



**VETO MESSAGE:** No

**GOVERNOR'S PRESS RELEASE ON SIGNING:** Yes

**FOLLOWING WERE PRINTED:**

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**REPORTS:** No

**HEARINGS:** No

**NEWSPAPER ARTICLES:** No

RWH/JA

P.L.2017, CHAPTER 116, *approved July 21, 2017*  
Senate, No. 5 (*Second Reprint*)

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

**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 medical service, or a volunteer or non-volunteer first aid, rescue,  
2 and ambulance squad.

3 "First <sup>1</sup>**[Responder]** responder<sup>1</sup>" means a police officer,  
4 firefighter, or other person who has been trained to provide  
5 emergency medical first response services in a program recognized  
6 by the commissioner.

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

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

15

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

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

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

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

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

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

38 (6) The outcome of the encounter, including whether each  
39 person receiving emergency medical services was treated, refused  
40 additional treatment, was transported to a hospital or other health  
41 care facility or transferred to another emergency medical services  
42 provider for further treatment, or died. In the case of a person <sup>1</sup>who  
43 was<sup>1</sup> transported by <sup>1</sup>a<sup>1</sup> provider other than the reporting provider,  
44 the reporting provider shall identify the transporting provider and  
45 the receiving facility, if known. In the case of a person who died,  
46 the provider shall indicate the cause of death, if known, and  
47 whether the person died before, during, or after the provision of  
48 emergency medical services; and

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

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

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

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

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

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

16

17 3. a. The commissioner shall establish a system to allow for  
18 the electronic reporting of emergency medical services dispatch and  
19 response information as required pursuant to section 2 of P.L. ,  
20 c. (C. ) (pending before the Legislature as this bill).  
21 Information shall be reported to the system in a format and at such  
22 intervals as required by the commissioner, except that, to the extent  
23 possible, the system shall interact with existing systems used by  
24 emergency medical services providers and emergency medical  
25 services dispatch centers, including, but not limited to, emsCharts  
26 and Image Trend, to facilitate automated, real-time reporting of the  
27 information. The department shall furnish to EMS providers and  
28 dispatchers, without charge, any software or programs developed by  
29 the department for accessing and using the electronic reporting  
30 system.

31 b. The electronic reporting system established pursuant to this  
32 section shall, at a minimum, seek to record and track data  
33 concerning types of medical emergencies for which emergency  
34 medical services are requested, <sup>2</sup>response times for emergency  
35 medical services providers,<sup>2</sup> patterns in the timing and location of  
36 requests for emergency medical services, patterns in the type or  
37 nature of emergency medical services provided, and patterns in  
38 dispatch and response activity. <sup>2</sup>**【Commencing 24 months after the**  
39 **effective date of P.L. , c. (C. ) (pending before the**  
40 **Legislature as this bill), or at any time thereafter, the commissioner**  
41 **may additionally require the system to track and record response**  
42 **times for emergency medical services providers.】<sup>2</sup>**

43 c. The commissioner shall, in consultation with the Emergency  
44 Medical Services Advisory Council, adopt rules and regulations,  
45 pursuant to the “Administrative Procedure Act,” P.L.1968, c.410  
46 (C.52:14B-1 et seq.), establishing quality performance metrics and  
47 pre-hospital protocols for emergency medical services providers,  
48 which shall be based on the data tracked and recorded pursuant to

1 subsection b. of this section. The commissioner shall review and  
2 update the rules and regulations concerning quality performance  
3 metrics and pre-hospital protocols as appropriate.

4 <sup>2</sup>d. The commissioner shall make the response times for  
5 emergency medical services providers that are tracked and recorded  
6 pursuant to subsection b. of this section available to the public on  
7 the department's Internet website.<sup>2</sup>

8

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

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

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

27

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

30

31

32

33

34 \_\_\_\_\_  
35 Establishes data reporting requirements for emergency medical  
services providers and dispatch centers.

# SENATE, No. 5

## STATE OF NEW JERSEY 217th LEGISLATURE

INTRODUCED MAY 25, 2017

**Sponsored by:**

**Senator JOSEPH F. VITALE**

**District 19 (Middlesex)**

**Senator STEPHEN M. SWEENEY**

**District 3 (Cumberland, Gloucester and Salem)**

**SYNOPSIS**

Establishes data reporting requirements for emergency medical services providers and dispatch centers.

**CURRENT VERSION OF TEXT**

As introduced.



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  
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15 medical services advisory council to commissioner and to the  
16 Office of Emergency Medical Services, makes recommendations  
17 and advises on emergency medical services in New Jersey, monitors  
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19 supports Statewide public information and education for consumers  
20 regarding emergency medical services.

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30 tracking of any emergency medical services provider or other first  
31 responder.

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

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

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46 emergency medical care or transportation by trained and certified or  
47 licensed emergency medical services personnel at the scene of an



1 emergency and while transporting sick or injured persons to a  
2 medical care facility or provider.

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

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

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

22 (5) Whether any other emergency medical services provider  
23 responded to the request for emergency medical services, and, if so,  
24 whether they provided emergency medical treatment or other  
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27 person receiving emergency medical services was treated, refused  
28 additional treatment, was transported to a hospital or other health  
29 care facility or transferred to another emergency medical services  
30 provider for further treatment, or died. In the case of a person  
31 transported by provider other than the reporting provider, the  
32 reporting provider shall identify the transporting provider and the  
33 receiving facility, if known. In the case of a person who died, the  
34 provider shall indicate the cause of death, if known, and whether  
35 the person died before, during, or after the provision of emergency  
36 medical services; and

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

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

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

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

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

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

5  
6 3. a. The commissioner shall establish a system to allow for  
7 the electronic reporting of emergency medical services dispatch and  
8 response information as required pursuant to section 2 of P.L. , c.  
9 (C. ) (pending before the Legislature as this bill). Information  
10 shall be reported to the system in a format and at such intervals as  
11 required by the commissioner, except that, to the extent possible,  
12 the system shall interact with existing systems used by emergency  
13 medical services providers and emergency medical services  
14 dispatch centers, including, but not limited to, emsCharts and Image  
15 Trend, to facilitate automated, real-time reporting of the  
16 information. The department shall furnish to EMS providers and  
17 dispatchers, without charge, any software or programs developed by  
18 the department for accessing and using the electronic reporting  
19 system.

20 b. The electronic reporting system established pursuant to this  
21 section shall, at a minimum, seek to record and track data  
22 concerning types of medical emergencies for which emergency  
23 medical services are requested, patterns in the timing and location  
24 of requests for emergency medical services, patterns in the type or  
25 nature of emergency medical services provided, and patterns in  
26 dispatch and response activity. Commencing 24 months after the  
27 effective date of P.L. , c. (C. ) (pending before the  
28 Legislature as this bill), or at any time thereafter, the commissioner  
29 may additionally require the system to track and record response  
30 times for emergency medical services providers.

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

40  
41 4. a. The commissioner shall establish, maintain, and  
42 coordinate the activities of the New Jersey Emergency Medical  
43 Services Task Force.

44 b. The purpose of the task force shall be to support and  
45 enhance the provision of specialized response services, utilizing  
46 personnel and equipment to respond as requested, for both pre-  
47 planned and emergency events, including natural disasters, mass  
48 casualty incidents, and chemical, biological, radiological, nuclear,

1 and explosive events, in order to reduce morbidity and mortality  
2 through appropriate triage, incident management, and coordinated  
3 pre-hospital care and transportation.

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

11

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

14

15

16

#### STATEMENT

17

18 This bill establishes certain reporting requirements for  
19 emergency medical services (EMS) providers and dispatch centers.

20 Specifically, each EMS provider that provides pre-hospital  
21 emergency medical care to patients in the State, including basic life  
22 support ambulance services, mobile intensive care units, air medical  
23 services, and volunteer and non-volunteer first aid, rescue, and  
24 ambulance squads, will be required to report to the Department of  
25 Health (DOH) certain information concerning each incident in  
26 which the entity provides emergency medical services. This  
27 information is to be reported in the most current format used by the  
28 National Emergency Medical Services Information System  
29 (NEMSIS) and will include: the date, time, and location of the  
30 encounter; the nature of the medical emergency, including the  
31 number of persons requiring emergency medical services and their  
32 conditions; any emergency medical treatment or services provided;  
33 the name and certification or professional licensure of each  
34 professional staffing the EMS provider unit during the encounter;  
35 whether any other EMS providers responded to the request for  
36 services; the outcome of the encounter, including whether each  
37 person receiving services was treated, refused additional treatment,  
38 was transported to a hospital or other health care facility or  
39 transferred to another EMS provider for further treatment, or died;  
40 and any other particulars of the encounter as may be relevant or as  
41 may be required by the Commissioner of Health.

42 Additionally, EMS dispatch centers will be required to report to  
43 DOH, in a standardized format as required by the commissioner by  
44 regulation, certain information concerning each request for  
45 emergency medical services received by the dispatch center,  
46 including: the date, time, and location of the request for services;  
47 the nature and circumstances of the emergency, as provided to the  
48 dispatch center; the identity of each EMS provider dispatched; and

1 any other particulars of the request as may be relevant or as may be  
2 required by the commissioner.

3 The commissioner will be required to establish a system to allow  
4 for the electronic reporting of EMS dispatch and response  
5 information pursuant to the bill. DOH will be required to furnish to  
6 EMS providers and dispatchers, without charge, any software or  
7 programs developed by the DOH for accessing and using the  
8 electronic reporting system. Information will be reported to the  
9 system in a format and at such intervals as the commissioner  
10 requires, except that, to the extent possible, the system is to be  
11 designed to interact with existing systems used by EMS providers  
12 and dispatch centers, including, but not limited to, emsCharts and  
13 Image Trend, so as to facilitate automated, real-time reporting.

14 The electronic reporting system is to record and track data  
15 concerning the types of medical emergencies for which emergency  
16 medical services are requested, patterns in the timing and location  
17 of requests for emergency medical services, patterns in the type or  
18 nature of emergency medical services provided, and patterns in  
19 dispatch and response activity. Additionally, commencing 24  
20 months after the effective date of the bill, the commissioner will  
21 have the option to track and record response times for EMS  
22 providers.

23 The commissioner, in consultation with the Emergency Medical  
24 Services Advisory Council currently constituted in DOH, will be  
25 required to adopt rules and regulations establishing quality  
26 performance metrics and pre-hospital protocols for emergency  
27 medical services providers, which are to be based on the data  
28 tracked and recorded under the bill. The commissioner is to review  
29 and update the rules and regulations concerning quality  
30 performance metrics and pre-hospital protocols as appropriate.

31 The bill additionally requires the commissioner to establish,  
32 maintain, and coordinate the activities of the New Jersey  
33 Emergency Medical Services Task Force. The purpose of the task  
34 force will be to support and enhance the provision of specialized  
35 response services, utilizing personnel and equipment to respond as  
36 requested, for both pre-planned and emergency events, including  
37 natural disasters, mass casualty incidents, and chemical, biological,  
38 radiological, nuclear, and explosive events, in order to reduce  
39 morbidity and mortality through appropriate triage, incident  
40 management, and coordinated pre-hospital care and transportation.  
41 The membership of the task force is to represent all regions of the  
42 State and include first responders, emergency medical technicians,  
43 paramedics, registered nurses, physicians, communications  
44 specialists, hospitals, agencies providing emergency medical  
45 responder and other emergency medical services, and  
46 communication centers utilized for the purpose of providing  
47 emergency medical services.

1 It is the sponsor's belief that enhanced EMS data tracking is  
2 essential to improving the EMS system of care in New Jersey.  
3 Throughout both the nation and the health care industry,  
4 technological innovations have enhanced the ability to track and  
5 utilize patient care data to improve outcomes and efficiencies and  
6 realize cost savings. In the context of emergency medical services,  
7 enhanced data tracking and reporting can help expedite hospitals'  
8 receipt of EMS triage reports, helping ensure that health care  
9 professionals at the hospital are aware of an incoming patient's  
10 treatment needs and are better prepared to provide appropriate care  
11 upon arrival. Additionally, enhanced data reporting can help  
12 identify trends in particular types of interventions, such as the  
13 administration of opioid antidotes to treat overdose victims, which  
14 can help foster improved responses to the rashes of overdose  
15 incidents that frequently result from tainted or unusually potent  
16 opioids being present in a given geographic area. Further,  
17 individual EMS squads can use their own data sets to optimize the  
18 internal improvements needed to enhance squad performance. The  
19 sponsor believes that improving the collection and use of EMS data  
20 in New Jersey will help realize these benefits and improvements  
21 throughout the New Jersey EMS system of care, and that the cost  
22 savings realized through enhanced data collection and use will  
23 offset any costs associated with implementing the new system.

SENATE HEALTH, HUMAN SERVICES AND SENIOR  
CITIZENS COMMITTEE

STATEMENT TO

**SENATE, No. 5**

with committee amendments

**STATE OF NEW JERSEY**

DATED: JUNE 1, 2017

The Senate Health, Human Services and Senior Citizens Committee reports favorably and with committee amendments Senate Bill No. 5.

As amended by the committee, this bill establishes certain reporting requirements for emergency medical services (EMS) providers – i.e., basic life support ambulance services, mobile intensive care units, air medical services, and volunteer and non-volunteer first aid, rescue, and ambulance squads – as well as for EMS dispatch centers.

Specifically, each EMS provider that provides pre-hospital emergency medical care to patients in the State will be required to report to the Department of Health (DOH) certain information about each incident for which the entity provides emergency medical services. This information is to be reported in the most current format used by the National Emergency Medical Services Information System (NEMSIS) and is to include: the date, time, and location of the encounter; the nature of the medical emergency, including the number of persons requiring emergency medical services and their conditions; the nature and type of any emergency medical treatment or services provided; the name and certification or professional licensure of each professional staffing the EMS provider unit during the encounter; whether any other EMS providers responded to the request for services; the outcome of the encounter, including whether each person receiving services was treated, refused additional treatment, was transported to a hospital or other health care facility or transferred to another EMS provider for further treatment, or died; and any other particulars of the encounter as may be relevant or required by the Commissioner of Health.

EMS dispatch centers will similarly be required to report to DOH, in a standardized format as required by the commissioner by regulation, certain information concerning each request for emergency medical services that is received by the dispatch center. Such information is to include: the date, time, and location of the request for services; the nature and circumstances of the emergency, as

provided to the dispatch center; the identity of each EMS provider dispatched; and any other particulars of the request as may be relevant or required by the commissioner.

The commissioner will be required to establish a system to allow for the electronic reporting of EMS dispatch and response information pursuant to the bill. The DOH will be required to furnish to EMS providers and dispatchers, without charge, any software or programs developed by the DOH for accessing and using the electronic reporting system. Information is to be reported to the system in a format and at such intervals as the commissioner requires, except that, to the extent possible, the system is to be designed to interact with existing systems used by EMS providers and dispatch centers, including, but not limited to, emsCharts and Image Trend, so as to facilitate automated, real-time reporting.

The electronic reporting system is to record and track data concerning the types of medical emergencies for which emergency medical services are requested, 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. Additionally, commencing 24 months after the effective date of the bill, the commissioner will have the option to track and record response times for EMS providers.

The commissioner, in consultation with the Emergency Medical Services Advisory Council currently constituted in DOH, will be required to adopt rules and regulations establishing quality performance metrics and pre-hospital protocols for emergency medical services providers, which are to be based on the data tracked and recorded under the bill. The commissioner is to review and update the rules and regulations concerning quality performance metrics and pre-hospital protocols as appropriate.

The bill additionally requires the commissioner to establish, maintain, and coordinate the activities of the New Jersey Emergency Medical Services Task Force. The purpose of the task force will 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. The membership of the task force is to represent all regions of the State and 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 that are utilized for the purpose of providing emergency medical services.

Enhanced EMS data tracking is essential to improving the EMS system of care in New Jersey. Throughout both the nation and the health care industry, technological innovations have enhanced the ability to track and utilize patient care data to improve outcomes and efficiencies and realize cost savings. In the context of emergency medical services, enhanced data tracking and reporting can expedite hospitals' receipt of EMS triage reports, helping to ensure that health care professionals at the hospital are aware of an incoming patient's treatment needs and are better prepared to provide appropriate care upon arrival. Additionally, enhanced data reporting can allow for the identification of trends in particular types of interventions, such as in the administration of opioid antidotes to overdose victims, which, in turn, can promote and foster improved emergency response. Furthermore, individual EMS squads can use their own data sets to optimize internal improvements and enhance squad performance.

The committee amended the bill to make minor technical changes.



STATEMENT TO

[First Reprint]

**SENATE, No. 5**

with Senate Floor Amendments  
(Proposed by Senator VITALE)

ADOPTED: JUNE 19, 2017

These Senate floor amendments provide that the Commissioner of Health will be required to track and record response times for emergency medical services providers upon the effective date of the bill, rather than 24 months after the effective date. The commissioner will be required to make the response times available to the public through the Department of Health website.

**ASSEMBLY, No. 4925**

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**STATE OF NEW JERSEY**

**217th LEGISLATURE**

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INTRODUCED JUNE 1, 2017

**Sponsored by:**

**Assemblyman HERB CONAWAY, JR.**

**District 7 (Burlington)**

**Assemblyman DECLAN J. O'SCANLON, JR.**

**District 13 (Monmouth)**

**Assemblyman ERIC HOUGHTALING**

**District 11 (Monmouth)**

**Assemblywoman ANNETTE QUIJANO**

**District 20 (Union)**

**Assemblyman THOMAS P. GIBLIN**

**District 34 (Essex and Passaic)**

**Assemblyman WAYNE P. DEANGELO**

**District 14 (Mercer and Middlesex)**

**Assemblywoman NANCY F. MUNOZ**

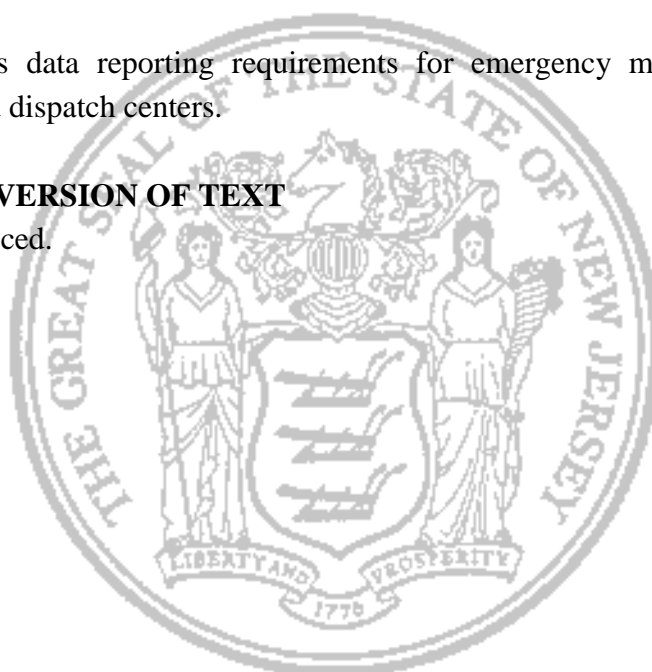
**District 21 (Morris, Somerset and Union)**

**SYNOPSIS**

Establishes data reporting requirements for emergency medical services providers and dispatch centers.

**CURRENT VERSION OF TEXT**

As introduced.



**(Sponsorship Updated As Of: 6/6/2017)**

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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 commissioner and to the  
16 Office of Emergency Medical Services, makes recommendations  
17 and advises on emergency medical services in New Jersey, monitors  
18 legislative developments at all levels and in other states, and  
19 supports Statewide public information and education for consumers  
20 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 Responder" means a police officer, firefighter, or other  
40 person who has been trained to provide emergency medical first  
41 response services in a program recognized by the commissioner.

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

45 "Pre-hospital emergency medical care" means the provision of  
46 emergency medical care or transportation by trained and certified or  
47 licensed emergency medical services personnel at the scene of an

1 emergency and while transporting sick or injured persons to a  
2 medical care facility or provider.

3

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

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

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

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

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

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

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

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

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

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

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

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

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

5  
6 3. a. The commissioner shall establish a system to allow for  
7 the electronic reporting of emergency medical services dispatch and  
8 response information as required pursuant to section 2 of P.L. , c.  
9 (C. ) (pending before the Legislature as this bill). Information  
10 shall be reported to the system in a format and at such intervals as  
11 required by the commissioner, except that, to the extent possible,  
12 the system shall interact with existing systems used by emergency  
13 medical services providers and emergency medical services  
14 dispatch centers, including, but not limited to, emsCharts and Image  
15 Trend, to facilitate automated, real-time reporting of the  
16 information. The department shall furnish to EMS providers and  
17 dispatchers, without charge, any software or programs developed by  
18 the department for accessing and using the electronic reporting  
19 system.

20 b. The electronic reporting system established pursuant to this  
21 section shall, at a minimum, seek to record and track data  
22 concerning types of medical emergencies for which emergency  
23 medical services are requested, patterns in the timing and location  
24 of requests for emergency medical services, patterns in the type or  
25 nature of emergency medical services provided, and patterns in  
26 dispatch and response activity. Commencing 24 months after the  
27 effective date of P.L. , c. (C. ) (pending before the  
28 Legislature as this bill), or at any time thereafter, the commissioner  
29 may additionally require the system to track and record response  
30 times for emergency medical services providers.

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

40  
41 4. a. The commissioner shall establish, maintain, and  
42 coordinate the activities of the New Jersey Emergency Medical  
43 Services Task Force.

44 b. The purpose of the task force shall be to support and  
45 enhance the provision of specialized response services, utilizing  
46 personnel and equipment to respond as requested, for both pre-  
47 planned and emergency events, including natural disasters, mass  
48 casualty incidents, and chemical, biological, radiological, nuclear,

1 and explosive events, in order to reduce morbidity and mortality  
2 through appropriate triage, incident management, and coordinated  
3 pre-hospital care and transportation.

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

11

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

14

15

16

#### STATEMENT

17

18 This bill establishes certain reporting requirements for  
19 emergency medical services (EMS) providers and dispatch centers.

20 Specifically, each EMS provider that provides pre-hospital  
21 emergency medical care to patients in the State, including basic life  
22 support ambulance services, mobile intensive care units, air medical  
23 services, and volunteer and non-volunteer first aid, rescue, and  
24 ambulance squads, will be required to report to the Department of  
25 Health (DOH) certain information concerning each incident in  
26 which the entity provides emergency medical services. This  
27 information is to be reported in the most current format used by the  
28 National Emergency Medical Services Information System  
29 (NEMSIS) and will include: the date, time, and location of the  
30 encounter; the nature of the medical emergency, including the  
31 number of persons requiring emergency medical services and their  
32 conditions; any emergency medical treatment or services provided;  
33 the name and certification or professional licensure of each  
34 professional staffing the EMS provider unit during the encounter;  
35 whether any other EMS providers responded to the request for  
36 services; the outcome of the encounter, including whether each  
37 person receiving services was treated, refused additional treatment,  
38 was transported to a hospital or other health care facility or  
39 transferred to another EMS provider for further treatment, or died;  
40 and any other particulars of the encounter as may be relevant or as  
41 may be required by the Commissioner of Health.

42 Additionally, EMS dispatch centers will be required to report to  
43 DOH, in a standardized format as required by the commissioner by  
44 regulation, certain information concerning each request for  
45 emergency medical services received by the dispatch center,  
46 including: the date, time, and location of the request for services;  
47 the nature and circumstances of the emergency, as provided to the  
48 dispatch center; the identity of each EMS provider dispatched; and

1 any other particulars of the request as may be relevant or as may be  
2 required by the commissioner.

3 The commissioner will be required to establish a system to allow  
4 for the electronic reporting of EMS dispatch and response  
5 information pursuant to the bill. DOH will be required to furnish to  
6 EMS providers and dispatchers, without charge, any software or  
7 programs developed by the DOH for accessing and using the  
8 electronic reporting system. Information will be reported to the  
9 system in a format and at such intervals as the commissioner  
10 requires, except that, to the extent possible, the system is to be  
11 designed to interact with existing systems used by EMS providers  
12 and dispatch centers, including, but not limited to, emsCharts and  
13 Image Trend, so as to facilitate automated, real-time reporting.

14 The electronic reporting system is to record and track data  
15 concerning the types of medical emergencies for which emergency  
16 medical services are requested, patterns in the timing and location  
17 of requests for emergency medical services, patterns in the type or  
18 nature of emergency medical services provided, and patterns in  
19 dispatch and response activity. Additionally, commencing 24  
20 months after the effective date of the bill, the commissioner will  
21 have the option to track and record response times for EMS  
22 providers.

23 The commissioner, in consultation with the Emergency Medical  
24 Services Advisory Council currently constituted in DOH, will be  
25 required to adopt rules and regulations establishing quality  
26 performance metrics and pre-hospital protocols for emergency  
27 medical services providers, which are to be based on the data  
28 tracked and recorded under the bill. The commissioner is to review  
29 and update the rules and regulations concerning quality  
30 performance metrics and pre-hospital protocols as appropriate.

31 The bill additionally requires the commissioner to establish,  
32 maintain, and coordinate the activities of the New Jersey  
33 Emergency Medical Services Task Force. The purpose of the task  
34 force will be to support and enhance the provision of specialized  
35 response services, utilizing personnel and equipment to respond as  
36 requested, for both pre-planned and emergency events, including  
37 natural disasters, mass casualty incidents, and chemical, biological,  
38 radiological, nuclear, and explosive events, in order to reduce  
39 morbidity and mortality through appropriate triage, incident  
40 management, and coordinated pre-hospital care and transportation.  
41 The membership of the task force is to represent all regions of the  
42 State and include first responders, emergency medical technicians,  
43 paramedics, registered nurses, physicians, communications  
44 specialists, hospitals, agencies providing emergency medical  
45 responder and other emergency medical services, and  
46 communication centers utilized for the purpose of providing  
47 emergency medical services.

1       It is the sponsor's belief that enhanced EMS data tracking is  
2 essential to improving the EMS system of care in New Jersey.  
3 Throughout both the nation and the health care industry,  
4 technological innovations have enhanced the ability to track and  
5 utilize patient care data to improve outcomes and efficiencies and  
6 realize cost savings. In the context of emergency medical services,  
7 enhanced data tracking and reporting can help expedite hospitals'  
8 receipt of EMS triage reports, helping ensure that health care  
9 professionals at the hospital are aware of an incoming patient's  
10 treatment needs and are better prepared to provide appropriate care  
11 upon arrival. Additionally, enhanced data reporting can help  
12 identify trends in particular types of interventions, such as the  
13 administration of opioid antidotes to treat overdose victims, which  
14 can help foster improved responses to the rashes of overdose  
15 incidents that frequently result from tainted or unusually potent  
16 opioids being present in a given geographic area. Further,  
17 individual EMS squads can use their own data sets to optimize the  
18 internal improvements needed to enhance squad performance. The  
19 sponsor believes that improving the collection and use of EMS data  
20 in New Jersey will help realize these benefits and improvements  
21 throughout the New Jersey EMS system of care, and that the cost  
22 savings realized through enhanced data collection and use will  
23 offset any costs associated with implementing the new system.



# ASSEMBLY HEALTH AND SENIOR SERVICES COMMITTEE

## STATEMENT TO

### **ASSEMBLY, No. 4925**

with committee amendments

# **STATE OF NEW JERSEY**

DATED: JUNE 12, 2017

The Assembly Health and Senior Services Committee reports favorably and with committee amendments Assembly Bill No. 4925.

As amended by the committee, this bill establishes certain reporting requirements for emergency medical services (EMS) providers and dispatch centers.

Specifically, each EMS provider that provides pre-hospital emergency medical care to patients in the State, including basic life support ambulance services, mobile intensive care units, air medical services, and volunteer and non-volunteer first aid, rescue, and ambulance squads, will be required to report to the Department of Health (DOH) certain information concerning each incident in which the entity provides emergency medical services. This information is to be reported in the most current format used by the National Emergency Medical Services Information System (NEMSIS) and will include: the date, time, and location of the encounter; the nature of the medical emergency, including the number of persons requiring emergency medical services and their conditions; any emergency medical treatment or services provided; the name and certification or professional licensure of each professional staffing the EMS provider unit during the encounter; whether any other EMS providers responded to the request for services; the outcome of the encounter, including whether each person receiving services was treated, refused additional treatment, was transported to a hospital or other health care facility or transferred to another EMS provider for further treatment, or died; and any other particulars of the encounter as may be relevant or as may be required by the Commissioner of Health.

Similarly, EMS dispatch centers will be required to report to DOH, in a standardized format as required by the commissioner by regulation, certain information concerning each request for emergency medical services received by the dispatch center, including: the date, time, and location of the request for services; the nature and circumstances of the emergency, as provided to the dispatch center; the identity of each EMS provider dispatched; and any other particulars of the request as may be relevant or as may be required by the commissioner.

The commissioner will be required to establish a system to allow for the electronic reporting of EMS dispatch and response information pursuant to the bill. DOH will be required to furnish to EMS providers and dispatchers, without charge, any software or programs developed by the DOH for accessing and using the electronic reporting system. Information will be reported to the system in a format and at such intervals as the commissioner requires, except that, to the extent possible, the system is to be designed to interact with existing systems used by EMS providers and dispatch centers, including, but not limited to, emsCharts and Image Trend, so as to facilitate automated, real-time reporting.

The electronic reporting system is to record and track data concerning the types of medical emergencies for which emergency medical services are requested, 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. Additionally, commencing six months after the effective date of the bill, the commissioner will be required to track and record response times for EMS providers.

The commissioner, in consultation with the Emergency Medical Services Advisory Council currently constituted in DOH, will be required to adopt rules and regulations establishing quality performance metrics and pre-hospital protocols for emergency medical services providers, which are to be based on the data tracked and recorded under the bill. The commissioner is to review and update the rules and regulations concerning quality performance metrics and pre-hospital protocols as appropriate.

The bill additionally requires the commissioner to establish, maintain, and coordinate the activities of the New Jersey Emergency Medical Services Task Force. The purpose of the task force will 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. The membership of the task force is to represent all regions of the State and 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.

COMMITTEE AMENDMENTS:

The committee amended the bill to provide that, six months after the effective date of the bill, the Commissioner of Health will be required to track and record response times for emergency medical services providers; as introduced, the bill provided that the commissioner would be permitted to commence tracking and recording response times 24 months after the effective date of the bill.

The committee amended the bill to make certain minor technical changes.

# ASSEMBLY APPROPRIATIONS COMMITTEE

## STATEMENT TO

[First Reprint]

## ASSEMBLY, No. 4925

with committee amendments

# STATE OF NEW JERSEY

DATED: JUNE 19, 2017

The Assembly Appropriations Committee reports favorably Assembly Bill No. 4925 (1R), with committee amendments.

As amended, this bill establishes certain reporting requirements for emergency medical services (EMS) providers and dispatch centers.

Specifically, each EMS provider that provides pre-hospital emergency medical care to patients in the State, including basic life support ambulance services, mobile intensive care units, air medical services, and volunteer and non-volunteer first aid, rescue, and ambulance squads, will be required to report to the Department of Health (DOH) certain information concerning each incident in which the entity provides emergency medical services. This information is to be reported in the most current format used by the National Emergency Medical Services Information System (NEMSIS) and will include: the date, time, and location of the encounter; the nature of the medical emergency, including the number of persons requiring emergency medical services and their conditions; any emergency medical treatment or services provided; the name and certification or professional licensure of each professional staffing the EMS provider unit during the encounter; whether any other EMS providers responded to the request for services; the outcome of the encounter, including whether each person receiving services was treated, refused additional treatment, was transported to a hospital or other health care facility or transferred to another EMS provider for further treatment, or died; and any other particulars of the encounter as may be relevant or as may be required by the Commissioner of Health.

Similarly, EMS dispatch centers will be required to report to DOH, in a standardized format as required by the commissioner by regulation, certain information concerning each request for emergency medical services received by the dispatch center, including: the date, time, and location of the request for services; the nature and circumstances of the emergency, as provided to the dispatch center; the identity of each EMS provider dispatched; and

any other particulars of the request as may be relevant or as may be required by the commissioner.

The commissioner will be required to establish a system to allow for the electronic reporting of EMS dispatch and response information pursuant to the bill. DOH will be required to furnish to EMS providers and dispatchers, without charge, any software or programs developed by the DOH for accessing and using the electronic reporting system. Information will be reported to the system in a format and at such intervals as the commissioner requires, except that, to the extent possible, the system is to be designed to interact with existing systems used by EMS providers and dispatch centers, including, but not limited to, emsCharts and Image Trend, so as to facilitate automated, real-time reporting.

The electronic reporting system is to record and track data concerning the types of medical emergencies for which emergency medical services are requested, response times for EMS 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. The commissioner will be required to make EMS provider response times available to the public through the DOH website.

The commissioner, in consultation with the Emergency Medical Services Advisory Council currently constituted in DOH, will be required to adopt rules and regulations establishing quality performance metrics and pre-hospital protocols for emergency medical services providers, which are to be based on the data tracked and recorded under the bill. The commissioner is to review and update the rules and regulations concerning quality performance metrics and pre-hospital protocols as appropriate.

The bill additionally requires the commissioner to establish, maintain, and coordinate the activities of the New Jersey Emergency Medical Services Task Force. The purpose of the task force will 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. The membership of the task force is to represent all regions of the State and 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.

COMMITTEE AMENDMENTS:

The committee amendments provide that the Commissioner of Health will be required to track and record response times for emergency medical services providers upon the effective date of the bill, rather than six months after the effective date. The commissioner will be required to make the response times available to the public through the Department of Health website.

FISCAL IMPACT:

The Office of Legislative Services (OLS) estimates that this bill will result in indeterminate State expenditures to implement an electronic reporting system to collect all emergency medical services dispatch and response information Statewide. The total cost cannot be quantified due to uncertainty about the current system capabilities and the potential costs to integrate the current system into a new, expanded Statewide system.

The bill may also compel some local emergency medical services providers and dispatch centers to purchase hardware to operate the new Statewide system and result in costs to these providers and centers. However, these purchases may be eligible for federal funding or may be supported by State grants. Therefore, the OLS estimate of total net cost to local providers and centers is also indeterminate.

The bill's statutory establishment of the New Jersey Emergency Medical Services Task Force under the direction of the Commissioner of Health should not have any additional cost to the department since the task force is already operational.

## Governor Christie Takes Action on Pending Legislation

Friday, July 21, 2017

Tags: [Bill Action](#)



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Trenton, NJ – Governor Chris Christie today took action on dozens of bills, including S-359/A-2320 (Codey, Vitale/Vainieri Huttle, Conaway, Jimenez, Lampitt, Jasey, Sumter), which raises the minimum age from 19 to 21 of a person to whom a vendor may sell, offer for sale, distribute, give or furnish tobacco products in New Jersey. This new law also amends various related statues concerning penalties, fines, signage requirements, non-face-to-face transactions, and enforcement provisions to reflect the increased minimum age.

“By raising the minimum age to purchase tobacco products to 21, we are giving young people more time to develop a maturity and better understanding of how dangerous smoking can be and that it is better to not start smoking in the first place,” Governor Christie said. “My mother died from the effects of smoking, and no one should lose their life due to any addictive substance. Additionally, the less people who develop costly tobacco habits that can cause health problems, such as lung cancer, heart disease and developmental issues, the less strain there will be on our healthcare system.”

Governor Christie also took action on pending legislation related to:

### Further Addressing the Opioid Epidemic

Governor Christie signed four bills that continue New Jersey's leadership role in fighting the national opioid epidemic. The legislation that requires the Department of Human Services develop, maintain, and post on their website daily information about the number of open beds available in facilities in the state for people in need of mental health or substance use disorder treatment; help inform parents of student athletes and cheerleaders about the use and misuse of prescription opioids; allows hospice programs to accept the unused prescription medicines of their hospice patients for safe disposal and implements the use of current-day, sensitive terminology when referring to persons with substance use disorders or certain disabilities.

- **A-1662/S-2466 (Schaer, Vainieri Huttle, Coughlin, McKnight, Mukherji/Vitale, Allen)** - Requires development and maintenance of data dashboard report to advise of open bed availability in residential facilities providing behavioral health services
- **A-3944/S-2402 (Mazzeo, Lagana, Vainieri Huttle, Benson, Caride, Wimberly/Diegnan, Vitale)** - Requires DOE to develop educational fact sheet for distribution to parents of student-athletes and cheerleaders concerning use and misuse of prescription opioids
- **S-2970/A-4522 (Vitale, Diegnan/Lampitt, Vainieri Huttle, Jimenez)** - Allows hospice care programs to accept unused prescription medications for disposal under certain circumstances
- **S-2721/ACS for A-926 (Vitale, Whelan/Vainieri Huttle, Benson, Tucker, Eustace, McKnight, Mosquera)** - Implements person-first language and changes pejorative terminology referring to persons with certain disabilities or substance use disorders

### Protecting and Preserving the Environment

The Governor also signed several bills to protect people and improve the quality of life by strengthening New Jersey's environment.

“These new laws will create more open space preservation opportunities, green energy solutions and safeguards to ensure quality drinking water for all New Jerseyans,” Governor Christie said. “They provide greater flexibility for counties and municipalities to use the roughly \$270 million open space tax dollars they collect each year for the intended mission of protecting New Jersey's environment, improving communities with more recreation and

conservation, and preventing overcrowding of our towns and schools. They also ensure reliable, sustainable and safe environmental infrastructure across the state, by investing nearly \$100 million in critical projects this year."

- **A-1645/S-195 (Schaer, Webber, Dancer, Pintor Marin/Kyrillos, Smith)** - Expands definition of "acquisition," for purposes of county and municipal open space trust funds, to include demolition, removal of debris, and restoration of lands being acquired
- **S-3352/A-5045 (Ruiz, Bateman/Oliver, Chaparro, Singleton, Lagana, Bramnick, Vainieri Huttie, Zwicker)** - Appropriates \$71,700,224 from constitutionally dedicated CBT revenues and various Green Acres funds to DEP for local government open space acquisition and park development projects
- **S-3353/A-5046 (Greenstein, Thompson/Eustace, Land, Mukherji, Schaer, Bramnick, Vainieri Huttie, Wimberly)** - Appropriates \$12.3 million from constitutionally dedicated CBT revenues for recreation and conservation purposes to DEP for State capital and park development projects
- **S-3354/A-5044 (Gordon, Allen/McKeon, Mazzeo, Muoio, Moriarty, Bramnick, Zwicker, Vainieri Huttie)** - Appropriates \$8,992,898 to DEP from constitutionally dedicated CBT revenues and various Green Acres funds for grants to certain nonprofit entities to acquire or develop lands for recreation and conservation purposes
- **S-3240/A-4996 (Greenstein, Codey/Mukherji, Mazzeo, Schaer, Holley, Land)** - Authorizes NJ Environmental Infrastructure Trust to expend certain sums to make loans for environmental infrastructure projects for FY2018
- **CC for S-3241/A-4998 (Smith, Codey/Eustace, Muoio, Moriarty, Conaway, Andrzejczak)** - Appropriates funds to DEP for environmental infrastructure projects for FY2018
- **S-3242/A-4997 (Gordon, Oroho/McKeon, Prieto)** - Clarifies procedures for approval of environmental and transportation infrastructure projects
- **S-3181/A-4756 (Smith, Diegnan/DeAngelo, Eustace, Gusciora)** - Permits solar electric power generation facility projects not having commenced commercial operation to retain designation through May 31, 2018 as connected to distribution system
- **S-2834/A-4569 (Sweeney, Greenstein, Bateman/Eustace, Karabinchak, McKeon, Vainieri Huttie, Benson, Muoio)** - The "Water Quality Accountability Act"; imposes certain testing, reporting, management, and infrastructure investment requirements on water purveyors

Governor Christie also took action on the following bills:

#### BILL SIGNINGS:

**S-5/A-4925 (Vitale, Sweeney/Conaway, O'Scanlon, Houghtaling, Quijano, Giblin, DeAngelo, Munoz, Mukherji, A.M. Bucco)** - Establishes data reporting requirements for emergency medical services providers and dispatch centers

**SS SCS SCS for S-291, 652, 1954/ACS for A-1464 (Vitale, Whelan, Allen, Turner/Lampitt, Coughlin, Conaway, Vainieri Huttie, Lagana, Mukherji, Moriarty)** - Authorizes health care providers to engage in telemedicine and telehealth

**S-742/A-1205 (Beach/Mosquera, Holley, Wimberly, Jones)** - Requires board of education to enter into agreement with law enforcement authorities regarding access to live video streams of public school buildings

**S-1295/A-3701 (Vitale/Eustace, Munoz)** - Amends and repeals sections of "Respiratory Care Practitioner Licensing Act"

**S-1315/A-1839 (Vitale/Giblin, Wimberly, McKeon, Mukherji, Sumter)** - Revises statutes regarding practice of physical therapy

**S-1840/A-2085 (Ruiz, Gill/Mukherji, Oliver, McKnight)** - Prohibits charging fee to stop publishing personal identifying information obtained through the criminal justice system

**S-1913/A-2794 (Addiego, Greenstein/Lagana, Moriarty, Mukherji, Downey)** - "Personal Information and Privacy Protection Act"; restricts collection and use of personal information by retail establishments for certain purposes

**S-2058/A-671 (T. Kean, Pou/Munoz, Giblin, Mukherji, Moriarty)** - Adds two nurse educators to the New Jersey Board of Nursing

**S-2331/A-3962 (Codey, Vitale/Jasey, McKeon, Vainieri Huttie, Munoz, Mukherji, Mosquera, Lampitt)** - Establishes tuition reimbursement program for certain psychiatrists who work in underserved areas or psychiatric hospitals in New Jersey

**CC S-2403/A-3717 (Rice, Turner/Sumter, Vainieri Huttie, Lampitt, Downey)** - Establishes Women's Vocational Training Pilot Program to promote economic self-sufficiency of low-income women through increased participation in high-wage, high-demand occupations; authorizes allocation of certain funds therefor

**S-2452/A-4007 (Diegnan, Stack/Houghtaling, Downey, Mosquera, Mazzeo)** - Requires Director of Division of Taxation to promulgate Property Taxpayer Bill of Rights

**S-2577/A-4238 (Cunningham, Ruiz, Gordon/Sumter, Jasey, Muoio, Lagana, Downey, Benson)** - Requires Higher Education Student Assistance Authority to provide annual New Jersey College Loans to Assist State Students Loan Program report to Governor and Legislature and develop student loan comparison information document to increase program transparency

**S-2618/A-4691 (Cunningham, Pou/Caride, McKeon, Jasey, Giblin)** - Requires institutions of higher education to enter into collective Statewide reverse transfer agreement



**S-2819/A-4363 (Sweeney, Ruiz, Lesniak/Taliaferro, Andrzejczak, Lampitt, Mosquera, Holley, Quijano)** - Creates "Nourishing Young Minds Initiative Fund" in Dept. of Agriculture to help pay for child food and nutrition programs

**S-3027/A-4631 (Smith, Greenstein/Lampitt, Quijano, Eustace, Kennedy, Benson, Muoio, Zwicker, Mukherji)** - Establishes State food waste reduction goal of 50 percent by 2030

**S-3067/A-4652 (Ruiz, Vitale/Vainieri Huttie, Caride, Eustace, Jasey, Wimberly, Gusciora)** - Requires Commissioner of Education to develop guidelines for school districts regarding transgender students

**S-3176/A-4898 (Madden/Mukherji, Singleton)** - Changes year used to calculate TDI and FLI employee taxes from most recent calendar year to most recent fiscal year

**S-3191/A-3370 (Sweeney, Bateman/Burzichelli, Jones)** - Extends voting rights of representatives of sending districts on receiving district board of education

**S-3219/A-4859 (Sweeney, T. Kean, Greenstein, Holzapfel/Vainieri Huttie, Prieto, Downey)** - Establishes additional penalties related to child pornography and expands crime to include portrayal of child in sexual manner; establishes crime of leader of child pornography network

**S-3331/A-5039 (Cruz-Perez/Jones)** - Authorizes State Treasurer to sell surplus real property in City of Camden, County of Camden to Camden County Improvement Authority

**SJR-105/AJR-157 (Diegnan, Cruz-Perez, Sweeney/Pinkin, Karabinchak, Coughlin)** - Designates August 29, 2017 as Governor James Florio Day in New Jersey

**SJR-113/AJR-165 (Gordon/Vainieri Huttie, Chiaravalloti)** - Clarifies intent of law subjecting PANYNJ to open public records and freedom of information laws in New Jersey and New York

**A-222/S-2171 (DeAngelo, Giblin, Singleton, Holley, Benson/Bateman, Greenstein, Stack)** - "New Jersey Library Construction Bond Act"; authorizes issuance of \$125,000,000 in general obligation bonds to finance capital projects at public libraries; appropriates \$5,000

**A-373/S-607 (Auth, Vainieri Huttie, McGuckin, Schepisi, Peterson, Jimenez/Addiego, A.R. Bucco)** - Requires life imprisonment without parole for persons convicted of the murder of a minor under the age of 18 in the course of the commission of a sex crime

**A-555/S-1847 (Pinkin, Eustace/Diegnan)** - Revises statutes concerning incorporation and governance of the Protestant Episcopal Church to remove gender-specific references

**A-621/S-2328 (Lagana, Greenwald, Moriarty, Mosquera, Mukherji/Cruz-Perez, Turner)** - Permits bowling alleys, including alleys licensed to sell alcoholic beverages, to conduct amusement games

**A-1458/S-2449 (Lampitt, Mosquera, Downey, Singleton, Vainieri Huttie/Vitale, Ruiz)** - Requires health care professionals engaged in prenatal care to provide parents of newborns with information on health insurance coverage for newborn children

**A-1761/S-332 (Eustace, Mukherji, Gusciora/Scutari, Bateman)** - Creates fencing crime involving stolen domestic companion animals

**A-2060/S-2333 (Gusciora, Sumter, Oliver, Jasey, McKnight/Cruz-Perez, Turner)** - Establishes process for consideration of offers from short sale buyers during residential mortgage foreclosures

**A-2221/S-2453 (Benson, Russo, DeAngelo, A.M. Bucco/Diegnan, Greenstein)** - Allows gross income taxpayers to use returns to make voluntary contributions to the Boy Scouts of America Councils in New Jersey

**A-2441/S-2910 (Eustace, Gusciora, Kennedy, Mazzeo, Mukherji/Gordon, Turner)** - Authorizes the Unclaimed Property Administrator to verify certain governmental debts before delivering abandoned property

**A-2926/S-3197 (Greenwald, Vainieri Huttie, Schaer, Mukherji, Holley, Mosquera, Muoio, Sumter, Mazzeo/Cruz-Perez, Cunningham)** - Repeals law suspending certain licenses, registrations and certifications for failure to repay student loans

**A-2993/S-1305 (Conaway, Pinkin, Sumter, Wimberly, McKnight, Mukherji/Vitale, Madden)** - Requires Medicaid coverage for diabetes self-management education, training, services, and equipment for patients diagnosed with diabetes, gestational diabetes, and pre-diabetes

**A-3347/S-2242 (Wolfe, Holley, Jasey, McKnight, Wimberly/Diegnan)** - Establishes New Jersey School Safety Specialist Academy in Department of Education and requires school districts to designate school safety specialist

**A-3438/S-1564 (DeAngelo, Danielsens, Holley, Houghtaling, Downey, Wimberly, Quijano/Turner, Beach)** - Requires initial determination of unemployment benefits to be made within three weeks of filing of claim

**A-3463/S-2038 (Coughlin/Vitale, Codey)** - Updates references to DOC and DHS and refers to persons receiving services from DHS

**A-3686/S-2423 (McKeon, Jasey, Munoz, Vainieri Huttie, A.M. Bucco/Codey, Oroho)** - Establishes new crime of strict liability vehicular homicide; renames existing vehicular homicide as reckless vehicular homicide; designated as Ralph and David's Law

**A-4011/S-2887 (Jones, Barclay, Moriarty, Mosquera, Greenwald, Lampitt, Mazzeo, Chiaravalloti/Cruz-Perez, Beach)** - Designates USS New Jersey as New Jersey State Ship

**A-4081/S-2662 (Lampitt, Vainieri Huttle, Benson, Wimberly, Greenwald/Allen, Sweeney)** - "Charlie's Law"; Establishes civil penalties for persons who interfere with or deny persons with disabilities accompanied by service or guide dogs access to places of public accommodation

**A-4088/S-2567 (Schaer, Jasey, Benson, Wimberly/Cruz-Perez, Singer)** - Establishes "High School to College Readiness Commission" to examine issues and develop recommendations to enhance student preparation for postsecondary education

**A-4175/S-2808 (Caride, McKnight, Holley, Pintor Marin, Wimberly/Ruiz, Turner)** -Requires Commissioner of Education to develop guidance on identifying English language learners for gifted and talented programs

**A-4246/S-3194 (Dancer/Lesniak, Beck)** - Decreases annual thoroughbred race dates to 50 minimum upon written consent from New Jersey Thoroughbred Horsemen's Association

**A-4317/S-3206 (Prieto, Giblin/Diegnan)** - Concerns violations of certain occupational licensing laws

**A-4568/S-3017 (Vainieri Huttle, Eustace, Pinkin, Jasey, Johnson/Vitale, Ruiz)** - Prohibits health insurers, SHBP, SEHBP, certain health care providers, and Medicaid from discriminating in providing coverage and services based on gender identity

**A-4875/S-1996 (Muoio, Gusciora/Beach, Van Drew)** - Requires gubernatorial candidates' statements be posted online

**A-4969/S-3281 (Oliver, Giblin, Jasey, McKnight, Schaer, Wimberly/Gill, Cunningham)** - Establishes Montclair State University as public research university

**ACS for A-4994/S-3314 (McKeon, Burzichelli, Singleton, Caride/Sarlo, Oroho)** - Requires certain State and local government agency employees with access to federal tax information to undergo criminal history background checks

**AJR-37/SJR-67 (Mosquera, Chaparro/Weinberg)** - Designates June 21 of each year as "ASK Day" to promote children's health and gun safety

**ACS for AJR-54/SJR-104 (Benson, Mosquera, Chiaravalloti, Holley, McKnight, Wimberly/Sweeney, Beach)** - Designates April 2nd of each year as "World Autism Awareness Day"

**AJR-72/SJR-31 (Gove, Rumpf, A.M. Bucco, Holley/A.R. Bucco)** - Designates September 17 through September 23 of each year as "Constitution Week"

**AJR-115/SJR-81 (Vainieri Huttle, Lampitt, Giblin, Benson/Diegnan, A.R. Bucco)** - Designates third Friday in September of every year as Concussion Awareness Day

**AJR-126/SJR-85 (Dancer, DeAngelo, Munoz, A.M. Bucco, Mukherji, Houghtaling, Downey/Allen, Madden)** - Commemorates establishment and service of the New Jersey State Police and celebrates 95th anniversary of first graduating class

**AJR-137/SJR-102 (Mazzeo/Whelan)** - Urges United States President Trump, members of his administration, and Congress to oppose measures and actions to prohibit states from authorizing and conducting Internet gaming

#### **BILLS VETOED:**

**SCS for S-1297, 1990/A-3751 (Vitale, Sweeney/Jasey, Coughlin)** - **CONDITIONAL** - Permits candidates for school board to circulate petitions jointly and be bracketed together on ballot; permits short nonpolitical designation of principles on petitions and ballots

**A-31/S-3315 (Prieto, Muoio, Oliver, Schaer, Holley, Mukherji, Quijano, Wimberly, Pintor Marin/Vitale, Cruz-Perez)** - **ABSOLUTE** - Increases amount of benefits under Work First New Jersey program by 30 percent over three years and according to Social Security cost of living increases thereafter

**A-33/S-3316 (Muoio, Vainieri Huttle, Mukherji, Oliver, Gusciora, Pintor Marin/Vitale, Cruz-Perez)** - **ABSOLUTE** - Repeals family cap in Work First New Jersey program

**A-320/S-1018 (Singleton, Vainieri Huttle, Munoz, Moriarty, Lampitt, Sumter, Mukherji/Weinberg, Cruz-Perez)** - **CONDITIONAL** - Establishes minimum Medicaid reimbursement rate for personal care services

**A-1139/S-2616 (Holley, McKnight, Munoz, Kennedy, Mukherji, Pintor Marin, Wimberly/Ruiz, Vitale)** - **CONDITIONAL** - Prohibits sale of unsafe supplemental mattresses designed for children's products

**A-2297/S-659 (Vainieri Huttle, Sumter, Mukherji, Caride, Downey, Zwicker, Wimberly/Turner, Allen)** - **CONDITIONAL** - Requires health insurance coverage for contraceptives to include prescriptions for 12 months

**A-3338/S-862 (Eustace, Lagana, Vainieri Huttle, Muoio, Mukherji, Benson, Jimenez, Giblin, Moriarty, Lampitt/Stack, Weinberg)** - **CONDITIONAL** - Dedicates one percent of cigarette and other tobacco products tax revenues to anti-smoking initiatives

**ACS for A-3480, 4119/S-2536 (Downey, Lampitt, Schaer, Houghtaling, Benson, Singleton, Muoio, DeAngelo/Gill, Weinberg)** - **ABSOLUTE** - Concerns employer inquiries about worker's wage and salary experience

**A-4253/S-2634 (Quijano, Mukherji, Vainieri Huttle, Eustace, Jones, McKeon/Weinberg, Diegnan) - CONDITIONAL** - Establishes "New Jersey Nonprofit Security Grant Pilot Program"; appropriates \$3,000,000 over next three fiscal years

**A-4453/S-2881 (Downey, Houghtaling/Ruiz) – CONDITIONAL** - Requires pupils who reside on certain federal property to enroll in resident school district in accordance with schedule determined by executive county superintendent of schools

**A-4496/S-2977 (Wimberly, Sumter, Lampitt/Lesniak) – CONDITIONAL** - "Healthy Small Food Retailer Act"; provides funding to small food retailers to sell fresh and nutritious food; appropriates \$1 million

**A-4587/SCS for S-2574 (Quijano, Vainieri Huttle, Mukherji, Giblin/Diegnan, Sarlo) – ABSOLUTE** - Imposes State sales and use tax and hotel and motel occupancy fee on transient accommodations; authorizes various municipal taxes and fees on transient accommodations

**A-4870/S-3226 (Prieto, Oliver, Quijano, Pintor Marin, Schaer, Vainieri Huttle, Eustace/Ruiz, Sweeney, Greenstein) – ABSOLUTE** - "Safe Transportation Jobs and Fair Employment Rules Act"

**ACS for A-4927/SCS for S-3085 (Prieto, Oliver, Gusciora, Jasey/Sweeney, Diegnan, Ruiz) – CONDITIONAL** - Revises law concerning family leave, temporary disability and family temporary disability leave, and domestic or sexual violence safety leave

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