direction" means the medical control and medical orders transmitted from the physician of the mobile intensive care hospital or from the physician at the regional trauma **or critical care** center to the staff of the helicopter. The mobile intensive care unit coordinating center and regional trauma **or critical care** center shall have the ability to cross patch and consult with care **a can other *as approved by the commissioner*.

f. "Mobile intensive care hospital" means a hospital authorized
by the commissioner to develop and maintain a mobile intensive
care unit to provide advanced life support services in accordance
with P. L. 1984, c. 146 (C. 26:2K-7 et al.).

31 g. "Regional trauma center" means a *State designated* level 32 one hospital-based trauma center equipped and staffed to provide 33 emergency medical services to an accident or trauma victim, in-34 cluding, but not limited to, the level one trauma centers at the 35 University of Medicine and Dentistry of New Jersey-University 36 Hospital in Newark and the Cooper Hospital/University Medical 37 Center in Camden.

**h. "Critical care center" means a hospital authorized by the
commissioner to provide regional critical care services such as
trauma, burns, spinal cord, cardiac, poison or neonatal care.**

[h.] **i.** "Superintendent" means the Superintendent of
the Division of State Police of the Department of Law and Public
Safety.

1 2. (New section) a. There is established the New Jersey Emer- $\mathbf{2}$ gency Medical Service Helicopter Response Program in the Division of Local and Community Health Services of the Department 3 of Health. The commissioner shall designate a mobile intensive $\mathbf{4}$ 5care hospital and a regional trauma ** or critical care** center which shall develop and maintain a hospital-based emergency med-6 ical service helicopter response unit. The commissioner shall 7designate at least two units in the State, of which no less than one 8 9 unit each shall be designated for the northern and southern por-10tions of the State, respectively.

b. Each emergency medical service helicopter response unit shall
be staffed by at least two persons*[, one of whom is a paramedic
and one of whom is a registered professional nurse]* trained in
advanced life support *[nursing]* *and approved by the commis-

sioner*. The staff of the emergency medical service helicopter
response unit shall render life support services to an accident or
trauma victim, as necessary, in the course of providing emergency
medical transportation.

1 3. (New section) The Division of State Police of the Department $\mathbf{2}$ of Law and Public Safety shall establish an emergency medical 3 transportation service to provide medical transportation service pursuant to this amendatory and supplementary act. The super-4 intendent shall *[acquire]* *operate* and maintain at least one $\mathbf{5}$ *dedicated* helicopter for each emergency medical service heli-6 copter response unit designated by the commissioner pursuant to 78 section 2 of this amendatory and supplementary act.

*[4. (New section) Each emergency medical service helicopter 1 2response unit established pursuant to section 2 of this amendatory 3 and supplementary act and each emergency medical transportation service helicopter acquired pursuant to section 3 of this amenda-4 tory and supplementary act shall have a governing committee. $\mathbf{5}$ The committee shall consist of the president of the mobile intensive 6 care hospital, the president of the hospital containing the regional 78 trauma center, the medical director of the mobile intensive care hospital, the medical director of the regional trauma center and the 9 superintendent, or their designees. The committee may designate 10 a coordinator and support personnel to handle the coordination 11 12of services.

13 The committee is responsible for establishing rules and pro14 cedures for delivery of service and for considering the recom15 mendations of the advisory council established pursuant to section
16 10 of P. L. 1984, c. 146 (C. 26:2K-16).]*

1 *[5.]* *4.* (New sesction) No mobile intensive care paramedic, licensed physician, hospital or its board of trustees, officers and $\mathbf{2}$ members of the medical staff, nurses or other employees of the 3 hospital, first aid, ambulance or rescue squad members or officers, 4 is liable for any civil damages as the result of an act or the omis- $\overline{\mathbf{5}}$ sion of an act committed while training for or in rendering ad-6 vanced life support services in good faith and in accordance with 7 this amendatory and supplementary act. 8

1 ***[6.]*** *5.* Section 10 of P. L. 1984, c. 146 (C. 26:2K-16) is 2 amended to read as follows:

3 10. The commissioner shall establish a State mobile intensive 4 care advisory council which shall advise the department on all 5 matters of mobile intensive care services, the Emergency Medical 6 Service Helicopter Response Program and emergency medical 7 transportation. The council shall select a chairman annually to

3

8 chair the meetings and coordinate the activities of the advisory 9 council. The chairman shall appoint subcommittees to review and 10 recommend policy on subjects including, but not limited to, advanced life support training programs, advanced life support 11 12patient care equipment, biomedical and telecommunications equip-13 ment and procedures, [and] treatment protocols and helicopter 14equipment and procedures as well as other medical matters. *[7.]* *6.* This act shall take effect on the 90th day following 1

2 enactment.

HEALTH CARE FACILITIES AND PROVIDERS

Establishes the New Jersey Emergency Medical Service Helicopter Response Program and an emergency medical transportation service.

ASSEMBLY, No. 1806 STATE OF NEW JERSEY

INTRODUCED JANUARY 27, 1986

By Assemblymen ROCCO, SHUSTED, HAYTAIAN, COLBURN, SHINN, MORAN, HENDRICKSON, SINGER, CHINNICI and FRANKS

An Act establishing the New Jersey Emergency Medical Service Helicopter Response Program and an emergency medical transportation service, amending P. L. 1984, c. 146 and supplementing Title 26 of the Revised Statutes.

1 BE IT ENACTED by the Senate and General Assembly of the State

2 of New Jersey:

1 1. (New section) As used in this act:

a. "Commissioner" means the Commissioner of the Departmentof Health.

b. "Dispatch" means the coordinated request for and dispatch
of the emergency medical service helicopter reponse unit by a
central communications center located in the service area, following protocols developed by the mobile intensive care hospital, the
regional trauma center and the superintendent.

9 c. "Emergency medical service helicopter response unit" means 10 a specially equipped hospital-based emergency medical service 11 helicopter staffed by mobile intensive care paramedics and critical 12 care nurses and operated for the provision of advanced life sup-13 port services under the medical direction of a mobile intensive 14 care program and the regional trauma center authorized by the 15 commissioner.

d. "Emergency medical transportation" means the prehospital
 or interhospital transportation of an acutely ill or injured patient
 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 printed in italics thus is new matter.

18 by an emergency medical services helicopter response unit owned,

19 maintained and piloted by the Division of State Police of the De-20 partment of Law and Public Safety.

e. "Medical direction" means the medical control and medical orders transmitted from the physician of the mobile intensive care hospital or from the physician at the regional trauma center to the staff of the helicopter. The mobile intensive care unit coordinating center and regional trauma center shall have the ability to cross patch and consult with each other.

f. "Mobile intensive care hospital" means a hospital authorized
by the commissioner to develop and maintain a mobile intensive
care unit to provide advanced life support services in accordance
with P. L. 1984, c. 146 (C. 26:2K-7 et al.).

31 g. "Regional trauma center" means a level one hospital-based 32 trauma center equipped and staffed to provide emergency medical 33 services to an accident or trauma victim, including, but not limited 34 to, the level one trauma centers at the University of Medicine and 35 Dentistry of New Jersey-University Hospital in Newark and the 36 Cooper Hospital/University Medical Center in Camden.

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h. "Superintendent" means the Superintendent of the Division
of State Police of the Department of Law and Public Safety.

2. (New section) a. There is established the New Jersey Emer-1 $\mathbf{2}$ gency Medical Service Helicopter Response Program in the Di-3 vision of Local and Community Health Services of the Department 4 of Health. The commissioner shall designate a mobile intensive care hospital and a regional trauma center which shall develop 5 and maintain a hospital-based emergency medical service heli-6 7 copter response unit. The commissioner shall designate at least two units in the State, of which no less than one unit each shall 8 be designated for the northern and southern portions of the State, 9 respectively. 10

b. Each emergency medical service helicopter response unit shall
be staffed by at least two persons, one of whom is a paramedic
and one of whom is a registered professional nurse trained in
advanced life support nursing. The staff of the emergency medical
service helicopter response unit shall render life support services
to an accident or trauma victim, as necessary, in the course of
providing emergency medical transportation.

3. (New section) The Division of State Police of the Department
 of Law and Public Safety shall establish an emergency medical
 transportation service to provide medical transportation service
 pursuant to this amendatory and supplementary act. The super-

5 intendent shall acquire and maintain at least one helicopter for
6 each emergency medical service helicopter response unit desig7 nated by the commissioner pursuant to section 2 of this amendatory
8 and supplementary act.
1 4. (New section) Each emergency medical service helicopter
2 response unit established pursuant to section 2 of this amendatory
3 and supplementary act and each emergency medical transportation

4 service helicopter acquired pursuant to section 3 of this amendatory and supplementary act shall have a governing committee. 5 6 The committee shall consist of the president of the mobile intensive 7 care hospital, the president of the hospital containing the regional 8 trauma center, the medical director of the mobile intensive care 9 hospital, the medical director of the regional trauma center and the superintendent, or their designees. The committee may designate 10 11 a coordinator and support personnel to handle the coordination 12 of services.

The committee is responsible for establishing rules and procedures for delivery of service and for considering the recommendations of the advisory council established pursuant to section
10 of P. L. 1984, c. 146 (C. 26:2K-16).

1 5. (New section) No mobile intensive care paramedic, licensed physician, hospital or its board of trustees, officers and members 2 of the medical staff, nurses or other employees of the hospital, 3 first aid, ambulance or rescue squad members or officers, is liable 4 for any civil damages as the result of an act or the omission of 5 an act committed while training for or in rendering advanced life 6 support services in good faith and in accordance with this amenda-7 tory and supplementary act. 8

1 6. Section 10 of P. L. 1984, c. 146 (C. 26:2K-16) is amended to 2 read as follows:

10. The commissioner shall establish a State mobile intensive 3 4 care advisory council which shall advise the department on all matters of mobile intensive care services, the Emergency Medical 5 Service Helicopter Response Program and emergency medical 6 7 transportation. The council shall select a chairman annually to chair the meetings and coordinate the activities of the advisory 8 council. The chairman shall appoint subcommittees to review and 9 recommend policy on subjects including, but not limited to, ad-10 vanced life support training programs, advanced life support 11 patient care equipment, biomedical and telecommunications equip-12 13 inent and procedures, [and] treatment protocols and helicopter equipment and procedures as well as other medical matters. 14

1 7. This act shall take effect on the 90th day following enactment.

STATEMENT

This bill will allow for the establishment of at least two hospital-based emergency medical service (EMS) helicopter response units. It is intended to create a cost-effective emergency service by utilizing the resources of the State Police, the mobile intensive care hospital and the regional trauma center.

IIospital-based EMS helicopters have proved their effectiveness throughout Europe and the United States. Thirty EMS hospitalbased helicopters are in service today in West Germany. Over 100 such programs exist within the continental United States.

These units will provide rural areas with a mechanism to improve their pre-hospital care systems, thereby decreasing patient morbidity and mortality through more advanced and timely prehospital emergency medical intervention. Mobile intensive care services are currently approved for the majority of New Jersey residents under existing law (P. L. 1984, c. 146; C. 26:2K-7 et al.), but they are not available in rural areas where it is felt that these services would not be cost-effective and that the paramedics' skills would deteriorate due to a low volume of calls.

The EMS helicopters will respond directly to the scene of a serious motor vehicle or industrial accident to stabilize and airlift the most critically injured patients to the most appropriate trauma facility. This will effectively reduce the number of deaths and disabilities, as well as the duplication of costly medical services. The addition of this vital service to New Jersey's communities will save innumerable dollars that are now spent on post-accident lifetime disability and rehabilitation services.

Additionally, the EMS helicopters will provide inter-hospital transport capability for high-risk pregnant mothers, premature newborns, critically ill children, burn victims and cardiac patients, all of whom are too ill to be transferred to tertiary care facilities by conventional ground transportation.

HEALTH CARE FACILITIES AND PROVIDERS Provides for EMS helicopter units.

Establishes the New Jersey Emergency Medical Service Helicopter Response Program and an emergency medical transportation service. ASSEMBLY HEALTH AND HUMAN RESOURCES COMMITTEE

STATEMENT TO

ASSEMBLY, No. 1806

with Assembly committee amendments

STATE OF NEW JERSEY

DATED: MAY 5, 1986

The Assembly Health and Human Resources Committee reports favorably Assembly Bill No. 1806 with committee amendments.

This bill establishes the New Jersey Emergency Medical Service Helicopter Response Program in the Division of Local and Community Health Services of the Department of Health. The program is intended to provide a cost-effective emergency medical transportation service for residents of rural areas where mobile intensive care services are not available and for accident victims and critically ill persons for whom this service would be more appropriate than conventional ground transportation.

As amended by the committee, the bill allows for the creation of at least two hospital-based emergency medical service (EMS) helicopter response units, to be designated for the northern and southern portions of the State, respectively, with each unit to be staffed by advanced life support personnel. The staff would render life support services to an accident or trauma victim, as necessary, in the course of providing emergency medical transportation.

Each EMS helicopter response unit would be developed and maintained by a mobile intensive care hospital and a regional trauma center designated by the Commissioner of Health; and the helicopters themselves would be operated and maintained by the Division of State Police of the Department of Law and Public Safety.

The committee amended the bill at the request of the sponsor to stipulate that an EMS helicopter response unit shall be staffed by advanced life support personnel, rather than specifying mobile intensive care paramedics or critical care nurses; to specify that the regional trauma center is a hospital-based trauma center designated as such by the State; and to delete the requirement that each EMS helicopter response unit establish a governing committee.

[OFFICIAL COPY REPRINT] ASSEMBLY, No. 1806

STATE OF NEW JERSEY

INTRODUCED JANUARY 27, 1986

By Assemblymen ROCCO, SHUSTED, HAYTAIAN, COLBURN, SHINN, MORAN, HENDRICKSON, SINGER, CHINNICI and FRANKS

An Act establishing the New Jersey Emergency Medical Service Helicopter Response Program and an emergency medical transportation service, amending P. L. 1984, c. 146 and supplementing Title 26 of the Revised Statutes.

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

1 1. (New section) As used in this act:

a. "Commissioner" means the Commissioner of the Department.3 of Health.

b. "Dispatch" means the coordinated request for and dispatch of the emergency medical service helicopter reponse unit by a central communications center located in the service area, following protocols developed by the mobile intensive care hospital, the regional trauma *or critical care* center*, the commissioner* and A the superintendent.

9 c. "Emergency medical service helicopter response unit" means 10 a specially equipped hospital-based emergency medical service 11 helicoper staffed by "[mobile intensive care paramedics and critical 12 care nurses]" "advanced life support personnel" and operated for 13 the provision of advanced life support services under the medical 14 direction of a mobile intensive care program and the regional 15 trauma center authorized by the commissioner.

d. "Emergency medical transportation" means the prehospital
 or interhospital transportation of an acutely ill or injured patient
 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 printed in italies thus is new matter.
 Matter enclosed in asterisks or stars has been adopted as follows:
 "—Assembly committee amendments adopted May 5, 1986.

18 by "[an]" "a dedicated" emergency medical services helicopter 19 response unit "[owned]" "operated", maintained and piloted by 20 the Division of State Police of the Department of Law and Public 20A Safety "pursuant to regulations adopted by the commissioner under 20B chapter 40 of Title 8 of the New Jersey Administrative Code".

21 'e. "Medical direction" means the medical control and medical 22 orders transmitted from the physician of the mobile intensive care 23 hospital or from the physician at the regional trauma center to 24 the staff of the helicopter. The mobile intensive care unit coordin-25 ating center and regional trauma center shall have the ability to 26 cross patch and consult with each other **as approved by the com*-26A *missioner**.

f. "Mobile intensive care hospital" means a hospital authorized
by the commissioner to develop and maintain a mobile intensive
care unit to provide advanced life support services in accordance
with P. L. 1984, c. 146 (C. 26:2K-7 et al.).

31 g. "Regional trauma center" means a *State designated* level 32 one hospital-based trauma center equipped and staffed to provide 33 emergency medical services to an accident or trauma victim, in-34 cluding, but not limited to, the level one trauma centers at the 35 University of Medicine and Dentistry of New Jersey-University 36 Hospital in Newark and the Cooper Hospital/University Medical 36A Center in Camden.

h. "Superintendent" means the Superintendent of the Division
of State Police of the Department of Law and Public Safety.

2. (New section) a. There is established the New Jersey Emer-1 2 gency Medical Service Helicopter Response Program in the Division of Local and Community Health Services of the Department 3 of Health. The commissioner shall designate a mobile intensive 4 care hospital and a regional trauma center which shall develop 5 6 and maintain a hospital-based emergency medical service heli-7 copter response unit. The commissioner shall designate at least two units in the State, of which no less than one unit each shall 8 be designated for the northern and southern portions of the State, 9 respectively. 10

11 b. Each emergency medical service helicopter response unit shall 12 be staffed by at least two persons*[, one of whom is a paramedic 13 and one of whom is a registered professional nurse]* trained in 14 advanced life support "[nursing]" "and approved by the commis-15 sioner*. The staff of the emergency medical service helicopter 16 response unit shall render life support services to an accident or trauma victim, as necessary, in the course of providing emergency 17 medical transportation. 18

3. (New section) The Division of State Police of the Department 1 $\mathbf{2}$ of Law and Public Safety shall establish an emergency medical 3 transportation service to provide medical transportation service 4 pursuant to this amendatory and supplementary act. The superintendent shall *[acquire]* 'operatc' and maintain at least one 5 6 *dedicated* helicopter for each emergency medical service helicopter response unit designated by the commissioner pursuant to 7 section 2 of this amendatory and supplementary act. 8

1 *[4. (New section) Each emergency medical service helicopter $\mathbf{2}$ response unit established pursuant to section 2 of this amendatory 3 and supplementary act and each emergency medical transportation service helicopter acquired pursuant to section 3 of this amenda-4 tory and supplementary act shall have a governing committee. 5 The committee shall consist of the president of the mobile intensive 6 7 care hospital, the president of the hospital containing the regional 8 trauma center, the medical director of the mobile intensive care 9 hospital, the medical director of the regional trauma center and the superintendent, or their designees. The committee may designate 10 a coordinator and support personnel to handle the coordination 11 12 of services.

13 The committee is responsible for establishing rules and pro14 cedures for delivery of service and for considering the recom15 mendations of the advisory council established pursuant to section
16 10 of P. L. 1984, c. 146 (C. 26:2K-16).]*

1 *[5.]* *4.* (New sesction) No mobile intensive care paramedic, 2 licensed physician, hospital or its board of trustees, officers and 3 members of the medical staff, nurses or other employees of the 4 hospital, first aid, ambulance or rescue squad members or officers, 5 is liable for any civil damages as the result of an act or the omission of an act committed while training for or in rendering ad-6 7 vanced life support services in good faith and in accordance with this amendatory and supplementary act. 8

1 ***[6.]* ***5.* Section 10 of P. L. 1984, c. 146 (C. 26:2K-16) is 2 amended to read as follows:

3 10. The commissioner shall establish a State mobile intensive care advisory council which shall advise the department on all 4 matters of mobile intensive care services, the Emergency Medical 5 Service Helicopter Response Program and emergency medical 6 transportation. The council shall select a chairman annually to 7 chair the meetings and coordinate the activities of the advisory 8 council. The chairman shall appoint subcommittees to review and 9 recommend policy on subjects including, but not limited to, ad-10

11 vanced life support training programs, advanced life support
12 patient care equipment, biomedical and telecommunications equip13 ment and procedures, [and] treatment protocols and helicopter
14 equipment and procedures as well as other medical matters.

[7.] *6.* This act shall take effect on the 90th day following
 enactment.

HEALTH CARE FACILITIES AND PROVIDERS

Establishes the New Jersey Emergency Medical Service Helicopter Response Program and an emergency medical transportation service.

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ASSEMBLY APPROPRIATIONS COMMITTEE

STATEMENT TO

ASSEMBLY, No. 1806

[OFFICIAL COPY REPRINT] with Assembly committee amendments

STATE OF NEW JERSEY

DATED: MAY 22, 1986

The Assembly Appropriations Committee favorably reports this bill, as amended.

Assembly Bill No. 1806 (OCR) establishes the New Jersey Emergency Medical Service Helicopter Response Program in the Division of Local and Community Health Services of the Department of Health. The program is to provide cost-effective emergency medical transportation services for residents in rural areas and for accident victims and critically ill persons needing the service rather than the conventional ground transportation.

Two hospital-based helicopter response units are to be designated with one each designated for the northern and southern portions of the State. Each is to be staffed by advanced life support personnel. The helicopters are to be operated, maintained and piloted by the Division of State Police.

Currently the State Police provides a limited helicopter ambulance service from Mercer County Airport. This is used primarily for interhospital transfer and not for at the scene of an accident. The helicopters do not contain the needed equipment and would have to be upgraded.

Committee Amendments :

The committee amended the bill to define the term "critical care center" and to indicate that the helicopter response unit as well as the medical direction to the unit may issue from a critical care center or a trauma center. The amendment was suggested by the Department of Health. Fiscal Impact:

A fiscal note has been requested however none has been received as of this date. According to the Department of Health, there would be initial year costs of approximately \$1.6 million and subsequent annual costs of approximately \$1.2 million per site. The Governor's Budget for fiscal year 1986-87 does not contain specific funding for this type of program, however the current limited helicopter ambulance service has a budget line item request of \$1,195,000.00 for the Division of State Police (Med-Evac Service) which is State-supported with no charge to the patient for the services.

SENATE REVENUE, FINANCE AND APPROPRIATIONS COMMITTEE

STATEMENT TO ASSEMBLY, No. 1806

[SECOND OFFICIAL COPY REPRINT]

STATE OF NEW JERSEY

DATED: JUNE 16, 1986

The Senate Revenue, Finance and Appropriations Committee reported this bill favorably.

AssemblyBill No. 1806 2nd OCR establishes the New Jersey Emergency Medical Service Helicopter Response Program in the Division of Local and Community Health Services of the Department of Health. The program will provide a cost-effective emergency medical transportation service for residents of rural areas where mobile intensive care services are not available and for accident victims and critically ill persons for whom this service would be more appropriate than conventional ground transportation.

The bill allows for the creation of at least two hospital-based emergency medical service (EMS) helicopter response units, for the northern and southern portions of the State, to be staffed by advanced life support personnel. The staff would render life support services to an accident or trauma victim, as necessary, in the course of providing emergency medical transportation.

Each EMS helicopter response unit would be developed and maintained by a mobile intensive care hospital and regional trauma or critical care center designated by the Commissioner of Health. The helicopters would be operated and maintained by the Division of State Police in the Department of Law and Public Safety.

Assembly Bill No. 1806 2nd OCR is identical to Senate Bill No. 1692 Sca.

FISCAL IMPACT

Assembly Bill No. 1806 2nd OCR will create additional costs for the Departments of Health and Law and Public Safety and the designated hospitals and trauma or critical care centers. The bill makes no appropriation.