

## Support for State Senate Bill S818 & Assembly Bill A2095 New Jersey, 2010

In February of 2010, New Jersey State Senator Joseph Vitale and Assemblyman Herb Conaway introduced identical bills in their respective legislative houses to address the collapsing EMS system in the state. Both bills propose significant changes in New Jersey's EMS system, substantially in accordance with consensus recommendations made last year by the state's EMS Council following release of a study called for by the legislature. The Council's *EMS Redesign Task Force* strongly supports both bills and calls for their immediate passage.

The New Jersey EMS Study, commissioned by the state legislature and conducted by TriData, which called the status of our emergency medical services system "*in near crisis*", was released late in 2007. The Department of Health & Senior Services then directed the state EMS Council to review the report and provide implementation recommendations.

The alarming facts regarding our EMS system failure, which have been documented by several groups over the last few years, were underscored in detail by the Study:

- *Failure of standardized approach to handling EMS 911 calls among multiple emergency centers*
- *Nearly 14,000 persons a year are denied Advanced Life Support (ALS) due to a lack of paramedic units*
- *Critical failure of EMS funding structure*
- *Longer than acceptable response times for some EMS agencies and a significant number of 911 calls*
- *Disintegrating volunteer Basic Life Support (BLS) component*
- *Disjointed communications system suffering from duplication of services*
- *Non-standardized quality of BLS care with "pockets of inadequacy"*
- *Lack of responsibility by government to assure the provision of EMS*

There is a system wide funding shortage at all levels of EMS in New Jersey. From initial training throughout all facets of the provision of EMS, including ALS services, there is currently an inadequate financial structure that threatens the continued funding for the whole system. As a result sufficient EMS resources are not available to New Jersey residents in their time of need. In addition, because no formal structure exists to provide appropriate funding of the system, there is no long term financial base to sustain its various levels. Assuring the existence and maintenance of EMS, an essential public safety and health service, is an obligation of government to guarantee.

Unfortunately, it has become far too easy to ignore this crisis. Response times for BLS ambulances and ALS paramedic units have increased beyond levels considered reasonable around the country: In many areas of the state, an unconscionable number requests do not receive the appropriate level of care. A lack of regulation for a segment of our BLS providers has allowed for a frighteningly sub-standard level of care for some, while out-dated over regulation of ALS providers has unnecessarily increased the cost of paramedic care making it unaffordable for the most vulnerable and impairing the ability for its sufficient provision.

The failure of New Jersey's EMS system is not *about to happen*, it has ***already begun***, quietly worsening each year. There is a *clear and compelling* need to address this collapse of our emergency medical services system as a public health crisis, immediately.

The New Jersey Department of Health & Senior Services (NJDHSS), directed the state's EMS Council to review the TriData report and recommend a consensus path of action. To that end, the Council established a committee comprised of the entire Council as well as virtually all other stakeholders in the state's EMS System and convened the group in an unprecedented series of meetings over several months. Following extensive, detailed discussion and debate, the committee successfully concluded its deliberations with the design of a new advisory board, constructed to consolidate numerous, disconnected existing groups, provide full stakeholder representation and empowered to significantly change the system as necessary. The committee also performed a comprehensive consolidation and re-write of the state's various EMS related legislation, addressing several critical elements identified in the study.

The committee also assessed the current status of the states EMS system's funding and finance. It identified the following components of the system as substantially lacking adequate fiscal support:

- ✓ **Operations** (BLS, ALS, MedEvac, EMS Communication, EMS Task Force)
- ✓ **Municipal Mandate** (Incentive for Regionalization/Shared Services)
- ✓ **Work Force** (Recruitment, Development, Retention, Volunteerism)
- ✓ **Medical Oversight** (Medical Direction, Research, CQAI)
- ✓ **Administration** (System Oversight, EMCAB Administration, Licensure, OEMS, System Planning & Improvement, Sustainability, Design & Growth of the System)
- ✓ **Education** (Public Awareness, Clinical, Training Fund)
- ✓ **Technology** (Electronic Records, Technology Improvement)
- ✓ **Specialty Care** (Pre-Hospital Trauma, EMSC, NJPIES, Burn)

To begin mitigating this crisis, the committee urges the following immediate steps:

**1. Redirect Funding.** *Current legislation identifies the following funds, whose allocations have often been directed to unrelated programs, but whose intent is to support components of the EMS system. The committee recommends 75 percent of the below aggregated funds, without reducing the appropriation to any existing EMS program, be used to help fund the system:*

- JEMSTAR (Jersey EMS Shock Trauma Aeromedical Response)
- 911 Telephone Bill Surcharge

**2. Immediate funding increases to sustain these remaining essential programs**

- EMT Training Fund
- EMS for Children
- NJPIES (New Jersey Poison Information & Education Services)

**3. An increase on all moving violations to assist in this funding.**

The proposed bills address the issues raised by the TriData EMS Study and the recommendations made by the EMS Council's Task Force through the following ways;

1. **Municipal Authority-** New Jersey municipalities do not necessarily have to pay for EMS coverage, only ensure that the citizens of the town have appropriate access to it, like police and fire service. It is very clear in this tough economic time that these bills should increase monies at the local level and the citizens of and visitors to the state are deserving of appropriately staffed, timely response from their prehospital providers.

2. It establishes a needed minimum level of staffing of two EMT's as the standard of care for every ambulance in the state. This would be a uniform response to transport to ensure appropriate care for all of New Jersey's citizens.
3. It establishes a governing body, EMCAB, which will have industry leaders serving to advise the Department of Health and Senior Services on prehospital issues and the medical care. They will do this without compensation and are experts in their fields.
4. It calls for the EMS Training Fund to be more inclusive and train all providers giving them the finest of education in order to meet their certification requirements.
5. It licenses all ambulances so that under the Department of Health and Senior Services, it will allow us to use the most up to date medical protocols and standards for all of our citizens. It will also help with the ease of implementation and allow us to move forward on aggressive new medical treatments.
6. It gives the statutory authority for the EMS Task Force to allow the task force to continue its great work for disasters, terrorism and to come together quickly in whatever situations our state and its citizens may face.