

26:2KK-1 to 26:2KK-5
LEGISLATIVE HISTORY CHECKLIST
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LAWS OF: 2013 **CHAPTER:** 223

NJSA: 26:2KK-1 to 26:2KK-5 (Provides for development and implementation of State trauma system)

BILL NO: S3027 (Substituted for A4500)

SPONSOR(S) Vitale and others

DATE INTRODUCED: November 7, 2013

COMMITTEE: **ASSEMBLY:** ---

SENATE: Health, Human Services and Senior Citizens
 Budget and Appropriations

AMENDED DURING PASSAGE: Yes

DATE OF PASSAGE: **ASSEMBLY:** January 13, 2014

SENATE: January 13, 2014

DATE OF APPROVAL: January 17, 2014

FOLLOWING ARE ATTACHED IF AVAILABLE:

FINAL TEXT OF BILL (First reprint enacted)

S3027

SPONSOR'S STATEMENT: (Begins on page 6 of introduced bill)	Yes
COMMITTEE STATEMENT:	ASSEMBLY: No
	SENATE: Yes Health Budget

(Audio archived recordings of the committee meetings, corresponding to the date of the committee statement, *may possibly* be found at www.njleg.state.nj.us)

FLOOR AMENDMENT STATEMENT:	No
LEGISLATIVE FISCAL ESTIMATE:	Yes
A4500	
SPONSOR'S STATEMENT: (Begins on page 6 of introduced bill)	Yes
COMMITTEE STATEMENT:	ASSEMBLY: Yes
	SENATE: No
FLOOR AMENDMENT STATEMENT:	No
LEGISLATIVE FISCAL ESTIMATE:	Yes

(continued)

VETO MESSAGE: No

GOVERNOR'S PRESS RELEASE ON SIGNING: No

FOLLOWING WERE PRINTED:

To check for circulating copies, contact New Jersey State Government Publications at the State Library (609) 278-2640 ext.103 or <mailto:refdesk@njstatelib.org>

REPORTS: No

HEARINGS: No

NEWSPAPER ARTICLES: Yes

"Christie's 'pocket veto' kills bill requiring health workers to get flu shots," NJSpotlight, January 22, 2014

LAW/KR

Title 26.
Chapter 2KK.
(New)
State Trauma
System.
§§ 1-5 -
C.26:2KK-1 to
26:2KK-5

P.L.2013, CHAPTER 223, *approved January 17, 2014*
Senate, No. 3027 (*First Reprint*)

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

3

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

6

7 1. The Legislature finds and declares that:

8 a. Injury is the leading cause of death for New Jersey citizens
9 aged one to 44, the fourth leading cause of death for all age groups,
10 and accounts for more than 60,000 emergency department visits in
11 the State each year, with direct medical costs estimated to be in
12 excess of \$2 billion;

13 b. At the request of the Department of Health, the American
14 College of Surgeons Trauma Systems Evaluation and Planning
15 Committee assessed the State's trauma system and made numerous
16 recommendations for its improvement. The committee found that,
17 while the provision of trauma care in New Jersey has many
18 dedicated trauma professionals, ¹a sufficient number of¹ ten trauma
19 centers strategically located in the State, and 100 percent
20 emergency medical services coverage, the trauma care system faces
21 many challenges. Among the challenges noted by the committee
22 are the absence of one lead State agency to oversee and ensure the
23 coordination of a Statewide trauma system and the absence of
24 systematic data collection concerning the various aspects of trauma
25 care in the State;

26 c. Among the recommendations made by the committee to
27 address the challenges to the State trauma system were:
28 establishment of a statutorily authorized lead agency to oversee the
29 development of ¹**[an inclusive]** a formal¹ State trauma system,
30 appointment of a designated leader to coordinate stakeholders
31 involved in all aspects of providing trauma care in the development,
32 maintenance, and ongoing evaluation of a formal ¹**[inclusive]**¹
33 State trauma system, the creation of an advisory body to formulate

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:

¹Senate SHH committee amendments adopted December 12, 2013.

1 policies that address all aspects of patient care, and the development
2 of prevention strategies to help control injury as part of ¹【an
3 inclusive】 a formal State¹ trauma system;

4 d. While there currently exists a Trauma Center Council in
5 New Jersey which represents multidisciplinary trauma care within
6 the State-designated trauma centers, this Council is focused on the
7 activities and operations of New Jersey’s State-designated trauma
8 centers, with limitations in developing an effective trauma system
9 for the State of New Jersey; and

10 e. In order to more effectively prevent injury, improve the care
11 and ¹【outcome】 outcomes¹ of individuals who are injured in New
12 Jersey, and save lives, it is appropriate to ensure the development
13 and implementation of ¹【an inclusive】 a formal State¹ trauma
14 system to serve injured patients in the State along the continuum of
15 their care, and establish means for ongoing data collection and input
16 from relevant stakeholders in the State’s trauma care system to
17 inform policies concerning trauma care in the State.

18

19 2. The Department of Health shall serve as lead agency for the
20 development of ¹【an inclusive】 a formal¹ State trauma system that
21 defines the roles of all health care facilities in the State, taking into
22 account their resources and capabilities, allowing for the provision
23 of care to injured patients in the State along the continuum of care.

24

25 3. a. The Commissioner of Health shall appoint a State
26 Trauma Medical Director, to oversee the planning, development,
27 ongoing maintenance, and enhancement of ¹【a Statewide inclusive】
28 the formal State¹ trauma system, consistent with the
29 recommendations of the American College of Surgeons Committee
30 on Trauma, and, to the extent applicable, consistent with the
31 processes outlined in the State Trauma System Planning Guide
32 issued by the National Association of State Emergency Medical
33 Services Officials. The State Trauma Medical Director shall be a
34 physician who is licensed pursuant to Title 45 of the Revised
35 Statutes, is experienced in the provision of surgical critical care and
36 trauma care, and is otherwise qualified to perform the duties of the
37 position.

38 b. The State Trauma Medical Director shall, in collaboration
39 with the State Trauma System Advisory Committee (STSAC)
40 established pursuant to section 4 of this act, oversee the
41 development of a Statewide trauma system plan, and once the plan
42 has been adopted through regulations promulgated by the
43 department in compliance with the provisions of this act, shall be
44 responsible for implementing, maintaining, and providing ongoing
45 evaluation of the plan. The director shall additionally ensure that
46 the development and implementation of the plan involves broad-
47 based collaboration with stakeholders representing disciplines

1 relevant to trauma care in the State and interested citizens,
2 including the commissioner, the director, or any other stakeholders
3 that the STSAC determines may inform the process.

4
5 4. a. The commissioner shall establish a multidisciplinary
6 State Trauma System Advisory Committee (STSAC) to advise the
7 commissioner and the State Trauma Medical Director on the
8 development of a ¹formal¹ Statewide trauma system plan. In order
9 to enable maximum input from stakeholders, the STSAC shall
10 include, to the extent feasible, representatives of all aspects of
11 trauma care. The members of the committee, who shall be
12 appointed by the Governor, shall include, but need not be limited to,
13 representatives of the following trauma care providers in the State:

14 (1) the medical director of each State-designated trauma center,
15 provided that the trauma program managers of each State
16 designated trauma center may serve as alternates for the medical
17 director of each State-certified trauma center;

18 (2) the medical director of a State-certified burn treatment
19 facility;

20 (3) the chairperson of the New Jersey Emergency Medical
21 Services Council;

22 (4) the medical director of a rehabilitation facility in the State
23 that treats patients with traumatic injuries, including traumatic brain
24 injuries and traumatic spinal cord injuries;

25 (5) three representatives of pre-hospital care providers in the
26 State, including an advanced life support provider as recommended
27 by the State mobile intensive care advisory council, a volunteer
28 basic life support provider as recommended by the New Jersey State
29 First Aid Council, and a paid basic life support provider;

30 (6) The New Jersey licensed physician chairperson of the New
31 Jersey Chapter of the American College of Surgeons Committee on
32 Trauma;

33 (7) a New Jersey licensed physician recommended by the New
34 Jersey Chapter of the American College of Emergency Physicians;

35 (8) a New Jersey licensed nurse recommended by the New
36 Jersey Chapter of the Emergency Nurses Association;

37 (9) one individual with expertise in the prevention of injury; and

38 (10) one medical director of the emergency department of a New
39 Jersey hospital that is not a State-designated trauma center.

40 b. (1) The STSAC shall have an executive committee appointed
41 by the commissioner from among the members of the STSAC,
42 consisting of ¹~~the~~ two¹ medical directors ¹~~of each~~ from¹ State-
43 designated Level One trauma ¹~~center~~, one medical director of a
44 centers; two medical directors from¹ State designated Level Two
45 trauma ¹~~center~~ centers¹; one medical director of an emergency
46 department from a New Jersey hospital that is not the site of a
47 State-designated trauma center ¹~~,~~ ¹ one representative of pre-

1 hospital care providers in the State ¹~~],]~~¹ and the State Trauma
2 Medical Director, who shall serve ex officio as chair of the
3 executive committee of the STSAC.

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

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

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

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

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

24 d. (1) Consistent with the recommendations of the American
25 College of Surgeons Committee on Trauma, and, to the extent
26 applicable, consistent with the processes outlined in the State
27 Trauma System Planning Guide issued by the National Association
28 of State Emergency Medical Services Officials, the STSAC shall:
29 analyze data related to trauma care in the State; design ¹~~an~~
30 ~~inclusive~~ a formal¹ system of trauma care in the State with system-
31 wide standards of pre-hospital triage and hospital-based care and
32 policies; evaluate the State trauma system on an ongoing basis, and
33 identify strategies to ensure optimal coordination of the Statewide
34 trauma system. In fulfilling these responsibilities, the STSAC shall
35 seek input from stakeholders representing all aspects of trauma care
36 the State.

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

42 (a) Best practices and standards for all trauma care providers;

43 (b) Development and implementation of protocols for the
44 stabilization and transfer of patients;

45 (c) Training requirements for acute care hospital personnel with
46 respect to identifying, stabilizing, and arranging for the transfer of a
47 patient whose condition is beyond the scope of the hospital's
48 capabilities;

1 (d) Mandatory trauma triage practices to be performed by
2 emergency medical service providers;

3 (e) Any other issues that the STSAC determines to be
4 appropriate for inclusion in the plan.

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

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

16
17 5. The Commissioner of Health, pursuant to the
18 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et
19 seq.), shall adopt rules and regulations necessary to effectuate the
20 purposes of this act.

21
22 6. This act shall take effect immediately.

23
24

25 _____
26
27 Provides for development and implementation of State trauma
28 system.

SENATE, No. 3027

STATE OF NEW JERSEY 215th LEGISLATURE

INTRODUCED NOVEMBER 7, 2013

Sponsored by:

Senator JOSEPH F. VITALE

District 19 (Middlesex)

Senator FRED H. MADDEN, JR.

District 4 (Camden and Gloucester)

SYNOPSIS

Provides for development and implementation of State trauma system.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 12/13/2013)

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

3

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

6

7 1. The Legislature finds and declares that:

8 a. Injury is the leading cause of death for New Jersey citizens
9 aged one to 44, the fourth leading cause of death for all age groups,
10 and accounts for more than 60,000 emergency department visits in
11 the State each year, with direct medical costs estimated to be in
12 excess of \$2 billion;

13 b. At the request of the Department of Health, the American
14 College of Surgeons Trauma Systems Evaluation and Planning
15 Committee assessed the State's trauma system and made numerous
16 recommendations for its improvement. The committee found that,
17 while the provision of trauma care in New Jersey has many
18 dedicated trauma professionals, ten trauma centers strategically
19 located in the State, and 100 percent emergency medical services
20 coverage, the trauma care system faces many challenges. Among
21 the challenges noted by the committee are the absence of one lead
22 State agency to oversee and ensure the coordination of a Statewide
23 trauma system and the absence of systematic data collection
24 concerning the various aspects of trauma care in the State;

25 c. Among the recommendations made by the committee to
26 address the challenges to the State trauma system were:
27 establishment of a statutorily authorized lead agency to oversee the
28 development of an inclusive State trauma system, appointment of a
29 designated leader to coordinate stakeholders involved in all aspects
30 of providing trauma care in the development, maintenance, and
31 ongoing evaluation of a formal inclusive State trauma system, the
32 creation of an advisory body to formulate policies that address all
33 aspects of patient care, and the development of prevention strategies
34 to help control injury as part of an inclusive trauma system;

35 d. While there currently exists a Trauma Center Council in
36 New Jersey which represents multidisciplinary trauma care within
37 the State-designated trauma centers, this Council is focused on the
38 activities and operations of New Jersey's State-designated trauma
39 centers, with limitations in developing an effective trauma system
40 for the State of New Jersey; and

41 e. In order to more effectively prevent injury, improve the care
42 and outcome of individuals who are injured in New Jersey, and save
43 lives, it is appropriate to ensure the development and
44 implementation of an inclusive trauma system to serve injured
45 patients in the State along the continuum of their care, and establish
46 means for ongoing data collection and input from relevant
47 stakeholders in the State's trauma care system to inform policies
48 concerning trauma care in the State.

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

6
7 3. a. The Commissioner of Health shall appoint a State
8 Trauma Medical Director, to oversee the planning, development,
9 ongoing maintenance, and enhancement of a Statewide inclusive
10 trauma system, consistent with the recommendations of the
11 American College of Surgeons Committee on Trauma, and, to the
12 extent applicable, consistent with the processes outlined in the State
13 Trauma System Planning Guide issued by the National Association
14 of State Emergency Medical Services Officials. The State Trauma
15 Medical Director shall be a physician who is licensed pursuant to
16 Title 45 of the Revised Statutes, is experienced in the provision of
17 surgical critical care and trauma care, and is otherwise qualified to
18 perform the duties of the position.

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

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

42 (1) the medical director of each State-designated trauma center,
43 provided that the trauma program managers of each State
44 designated trauma center may serve as alternates for the medical
45 director of each State-certified trauma center;

46 (2) the medical director of a State-certified burn treatment
47 facility;

- 1 (3) the chairperson of the New Jersey Emergency Medical
2 Services Council;
 - 3 (4) the medical director of a rehabilitation facility in the State
4 that treats patients with traumatic injuries, including traumatic brain
5 injuries and traumatic spinal cord injuries;
 - 6 (5) three representatives of pre-hospital care providers in the
7 State, including an advanced life support provider as recommended
8 by the State mobile intensive care advisory council, a volunteer
9 basic life support provider as recommended by the New Jersey State
10 First Aid Council, and a paid basic life support provider;
 - 11 (6) The New Jersey licensed physician chairperson of the New
12 Jersey Chapter of the American College of Surgeons Committee on
13 Trauma;
 - 14 (7) a New Jersey licensed physician recommended by the New
15 Jersey Chapter of the American College of Emergency Physicians;
 - 16 (8) a New Jersey licensed nurse recommended by the New
17 Jersey Chapter of the Emergency Nurses Association;
 - 18 (9) one individual with expertise in the prevention of injury; and
 - 19 (10) one medical director of the emergency department of a New
20 Jersey hospital that is not a State-designated trauma center.
- 21 b. (1) The STSAC shall have an executive committee appointed
22 by the commissioner from among the members of the STSAC,
23 consisting of the medical directors of each State-designated Level
24 One trauma center, one medical director of a State designated Level
25 Two trauma center; one medical director of an emergency
26 department from a New Jersey hospital that is not the site of a
27 State-designated trauma center, one representative of pre-hospital
28 care providers in the State, and the State Trauma Medical Director,
29 who shall serve ex officio as chair of the executive committee of the
30 STSAC.
 - 31 (2) The executive committee of the STSAC shall set forth the
32 times and agenda of the meetings of the STSAC, coordinate the
33 policy recommendations of the STSAC, and draft the STSAC's
34 initial and subsequent reports.
 - 35 c. (1) Each member of the STSAC shall serve for a term of
36 three years and may be reappointed to one or more subsequent
37 terms, except that of the members first appointed, one third shall
38 serve for a term of three years, one third for a term of two years,
39 and one third for a term of one year. Vacancies in the membership
40 of the committee shall be filled in the same manner provided for the
41 original appointments.
 - 42 (2) The STSAC shall organize as soon as practicable following
43 the appointment of its members and shall hold its initial meeting no
44 later than 90 days after the effective date of this act.
 - 45 (3) The members of the STSAC shall select a chairperson and
46 vice chair. The vice chair shall conduct the committee meetings
47 when the chairperson is unable to attend.

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

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

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

21 (a) Best practices and standards for all trauma care providers;

22 (b) Development and implementation of protocols for the
23 stabilization and transfer of patients;

24 (c) Training requirements for acute care hospital personnel with
25 respect to identifying, stabilizing, and arranging for the transfer of a
26 patient whose condition is beyond the scope of the hospital's
27 capabilities;

28 (d) Mandatory trauma triage practices to be performed by
29 emergency medical service providers;

30 (e) Any other issues that the STSAC determines to be
31 appropriate for inclusion in the plan.

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

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

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

1 6. This act shall take effect immediately.

2

3

4

STATEMENT

5

6 This bill provides for the establishment of a Statewide trauma
7 care system plan, which will include all health care facilities in the
8 State providing care to injured patients in the State, to the extent
9 that their resources and capabilities allow. Currently, New Jersey
10 has an “exclusive” trauma system, with trauma patients going to
11 designated trauma centers, even though that may not be optimal for
12 some patients. The Department of Health sought counsel regarding
13 the State’s trauma system with the American College of Surgeons
14 Trauma System Evaluation and Planning Committee. This bill
15 incorporates its recommendations.

16 Specifically, the bill designates the Department of Health as lead
17 agency over a Statewide trauma care system. The commissioner is
18 to appoint a State Trauma Medical Director to oversee the planning,
19 development, ongoing maintenance, and enhancement of the trauma
20 system, with the advice of a multidisciplinary advisory body, and
21 the bill provides for the establishment of that body in the form of a
22 State Trauma System Advisory Committee (STSAC). The STSAC,
23 with ongoing input from stakeholders, is to study the State’s trauma
24 care system, collect data, and provide a report and
25 recommendations to the State Trauma System Medical Director and
26 the commissioner on the development of a Statewide trauma system
27 plan, which will provide the basis for the commissioner’s
28 development of regulations implementing a Statewide trauma
29 system plan. The STSAC’s initial report, containing the Statewide
30 trauma system plan, is due within one year after the effective date.
31 Thereafter, the STSAC will be required to systematically review
32 strategies to maintain and improve the State trauma system and
33 submit an annual report to the commissioner and the director on its
34 activities, and provide any recommendations it determines are
35 necessary to improve the State trauma system.

SENATE HEALTH, HUMAN SERVICES AND SENIOR
CITIZENS COMMITTEE

STATEMENT TO
SENATE, No. 3027

with committee amendments

STATE OF NEW JERSEY

DATED: DECEMBER 12, 2013

The Senate Health, Human Services and Senior Citizens Committee reports favorably and with amendments Senate Bill No. 3027.

This bill, as amended by the committee, provides for the establishment of a formal Statewide trauma care system plan, which will include all health care facilities in the State providing care to injured patients in the State, to the extent that their resources and capabilities allow. The Department of Health sought counsel with the American College of Surgeons Trauma System Evaluation and Planning Committee regarding the State's trauma system. This bill incorporates the recommendations that resulted from that interaction.

The amended bill designates the Department of Health as lead agency over the formal Statewide trauma care system that will be established pursuant to the bill's provisions. The commissioner is required to appoint a State Trauma Medical Director to oversee the planning, development, ongoing maintenance, and enhancement of the formal trauma system in collaboration with a multidisciplinary advisory body. The bill provides for the establishment of that advisory body in the form of a State Trauma System Advisory Committee (STSAC).

The STSAC, with ongoing input from stakeholders, is required to study the State's trauma care system, collect data, and provide a report and recommendations to the State Trauma System Medical Director and the commissioner on the development of a formal Statewide trauma system plan. The STSAC's recommendations in this regard will provide the basis for the commissioner's development of regulations implementing the plan. The STSAC's initial report, containing the formal Statewide trauma system plan, is due within one year after the amended bill's effective date. Thereafter, the STSAC will be required to systematically review strategies to maintain and improve the State trauma system, submit an annual report to the commissioner and the director on its activities, and provide

recommendations it determines are necessary to improve the State trauma system.

The committee amended the bill to:

(1) remove references to “an inclusive” State trauma system and replace with references to “a formal” State trauma system; and

(2) revise the membership of the STSAC to include two medical directors from State-designated Level One trauma centers and two medical directors from State-designated Level Two trauma centers.

LEGISLATIVE FISCAL ESTIMATE

[First Reprint]

SENATE, No. 3027 STATE OF NEW JERSEY 215th LEGISLATURE

DATED: JANUARY 7, 2014

SUMMARY

Synopsis: Provides for development and implementation of State trauma system.

Type of Impact: Potential State expenditure increase.

Agencies Affected: Department of Health.

Office of Legislative Services Estimate

Fiscal Impact	<u>Years 1-3</u>
State Cost	Potential annual salary and benefit costs of \$159,000 to \$186,000. Potential additional, indeterminate operating costs.

- The Office of Legislative Services estimates that the bill may result in annual State salary and benefit costs of \$159,000 to \$186,000 associated with the employment of a full-time State Trauma Medical Director, plus indeterminate operating costs associated with this new director position and with establishing the State Trauma System Advisory Committee.
- As the bill does not require the State Trauma Medical Director to be a full-time State employee, costs associated with the new position may be reduced if the Department of Health implements the bill by appointing a part-time or voluntary director.

BILL DESCRIPTION

Senate Bill No. 3027 (1R) of 2013 designates the Department of Health (DOH) as lead agency for the development of a formal State trauma system and provides for the development and implementation of a Statewide trauma system plan. The bill requires the Commissioner of Health to appoint a State Trauma Medical Director to oversee the planning, development, ongoing maintenance, and enhancement of the formal State trauma system. Under the bill, the State Trauma Medical Director would be a licensed physician experienced in the provision of surgical critical care and trauma care and would collaborate on the development of a Statewide

trauma system plan with a State Trauma System Advisory Committee (STSAC), which is a multidisciplinary advisory body established pursuant to the bill.

The STSAC would be appointed by the Governor to represent specified State trauma care providers and would be required to: analyze data related to State trauma care; design a formal system of trauma care in the State; evaluate the State trauma system on an ongoing basis; identify strategies to ensure the State trauma system's optimal coordination; and submit an initial report to the Commissioner of Health and the State Trauma Medical Director with a recommended comprehensive State trauma system plan. The bill also requires the Commissioner of Health to develop regulations implementing the State trauma system plan based on the STSAC recommendations. The bill does not provide compensation to the members of the STSAC, but provides for reimbursement of necessary expenses, within available funds, incurred by members in the performance of their duties.

The STSAC's initial report, containing the State trauma system plan, would be submitted within one year following the bill's enactment. Thereafter, the STSAC would be required to systematically review strategies to maintain and improve the State trauma system, submit an annual report to the commissioner and the State Trauma Medical Director on its activities, and provide recommendations to improve the State trauma system.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The Office of Legislative Services estimates that the bill may result in annual State salary and benefit costs of \$159,000 to \$186,000 associated with the employment of a full-time State Trauma Medical Director, plus indeterminate operating costs associated with the new director position and with establishing the STSAC.

The bill requires the Commissioner of Health to appoint a State Trauma Medical Director. Assuming that this appointment involves full-time employment compensated similarly to other licensed physicians currently serving as medical directors in the DOH, salary and fringe benefit costs may total approximately \$159,000 to \$186,000 annually, based on the most recently available payroll data for DOH medical directors. The DOH may incur additional operating costs (office space and supplies, communications, computing, administrative support staff, etc.) associated with the new director position, but such costs cannot be estimated with certainty as the department would have discretion over the level of administrative support and other resources allocated to the new director position.

However, the OLS notes that the bill does not require the State Trauma Medical Director to be a full-time position and that similar directors in other states serve on a part-time or voluntary basis. For example, in a 2009 survey of 22 states with state trauma medical directors conducted by the National Association of State Emergency Medical Services Officials, only one state indicated employing a full-time state trauma medical director, with 13 states indicating part-time or voluntary directors and the remaining states utilizing contractual or other arrangements. If the DOH implements the bill by appointing a State Trauma Medical Director on a part-time basis (through either direct or contractual employment) or on a voluntary basis, annual State costs associated with the position may be significantly lower than those described above.

Further, the Office of Emergency Medical Services (OEMS) in the DOH has previously contracted with a physician to perform certain medical director functions on a part-time basis. Although available information from the DOH does not indicate whether this contract remains active, or whether any currently contracted functions duplicate those functions to be performed by a State Trauma Medical Director, eliminating such a contract and assigning its functions to the new State Trauma Medical Director position could potentially offset some of the costs associated with the new position. To the extent that other current OEMS functions duplicate the new State Trauma Medical Director's functions and can be consolidated under the medical director's responsibilities, additional offsetting savings may be possible.

The establishment and operations of the STSAC may generate State costs to the DOH beyond those costs associated with the State Trauma Medical Director position. Administrative costs related to establishing the STSAC and committee member reimbursement costs may be sufficiently modest to be absorbed by the department's current budget and staff. However, the OLS notes that the overall size of the STSAC is uncertain: the bill's provisions suggest that at least 21 members would be required to represent the various specified trauma care providers, but the bill allows the Governor to appoint additional members. The likely frequency of committee meetings and the committee's need for DOH staff support (such as assistance with data collection and analysis) are also uncertain, and may also affect committee-related costs. Due to these uncertainties, the OLS is unable to estimate precise committee-related costs at this time.

Section: Human Services

*Analyst: Nathan E. Myers
Senior Fiscal Analyst*

*Approved: David J. Rosen
Legislative Budget and Finance Officer*

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

SENATE BUDGET AND APPROPRIATIONS COMMITTEE

STATEMENT TO

[First Reprint]

SENATE, No. 3027

STATE OF NEW JERSEY

DATED: JANUARY 6, 2014

The Senate Budget and Appropriations committee reports favorably Senate Bill No. 3027 (1R).

The bill provides for the establishment of a formal Statewide trauma care system plan, which will include all health care facilities in the State providing care to injured patients in the State, to the extent that their resources and capabilities allow. The Department of Health sought counsel with the American College of Surgeons Trauma System Evaluation and Planning Committee regarding the State's trauma system. This bill incorporates the recommendations that resulted from that interaction.

The bill designates the Department of Health as lead agency over the formal Statewide trauma care system that will be established pursuant to the bill's provisions. The commissioner is required to appoint a State Trauma Medical Director to oversee the planning, development, ongoing maintenance, and enhancement of the formal trauma system in collaboration with a multidisciplinary advisory body. The bill provides for the establishment of that advisory body in the form of a State Trauma System Advisory Committee (STSAC).

The STSAC, with ongoing input from stakeholders, is required to study the State's trauma care system, collect data, and provide a report and recommendations to the State Trauma System Medical Director and the commissioner on the development of a formal Statewide trauma system plan. The STSAC's recommendations in this regard will provide the basis for the commissioner's development of regulations implementing the plan. The STSAC's initial report, containing the formal Statewide trauma system plan, is due within one year after the bill's effective date. Thereafter, the STSAC will be required to systematically review strategies to maintain and improve the State trauma system, submit an annual report to the commissioner and the director on its activities, and provide recommendations it determines are necessary to improve the State trauma system.

FISCAL IMPACT:

The Office of Legislative Services estimates that the bill may result in annual State salary and benefit costs of \$159,000 to \$186,000 associated with the employment of a full-time State Trauma Medical Director, plus indeterminate operating costs associated with this new director position and with establishing the State Trauma System Advisory Committee. However, as the bill does not require the State Trauma Medical Director to be a full-time State employee, costs associated with the new position may be reduced if the Department of Health implements the bill by appointing a part-time or voluntary director.

Administrative costs related to establishing the STSAC, and committee member reimbursement costs, may be sufficiently modest to be absorbed by the department's current budget and staff. However, due to uncertainties in the maximum number of members appointed to the STSAC, the frequency of committee meetings, and the committee's need for DOH staff support (such as assistance with data collection and analysis), the OLS is unable to estimate precise committee-related costs at this time.

ASSEMBLY, No. 4500

STATE OF NEW JERSEY 215th LEGISLATURE

INTRODUCED NOVEMBER 25, 2013

Sponsored by:

Assemblyman JOSEPH CRYAN

District 20 (Union)

SYNOPSIS

Provides for development and implementation of State trauma system.

CURRENT VERSION OF TEXT

As introduced.



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

3

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

6

7 1. The Legislature finds and declares that:

8 a. Injury is the leading cause of death for New Jersey citizens
9 aged one to 44, the fourth leading cause of death for all age groups,
10 and accounts for more than 60,000 emergency department visits in
11 the State each year, with direct medical costs estimated to be in
12 excess of \$2 billion;

13 b. At the request of the Department of Health, the American
14 College of Surgeons Trauma Systems Evaluation and Planning
15 Committee assessed the State's trauma system and made numerous
16 recommendations for its improvement. The committee found that,
17 while the provision of trauma care in New Jersey has many
18 dedicated trauma professionals, ten trauma centers strategically
19 located in the State, and 100 percent emergency medical services
20 coverage, the trauma care system faces many challenges. Among
21 the challenges noted by the committee are the absence of one lead
22 State agency to oversee and ensure the coordination of a Statewide
23 trauma system and the absence of systematic data collection
24 concerning the various aspects of trauma care in the State;

25 c. Among the recommendations made by the committee to
26 address the challenges to the State trauma system were:
27 establishment of a statutorily authorized lead agency to oversee the
28 development of an inclusive State trauma system, appointment of a
29 designated leader to coordinate stakeholders involved in all aspects
30 of providing trauma care in the development, maintenance, and
31 ongoing evaluation of a formal inclusive State trauma system, the
32 creation of an advisory body to formulate policies that address all
33 aspects of patient care, and the development of prevention strategies
34 to help control injury as part of an inclusive trauma system;

35 d. While there currently exists a Trauma Center Council in
36 New Jersey which represents multidisciplinary trauma care within
37 the State-designated trauma centers, this Council is focused on the
38 activities and operations of New Jersey's State-designated trauma
39 centers, with limitations in developing an effective trauma system
40 for the State of New Jersey; and

41 e. In order to more effectively prevent injury, improve the care
42 and outcome of individuals who are injured in New Jersey, and save
43 lives, it is appropriate to ensure the development and
44 implementation of an inclusive trauma system to serve injured
45 patients in the State along the continuum of their care, and establish
46 means for ongoing data collection and input from relevant
47 stakeholders in the State's trauma care system to inform policies
48 concerning trauma care in the State.

1 2. The Department of Health shall serve as lead agency for the
2 development of an inclusive State trauma system that defines the
3 roles of all health care facilities in the State, taking into account
4 their resources and capabilities, allowing for the provision of care to
5 injured patients in the State along the continuum of care.
6

7 3. a. The Commissioner of Health shall appoint a State
8 Trauma Medical Director, to oversee the planning, development,
9 ongoing maintenance, and enhancement of a Statewide inclusive
10 trauma system, consistent with the recommendations of the
11 American College of Surgeons Committee on Trauma, and, to the
12 extent applicable, consistent with the processes outlined in the State
13 Trauma System Planning Guide issued by the National Association
14 of State Emergency Medical Services Officials. The State Trauma
15 Medical Director shall be a physician who is licensed pursuant to
16 Title 45 of the Revised Statutes, is experienced in the provision of
17 surgical critical care and trauma care, and is otherwise qualified to
18 perform the duties of the position.

19 b. The State Trauma Medical Director shall, in collaboration
20 with the State Trauma System Advisory Committee (STSAC)
21 established pursuant to section 4 of this act, oversee the
22 development of a Statewide trauma system plan, and once the plan
23 has been adopted through regulations promulgated by the
24 department in compliance with the provisions of this act, shall be
25 responsible for implementing, maintaining, and providing ongoing
26 evaluation of the plan. The director shall additionally ensure that
27 the development and implementation of the plan involves broad-
28 based collaboration with stakeholders representing disciplines
29 relevant to trauma care in the State and interested citizens,
30 including the commissioner, the director, or any other stakeholders
31 that the STSAC determines may inform the process.
32

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

42 (1) the medical director of each State-designated trauma center,
43 provided that the trauma program managers of each State
44 designated trauma center may serve as alternates for the medical
45 director of each State-certified trauma center;

46 (2) the medical director of a State-certified burn treatment
47 facility;

- 1 (3) the chairperson of the New Jersey Emergency Medical
2 Services Council;
 - 3 (4) the medical director of a rehabilitation facility in the State
4 that treats patients with traumatic injuries, including traumatic brain
5 injuries and traumatic spinal cord injuries;
 - 6 (5) three representatives of pre-hospital care providers in the
7 State, including an advanced life support provider as recommended
8 by the State mobile intensive care advisory council, a volunteer
9 basic life support provider as recommended by the New Jersey State
10 First Aid Council, and a paid basic life support provider;
 - 11 (6) The New Jersey licensed physician chairperson of the New
12 Jersey Chapter of the American College of Surgeons Committee on
13 Trauma;
 - 14 (7) a New Jersey licensed physician recommended by the New
15 Jersey Chapter of the American College of Emergency Physicians;
 - 16 (8) a New Jersey licensed nurse recommended by the New
17 Jersey Chapter of the Emergency Nurses Association;
 - 18 (9) one individual with expertise in the prevention of injury; and
 - 19 (10) one medical director of the emergency department of a New
20 Jersey hospital that is not a State-designated trauma center.
- 21 b. (1) The STSAC shall have an executive committee appointed
22 by the commissioner from among the members of the STSAC,
23 consisting of the medical directors of each State-designated Level
24 One trauma center, one medical director of a State designated Level
25 Two trauma center; one medical director of an emergency
26 department from a New Jersey hospital that is not the site of a
27 State-designated trauma center, one representative of pre-hospital
28 care providers in the State, and the State Trauma Medical Director,
29 who shall serve ex officio as chair of the executive committee of the
30 STSAC.
 - 31 (2) The executive committee of the STSAC shall set forth the
32 times and agenda of the meetings of the STSAC, coordinate the
33 policy recommendations of the STSAC, and draft the STSAC's
34 initial and subsequent reports.
 - 35 c. (1) Each member of the STSAC shall serve for a term of
36 three years and may be reappointed to one or more subsequent
37 terms, except that of the members first appointed, one third shall
38 serve for a term of three years, one third for a term of two years,
39 and one third for a term of one year. Vacancies in the membership
40 of the committee shall be filled in the same manner provided for the
41 original appointments.
 - 42 (2) The STSAC shall organize as soon as practicable following
43 the appointment of its members and shall hold its initial meeting no
44 later than 90 days after the effective date of this act.
 - 45 (3) The members of the STSAC shall select a chairperson and
46 vice chair. The vice chair shall conduct the committee meetings
47 when the chairperson is unable to attend.

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

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

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

21 (a) Best practices and standards for all trauma care providers;

22 (b) Development and implementation of protocols for the
23 stabilization and transfer of patients;

24 (c) Training requirements for acute care hospital personnel with
25 respect to identifying, stabilizing, and arranging for the transfer of a
26 patient whose condition is beyond the scope of the hospital's
27 capabilities;

28 (d) Mandatory trauma triage practices to be performed by
29 emergency medical service providers;

30 (e) Any other issues that the STSAC determines to be
31 appropriate for inclusion in the plan.

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

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

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

1 6. This act shall take effect immediately.

2

3

4

STATEMENT

5

6 This bill provides for the establishment of a Statewide trauma
7 care system plan, which will include all health care facilities in the
8 State providing care to injured patients in the State, to the extent
9 that their resources and capabilities allow. Currently, New Jersey
10 has an “exclusive” trauma system, with trauma patients going to
11 designated trauma centers, even though that may not be optimal for
12 some patients. The Department of Health sought counsel regarding
13 the State’s trauma system with the American College of Surgeons
14 Trauma System Evaluation and Planning Committee. This bill
15 incorporates its recommendations.

16 Specifically, the bill designates the Department of Health as lead
17 agency over a Statewide trauma care system. The commissioner is
18 to appoint a State Trauma Medical Director to oversee the planning,
19 development, ongoing maintenance, and enhancement of the trauma
20 system, with the advice of a multidisciplinary advisory body, and
21 the bill provides for the establishment of that body in the form of a
22 State Trauma System Advisory Committee (STSAC). The STSAC,
23 with ongoing input from stakeholders, is to study the State’s trauma
24 care system, collect data, and provide a report and
25 recommendations to the State Trauma System Medical Director and
26 the commissioner on the development of a Statewide trauma system
27 plan, which will provide the basis for the commissioner’s
28 development of regulations implementing a Statewide trauma
29 system plan. The STSAC’s initial report, containing the Statewide
30 trauma system plan, is due within one year after the effective date.
31 Thereafter, the STSAC will be required to systematically review
32 strategies to maintain and improve the State trauma system and
33 submit an annual report to the commissioner and the director on its
34 activities, and provide any recommendations it determines are
35 necessary to improve the State trauma system.

ASSEMBLY BUDGET COMMITTEE

STATEMENT TO

ASSEMBLY, No. 4500

with committee amendments

STATE OF NEW JERSEY

DATED: JANUARY 9, 2014

The Assembly Budget Committee reports favorably Assembly Bill No. 4500, with committee amendments.

As amended, the bill provides for the establishment of a formal Statewide trauma care system plan, which will include all health care facilities in the State providing care to injured patients in the State, to the extent that their resources and capabilities allow. Currently, New Jersey has an “exclusive” trauma system, with trauma patients going to designated trauma centers, even though that may not be optimal for some patients. The Department of Health sought counsel regarding the State’s trauma system with the American College of Surgeons Trauma System Evaluation and Planning Committee. This bill incorporates the recommendations that resulted from that interaction.

The bill designates the Department of Health as lead agency over the formal Statewide trauma care system established pursuant to the bill’s provisions. The bill requires the commissioner to appoint a State Trauma Medical Director to oversee the planning, development, ongoing maintenance, and enhancement of the formal trauma system in collaboration with a multidisciplinary advisory body. The bill provides for the establishment of that advisory body in the form of a State Trauma System Advisory Committee (STSAC).

The bill requires the STSAC, with ongoing input from stakeholders, to study the State’s trauma care system, collect data, and provide a report and recommendations to the State Trauma System Medical Director and the commissioner on the development of a formal Statewide trauma system plan. The STSAC’s recommendations in this regard will provide the basis for the commissioner’s development of regulations implementing the plan. The STSAC’s initial report, containing the formal Statewide trauma system plan, is due within one year after the bill’s effective date. Thereafter, the bill requires the STSAC to systematically review strategies to maintain and improve the State trauma system, submit an annual report to the commissioner and the director on its activities, and provide recommendations it determines are necessary to improve the State trauma system.

As amended and reported, this bill is identical to Senate Bill No. 3027 (1R).

FISCAL IMPACT:

The Office of Legislative Services (OLS) estimates that the bill may result in annual State salary and benefit costs of \$159,000 to \$186,000 associated with the employment of a full-time State Trauma Medical Director, plus indeterminate operating costs associated with this new director position and with establishing the STSAC. However, as the bill does not require the State Trauma Medical Director to be a full-time State employee, costs associated with the new position may be reduced if the Department of Health implements the bill by appointing a part-time or voluntary director.

Administrative costs related to establishing the STSAC, and committee member reimbursement costs, may be sufficiently modest to be absorbed by the department's current budget and staff. However, uncertainties in the maximum number of members appointed to the STSAC, the frequency of committee meetings, and the committee's need for DOH staff support (such as assistance with data collection and analysis), preclude the OLS from precisely estimating committee-related costs at this time.

COMMITTEE AMENDMENTS:

The amendments:

- (1) omit references to "an inclusive" State trauma system and systematically refer to a "formal" State trauma system; and
- (2) revise the membership of the executive committee of the STSAC to include two medical directors from State-designated Level One trauma centers and two medical directors from State-designated Level Two trauma centers.

LEGISLATIVE FISCAL ESTIMATE

[First Reprint]

ASSEMBLY, No. 4500

STATE OF NEW JERSEY 215th LEGISLATURE

DATED: JANUARY 16, 2014

SUMMARY

Synopsis: Provides for development and implementation of State trauma system.

Type of Impact: Potential State expenditure increase.

Agencies Affected: Department of Health.

Office of Legislative Services Estimate

Fiscal Impact	<u>Years 1-3</u>
State Cost	Potential annual salary and benefit costs of \$159,000 to \$186,000. Potential additional, indeterminate operating costs.

- The Office of Legislative Services estimates that the bill may result in annual State salary and benefit costs of \$159,000 to \$186,000 associated with the employment of a full-time State Trauma Medical Director, plus indeterminate operating costs associated with this new director position and with establishing the State Trauma System Advisory Committee.
- As the bill does not require the State Trauma Medical Director to be a full-time State employee, costs associated with the new position may be reduced if the Department of Health implements the bill by appointing a part-time or voluntary director.

BILL DESCRIPTION

Assembly Bill No. 4500 (1R) of 2013 designates the Department of Health (DOH) as lead agency for the development of a formal State trauma system and provides for the development and implementation of a Statewide trauma system plan. The bill requires the Commissioner of Health to appoint a State Trauma Medical Director to oversee the planning, development, ongoing maintenance, and enhancement of the formal State trauma system. Under the bill, the State Trauma Medical Director would be a licensed physician experienced in the provision of surgical critical care and trauma care and would collaborate on the development of a Statewide

trauma system plan with a State Trauma System Advisory Committee (STSAC), which is a multidisciplinary advisory body established pursuant to the bill.

The STSAC would be appointed by the Governor to represent specified State trauma care providers and would be required to: analyze data related to State trauma care; design a formal system of trauma care in the State; evaluate the State trauma system on an ongoing basis; identify strategies to ensure the State trauma system's optimal coordination; and submit an initial report to the Commissioner of Health and the State Trauma Medical Director with a recommended comprehensive State trauma system plan. The bill also requires the Commissioner of Health to develop regulations implementing the State trauma system plan based on the STSAC recommendations. The bill does not provide compensation to the members of the STSAC, but provides for reimbursement of necessary expenses, within available funds, incurred by members in the performance of their duties.

The STSAC's initial report, containing the State trauma system plan, would be submitted within one year following the bill's enactment. Thereafter, the STSAC would be required to systematically review strategies to maintain and improve the State trauma system, submit an annual report to the commissioner and the State Trauma Medical Director on its activities, and provide recommendations to improve the State trauma system.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS estimates that the bill may result in annual State salary and benefit costs of \$159,000 to \$186,000 associated with the employment of a full-time State Trauma Medical Director, plus indeterminate operating costs associated with the new director position and with establishing the STSAC.

The bill requires the Commissioner of Health to appoint a State Trauma Medical Director. Assuming that this appointment involves full-time employment compensated similarly to other licensed physicians currently serving as medical directors in the DOH, salary and fringe benefit costs may total approximately \$159,000 to \$186,000 annually, based on the most recently available payroll data for DOH medical directors. The DOH may incur additional operating costs (office space and supplies, communications, computing, administrative support staff, etc.) associated with the new director position, but such costs cannot be estimated with certainty as the department would have discretion over the level of administrative support and other resources allocated to the new director position.

However, the OLS notes that the bill does not require the State Trauma Medical Director to be a full-time position and that similar directors in other states serve on a part-time or voluntary basis. For example, in a 2009 survey of 22 states with state trauma medical directors conducted by the National Association of State Emergency Medical Services Officials, only one state indicated employing a full-time state trauma medical director, with 13 states indicating part-time or voluntary directors and the remaining states utilizing contractual or other arrangements. If the DOH implements the bill by appointing a State Trauma Medical Director on a part-time basis

(through either direct or contractual employment) or on a voluntary basis, annual State costs associated with the position may be significantly lower than those described above.

Further, the Office of Emergency Medical Services (OEMS) in the DOH has previously contracted with a physician to perform certain medical director functions on a part-time basis. Although available information from the DOH does not indicate whether this contract remains active, or whether any currently contracted functions duplicate those functions to be performed by a State Trauma Medical Director, eliminating such a contract and assigning its functions to the new State Trauma Medical Director position could potentially offset some of the costs associated with the new position. To the extent that other current OEMS functions duplicate the new State Trauma Medical Director's functions and can be consolidated under the medical director's responsibilities, additional offsetting savings may be possible.

The establishment and operations of the STSAC may generate State costs to the DOH beyond those costs associated with the State Trauma Medical Director position. Administrative costs related to establishing the STSAC and committee member reimbursement costs may be sufficiently modest to be absorbed by the department's current budget and staff. However, the OLS notes that the overall size of the STSAC is uncertain: the bill's provisions suggest that at least 21 members would be required to represent the various specified trauma care providers, but the bill allows the Governor to appoint additional members. The likely frequency of committee meetings and the committee's need for DOH staff support (such as assistance with data collection and analysis) are also uncertain, and may also affect committee-related costs. Due to these uncertainties, the OLS is unable to estimate precise committee-related costs at this time.

Section: Human Services

*Analyst: Nathan E. Myers
Senior Fiscal Analyst*

*Approved: David J. Rosen
Legislative Budget and Finance Officer*

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).