

26:2K-48

LEGISLATIVE HISTORY CHECKLIST
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(Emergency Medical Services
for Children Program)

NJSA: 26:2K-48

LAWS OF: 1992 CHAPTER: 96

BILL NO: S408

SPONSOR(S) Cafiero

DATE INTRODUCED: February 24, 1992

COMMITTEE: ASSEMBLY: Health & Human Services

SENATE: Womens Issues

AMENDED DURING PASSAGE: Yes Amendments during passage
denoted by asterisks

DATE OF PASSAGE: ASSEMBLY: June 25, 1992

SENATE: May 7, 1992

DATE OF APPROVAL: September 10, 1992

FOLLOWING STATEMENTS ARE ATTACHED IF AVAILABLE:

SPONSOR STATEMENT: Yes

COMMITTEE STATEMENT: ASSEMBLY: Yes

SENATE: Yes

FISCAL NOTE: No

VETO MESSAGE: No

MESSAGE ON SIGNING: Yes

FOLLOWING WERE PRINTED:

REPORTS: No

HEARINGS: No

KBG:pp

[SECOND REPRINT]
SENATE, No. 408
STATE OF NEW JERSEY

INTRODUCED FEBRUARY 24, 1992

By Senators CAFIERO, Brown, DiFrancesco and Lipman

1 AN ACT concerning emergency medical services for children and
2 supplementing chapter 2K of Title 26 of the Revised Statutes.

3

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

6 1. The Legislature finds and declares that:

7 a. Traumatic injuries, such as automobile accidents, bicycle
8 accidents, drownings and poisonings, are the most common cause
9 of death in children over the age of one; and children have a high
10 death rate in these emergency situations.

11 b. Children react differently than adults to stress, metabolize
12 drugs differently, and suffer different illnesses and injuries.
13 Because of these differences, children's emergency medical
14 needs should be recognized.

15 c. Emergency medical services training programs focus on
16 adults and, therefore, offer fewer hours of pediatric training. In
17 addition, many emergency medical services personnel have no
18 clinical experience with children, indicating the need to improve
19 training of these personnel in pediatric emergencies.

20 d. It is the public policy of this State that children are entitled
21 to comprehensive emergency medical services, including
22 pre-hospital, hospital and rehabilitative care.

23 2. As used in this act:

24 "Advanced life support" means an advanced level of
25 pre-hospital, interhospital, and emergency service care which
26 includes basic life support functions, cardiac monitoring, cardiac
27 defibrillation, telemetered electrocardiography, administration of
28 antiarrhythmic agents, intravenous therapy, administration of
29 specific medications, drugs and solutions, use of adjunctive
30 ventilation devices, trauma care and other techniques and
31 procedures authorized in writing by the commissioner pursuant to
32 department regulations and P.L.1984, c.146 (C.26:2K-7 et seq.).

33 "Advisory council" means the Emergency Medical Services for
34 Children Advisory Council established pursuant to section 5 of
35 this act.

36 "Basic life support" means a basic level of pre-hospital care
37 which includes patient stabilization, airway clearance,
38 cardiopulmonary resuscitation, hemorrhage control, initial wound
39 care and fracture stabilization, and other techniques and
40 procedures authorized by the commissioner.

41 "Commissioner" means the Commissioner of Health.

42 "Coordinator" means the person coordinating the EMSC

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:

¹ Senate SWF committee amendments adopted March 30, 1992.

² Assembly AHH committee amendments adopted June 15, 1992.

1 program within the Office of Emergency Medical Services in the
2 Department of Health.

3 "Department" means the Department of Health.

4 "EMSC program" means the Emergency Medical Services for
5 Children program established pursuant to section 3 of this act,
6 and other relevant programmatic activities conducted by the
7 Office of Emergency Medical Services in the Department of
8 Health in support of appropriate treatment, transport, and triage
9 of ill or injured children in New Jersey.

10 "Emergency medical services personnel" means persons trained
11 and certified or licensed to provide emergency medical care,
12 whether on a paid or volunteer basis, as part of a basic life
13 support or advanced life support pre-hospital emergency care
14 service or in an emergency department or pediatric critical care
15 or specialty unit in a licensed hospital.

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

21 3. a. There is established within the Office of Emergency
22 Medical Services in the Department of Health, the Emergency
23 Medical Services for Children program.

24 b. The commissioner shall hire a full-time coordinator for the
25 EMSC program in consultation with, and by the recommendation
26 of the advisory council.

27 c. The coordinator shall implement the EMSC program
28 following consultation with, and at the recommendation of, the
29 advisory council. The coordinator shall serve as a liaison to the
30 advisory council.

31 d. The coordinator may employ professional, technical,
32 research and clerical staff as necessary within the limits of
33 available appropriations. The provisions of Title 11A of the New
34 Jersey Statutes shall apply to all personnel so employed.

35 e. The coordinator may solicit and accept grants of funds from
36 the federal government and from other public and private sources.

37 4. The EMSC program shall include, but not be limited to, the
38 establishment of the following:

39 a. Initial and continuing education programs for emergency
40 medical services personnel that include training in the emergency
41 care of infants and children;

42 b. Guidelines for referring children to the appropriate
43 emergency treatment facility;

44 c. Pediatric equipment guidelines for pre-hospital care;

45 d. Guidelines for hospital-based emergency departments
46 appropriate for pediatric care to assess, stabilize, and treat
47 critically ill infants and children, either to resolve the problem or
48 to prepare the child for transfer to a pediatric intensive care unit
49 or a pediatric trauma center;

50 e. Guidelines for pediatric intensive care units, pediatric
51 trauma centers and intermediate care units fully equipped and
52 staffed by appropriately trained critical care pediatric
53 physicians, surgeons, nurses and therapists;

54 f. An inter-hospital transfer system for critically ill or injured
55 children; and

1 g. Pediatric rehabilitation units staffed by rehabilitation
2 specialists and capable of providing any service required to assure
3 maximum recovery from the physical, emotional, and cognitive
4 effects of critical illness and severe trauma.

5 5. a. There is created an Emergency Medical Services for
6 Children Advisory Council to advise the Office of Emergency
7 Medical Services and the coordinator of the EMSC program on all
8 matters concerning emergency medical services for children.
9 The advisory council shall assist in the formulation of policy and
10 regulations to effectuate the purposes of this act.

11 b. The advisory council shall consist of a minimum of ¹[12] 14¹
12 public members to be appointed by the Governor, with the advice
13 and consent of the Senate, for a term of three years.
14 Membership of the advisory council shall include: one practicing
15 pediatrician, one pediatric critical care physician¹, one board
16 certified pediatric emergency physician¹ and one pediatric
17 physiatrist, to be appointed upon the recommendation of the New
18 Jersey chapter of the American Academy of Pediatrics; one
19 pediatric surgeon, to be appointed upon the recommendation of
20 the New Jersey chapter of the American College of Surgeons; one
21 emergency physician, to be appointed upon the recommendation
22 of the New Jersey chapter of the American College of
23 Emergency Physicians; one emergency medical technician ²[and
24 one paramedic]², to be appointed upon the recommendation of
25 the New Jersey State First Aid Council; ²one paramedic, to be
26 appointed upon the recommendation of the State mobile intensive
27 care advisory council;² one family practice physician, to be
28 appointed upon the recommendation of the New Jersey chapter of
29 the Academy of Family Practice; ¹[one] two¹ registered
30 emergency ¹[nurse] nurses¹, ¹one¹ to be appointed upon the
31 recommendation of the New Jersey State Nurses Association
32 ¹and one to be appointed upon the recommendation of the New
33 Jersey Chapter of the Emergency Nurses Association¹; and three
34 members, each with a non-medical background, two of whom are
35 parents with children under the age of 18, to be appointed upon
36 the joint recommendation of the Association for Children of New
37 Jersey and the Junior Leagues of New Jersey.

38 c. Vacancies on the advisory council shall be filled for the
39 unexpired term by appointment of the Governor in the same
40 manner as originally filled. The members of the advisory council
41 shall serve without compensation²[, but shall be reimbursed for
42 necessary expenses incurred in the performance of their duties]².
43 The advisory council shall elect a chairperson, who may select
44 from among the members a vice-chairperson and other officers
45 or subcommittees which are deemed necessary or appropriate.
46 The council may further organize itself in any manner it deems
47 appropriate and enact bylaws as deemed necessary to carry out
48 the responsibilities of the council.

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

52 7. This act shall take effect immediately.

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Establishes Emergency Medical Services for Children program.

1 maximum recovery from the physical, emotional, and cognitive
2 effects of critical illness and severe trauma.

3 5. a. There is created an Emergency Medical Services for
4 Children Advisory Council to advise the Office of Emergency
5 Medical Services and the coordinator of the EMSC program on all
6 matters concerning emergency medical services for children.
7 The advisory council shall assist in the formulation of policy and
8 regulations to effectuate the purposes of this act.

9 b. The advisory council shall consist of a minimum of 12 public
10 members to be appointed by the Governor, with the advice and
11 consent of the Senate, for a term of three years. Membership of
12 the advisory council shall include: one practicing pediatrician,
13 one pediatric critical care physician and one pediatric physiatrist,
14 to be appointed upon the recommendation of the New Jersey
15 chapter of the American Academy of Pediatrics; one pediatric
16 surgeon, to be appointed upon the recommendation of the New
17 Jersey chapter of the American College of Surgeons; one
18 emergency physician, to be appointed upon the recommendation
19 of the New Jersey chapter of the American College of
20 Emergency Physicians; one emergency medical technician and
21 one paramedic, to be appointed upon the recommendation of the
22 New Jersey State First Aid Council; one family practice
23 physician, to be appointed upon the recommendation of the New
24 Jersey chapter of the Academy of Family Practice; one
25 registered emergency nurse, to be appointed upon the
26 recommendation of the New Jersey State Nurses Association; and
27 three members, each with a non-medical background, two of
28 whom are parents with children under the age of 18, to be
29 appointed upon the joint recommendation of the Association for
30 Children of New Jersey and the Junior Leagues of New Jersey.

31 c. Vacancies on the advisory council shall be filled for the
32 unexpired term by appointment of the Governor in the same
33 manner as originally filled. The members of the advisory council
34 shall serve without compensation, but shall be reimbursed for
35 necessary expenses incurred in the performance of their duties.
36 The advisory council shall elect a chairperson, who may select
37 from among the members a vice-chairperson and other officers
38 or subcommittees which are deemed necessary or appropriate.
39 The council may further organize itself in any manner it deems
40 appropriate and enact bylaws as deemed necessary to carry out
41 the responsibilities of the council.

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

45 7. This act shall take effect immediately.

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STATEMENT

50 This bill establishes the Emergency Medical Services for
51 Children program (EMSC) in the Office of Emergency Medical
52 Services within the Department of Health. A full-time
53 coordinator of the program shall be hired by the Commissioner of
54 Health upon the recommendation of the Emergency Medical

1 Services for Children Advisory Council established pursuant to
2 section 5 of the bill.

3 The bill requires the coordinator to implement a Statewide
4 program of emergency medical services for children. The
5 coordinator may employ necessary personnel, and solicit and
6 accept grants of public and private funds. The EMSC program
7 shall include, but not be limited to, establishment of the
8 following:

9 1) Initial and continuing education programs for emergency
10 medical services personnel that include training in the emergency
11 care of infants and children;

12 2) Guidelines for referring children to the appropriate
13 emergency treatment facility;

14 3) Pediatric equipment guidelines for pre-hospital care;

15 4) Guidelines for hospital-based emergency departments
16 appropriate for pediatric care to assess, stabilize, and treat
17 critically ill infants and children either to resolve the problem or
18 to prepare the child for transfer to a pediatric intensive care unit
19 or a pediatric trauma center;

20 5) Guidelines for pediatric intensive care units, pediatric
21 trauma centers, and intermediate care units fully equipped and
22 staffed by appropriately trained critical care pediatric
23 physicians, surgeons, nurses and therapists;

24 6) An inter-hospital transfer system for critically ill or injured
25 children; and

26 7) Pediatric rehabilitation units staffed by rehabilitation
27 specialists and capable of providing any service required to assure
28 maximum recovery from the physical, emotional, and cognitive
29 effects of critical illness and severe trauma.

30 The commissioner is authorized, pursuant to the
31 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et
32 seq.), to adopt rules and regulations necessary to effectuate the
33 purposes of the bill.

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38 Establishes Emergency Medical Services for Children program.

ASSEMBLY HEALTH AND HUMAN SERVICES COMMITTEE

STATEMENT TO

[FIRST REPRINT]

SENATE, No. 408

with Assembly committee amendments

STATE OF NEW JERSEY

DATED: JUNE 15, 1992

The Assembly Health and Human Services Committee favorably reports Senate Bill No. 408 (1R) with committee amendments.

As amended by the committee, this bill establishes the Emergency Medical Services for Children program (EMSC) in the Office of Emergency Medical Services within the Department of Health.

The amended bill also establishes an Emergency Medical Services for Children Advisory Council to advise the Office of Emergency Medical Services and the EMSC program coordinator on all matters concerning emergency medical services for children. The Commissioner of Health is directed to hire a full-time coordinator for the EMSC program to implement the program in consultation with the advisory council, and to serve as a liaison to the council.

The EMSC program shall include, but not be limited to, establishment of the following:

- Initial and continuing education programs for emergency medical services personnel that include training in the emergency care of infants and children;
- Guidelines for referring children to the appropriate emergency treatment facility;
- Pediatric equipment guidelines for pre-hospital care;
- Guidelines for hospital-based emergency departments appropriate for pediatric care to assess, stabilize, and treat critically ill infants and children either to resolve the problem or to prepare the child for transfer to a pediatric intensive care unit or a pediatric trauma center;
- Guidelines for pediatric intensive care units, pediatric trauma centers, and intermediate care units fully equipped and staffed by appropriately trained critical care pediatric physicians, surgeons, nurses and therapists;
- An inter-hospital transfer system for critically ill or injured children; and
- Pediatric rehabilitation units staffed by rehabilitation specialists and capable of providing any service required to assure maximum recovery from the physical, emotional, and cognitive effects of critical illness and severe trauma.

The committee amended the bill to provide that the paramedic member of the Emergency Medical Services for Children Advisory Council shall be appointed upon the recommendation of the State mobile intensive care advisory council, rather than by the New Jersey State First Aid Council, and to delete the provision for reimbursing members of the advisory council for their expenses.

As reported by the committee, this bill is identical to Assembly Bill No. 663 ACA (Mikulak), which the committee also reported on this date.

The committee amended the bill to expand the membership of the Emergency Medical Services for Children Advisory Council from 12 members to 14. One additional member would be a board certified pediatric emergency physician appointed upon the recommendation of the New Jersey chapter of the American Academy of Pediatrics, and the other additional member would be a registered emergency nurse recommended by the New Jersey Chapter of the Emergency Nurses Association.

SENATE WOMEN'S ISSUES, CHILDREN
AND FAMILY SERVICES COMMITTEE

STATEMENT TO

SENATE, No. 408

with committee amendments

STATE OF NEW JERSEY

DATED: MARCH 30, 1992

The Senate Women's Issues, Children and Family Services Committee favorably reports Senate Bill No. 408 with committee amendments.

As amended, the bill establishes the Emergency Medical Services for Children program (EMSC) in the Office of Emergency Medical Services within the Department of Health. A full-time coordinator of the program shall be hired by the Commissioner of Health upon the recommendation of the Emergency Medical Services for Children Advisory Council established pursuant to section 5 of the bill.

The bill requires the coordinator to implement a Statewide program of emergency medical services for children. The coordinator may employ necessary personnel, and solicit and accept grants of public and private funds. The EMSC program shall include, but not be limited to, establishment of the following:

- 1) Initial and continuing education programs for emergency medical services personnel that include training in the emergency care of infants and children;
- 2) Guidelines for referring children to the appropriate emergency treatment facility;
- 3) Pediatric equipment guidelines for pre-hospital care;
- 4) Guidelines for hospital-based emergency departments appropriate for pediatric care to assess, stabilize, and treat critically ill infants and children either to resolve the problem or to prepare the child for transfer to a pediatric intensive care unit or a pediatric trauma center;
- 5) Guidelines for pediatric intensive care units, pediatric trauma centers, and intermediate care units fully equipped and staffed by appropriately trained critical care pediatric physicians, surgeons, nurses and therapists;
- 6) An inter-hospital transfer system for critically ill or injured children; and
- 7) Pediatric rehabilitation units staffed by rehabilitation specialists and capable of providing any service required to assure maximum recovery from the physical, emotional, and cognitive effects of critical illness and severe trauma.

The commissioner is authorized, pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), to adopt rules and regulations necessary to effectuate the purposes of the bill.



OFFICE OF THE GOVERNOR

NEWS RELEASE

CN-001
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TRENTON, N.J. 08625
Release: Thursday
September 10, 1992

GOVERNOR SIGNS MEASURES IMPROVING CHILDREN'S SERVICES **Children's Emergency Services Program Sets National Model**

Emphasizing that seconds can make the difference in saving the life of a critically injured or ill child, Governor Florio signed into law the nation's first statewide program to coordinate efforts in providing children with *correct, immediate, emergency care* designed specifically to meet their needs. The emergency treatment network offers specialized training and equipment tailored to the needs of youngsters.

Later, the Governor signed another measure to help kids by expanding child care center regulations to cover more youngsters.

"This bill says kids are special," Governor Florio said of the Emergency Medical Services measure, which he signed at Day Nurseries in Montclair. "If they get hurt, they need special care. The statistics tell a tragic story of what is happening across America to kids without the benefit of pediatric emergency medical services. Every day a child dies, or almost dies, because they are taken to hospitals that are not prepared to treat the special needs of children. Thanks to this new law, New Jersey is now a place where our children have more than our best wishes. They have the best protection we can provide."

"We know we can't make the world 'Kid Proof' so we have to be prepared," he said. Governor Florio credited Verona pediatrician Dr. Richard Flyer for his ten-year efforts to gain passage of the legislation.

The legislation establishes the Emergency Medical Services for Children program in the Department of Health's Office of Emergency Medical Services which will be required to develop specialized emergency training and equipment for children. The program, which will begin immediately and is funded through a federal grant, will include:

- Initial and continuing education programs for emergency medical services personnel that includes training in the emergency care of infants and children
- Guidelines for referring children to the appropriate emergency treatment facility
- Pediatric equipment guidelines for pre-hospital care

- Guidelines for hospital-based emergency departments appropriate for pediatric care to assess, stabilize and treat critically-ill infants and children to either resolve the problem or prepare the child for transfer to a pediatric intensive care unit or pediatric trauma center
- Guidelines for pediatric intensive care units, pediatric trauma centers and intermediate care units fully equipped and staffed by appropriately trained critical care pediatric physicians, surgeons, nurses and therapists
- An inter-hospital transfer system for critically ill or injured children
- Pediatric rehabilitation units staffed by rehabilitation specialists and capable of providing any service required to assure maximum recovery from the physical and emotional effects of critical illness and severe trauma.

Each year, according to the National Safety Council, between 20,000 and 25,000 children die from accident-related injuries, more than from any other cause. Four times that number are permanently disabled and 2.5 million are incapacitated for two weeks or longer. Injuries to children over age 1 account for six times as many deaths as cancer, the next highest cause.

"This bill creates a lifeline between EMS and hospitals with special children's facilities. That means everyone on the medical team will be able to move fast and use the critical minutes after an accident to save these precious lives," the Governor said. "Every parent in New Jersey can feel a lot more secure that our children and grandchildren will get the very best and the most appropriate emergency care. To do that we must be prepared for anything. Our children aren't always prepared for the danger of the world, so we must take extra care in providing for their well-being."

The bill, S 408, was sponsored by Senator James Cafiero.

Governor Florio signed a second bill which expands the Child Care Center Licensing Act to require licenses and regulation of child care programs serving children aged 6 to 13. Although the state has licensed child care programs for younger children since 1946, no regulations have existed for school-age child care for children six and older. An estimated 1,200 school-age child care programs presently serve 80,000 children throughout the state. Under the new law, more than two-thirds of these programs would be subject to regulation.

"This bill ensures that elementary school children served in before- and after-school programs get the protection and safeguards provided by state regulation, inspection and monitoring," Governor Florio said, at the Woodrow Wilson School in Newark. "Times have changed. Families have changed. That means our children's daily routines are often very different that 20 years ago. The services and safe guards we provide must change too, because its all connected to the quality of family life today."

"Our children need good child care before and after school. They need solid basic education and advanced skills to prepare for the future," he said. "This bill is part of our effort to create a real pro-family agenda that meets the needs of all families. It fills an important gap in our ability to protect and enrich our children's

lives. It meets the needs of families in today's world and that what real family values are all about."

The new licensing requirement will be funded through the federal Child Care and Development Block Grant. The legislation, S 87/A 1285, was sponsored by Senator Wynona Lipman, and Assemblypersons Rose Marie Heck and Priscilla Anderson.

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