

ASSEMBLY PUBLIC SAFETY AND PREPAREDNESS  
COMMITTEE

STATEMENT TO

**ASSEMBLY, No. 2384**

with committee amendments

**STATE OF NEW JERSEY**

DATED: MAY 28, 2026

The Assembly Public Safety and Preparedness Committee reports favorably and with committee amendments Assembly Bill No. 2384.

As amended and reported by the committee, this bill requires the Office of Emergency Medical Services (OEMS) in the Department of Health (DOH) to develop a Statewide Emergency Medical Services Plan that provides for a comprehensive, coordinated, emergency medical services (EMS) system in this State. The plan is to include both short- and long-term goals and objectives and may incorporate regional emergency medical services plans tailored to the specific needs of regions within the State, as designated by the OEMS. If used, regional plans are to be jointly developed by each county board of health within the designated region, in consultation with local boards of health, as needed. Regional plans are subject to approval by the OEMS; upon receiving approval, the regional plan is deemed to be part of the Statewide plan. The OEMS is required to triennially review and update the Statewide plan, and to make any changes to the plan as may be necessary to improve the effectiveness and efficiency of the State's EMS system of care. The DOH is required to make the Statewide Emergency Medical Services Plan available on its website.

In developing and updating the Statewide Emergency Medical Services Plan, the OEMS is required, at a minimum, to:

(1) conduct an inventory of EMS resources available within the State;

(2) conduct an assessment of the current effectiveness of the State's EMS system of care;

(3) determine the need for changes to the current EMS system of care, including any changes that may be needed to improve access to EMS in a given region of the State or for a given population within the State;

(4) develop performance metrics regarding the delivery of EMS, establish a schedule for achieving those metrics, develop a method for monitoring and evaluating whether the performance metrics are being met, and prepare a cost estimate for achieving the performance metrics;

(5) work with professional medical organizations, hospitals, and other public and private agencies to develop approaches to ensure that individuals who currently use the emergency department for routine, nonurgent, primary medical care are served more appropriately and economically; and

(6) consult with and review, with appropriate EMS agencies and organizations, the development of applications for grants or other funding from governmental or other appropriate sources to support EMS programs.

The bill additionally requires the Statewide Emergency Medical Services Plan to:

(1) establish a comprehensive Statewide EMS system, incorporating facilities, transportation, personnel, communications, and other components as integral parts of a unified system that will improve the delivery of EMS and thereby decrease morbidity, hospitalization, disability, and mortality;

(2) seek to reduce the time between the identification of an acutely ill or injured patient and the provision of definitive treatment for the illness or injury;

(3) increase access to high-quality EMS for all citizens of this State;

(4) promote continuous improvement in system components, including: ground, water, and air transportation; communications; hospital emergency departments and other emergency medical care facilities; health care provider training and health care service delivery; and consumer health information and education;

(5) ensure performance improvement of the EMS system and of the emergency services and care delivered on scene, in transit, in hospital emergency departments, and within the hospital environment;

(6) conduct, promote, and encourage programs of education and training designed to upgrade the knowledge and skills of EMS personnel, including expanding the availability of paramedic and advanced life support training throughout the State, with particular emphasis on underserved regions that lack EMS personnel with sufficient skills and training;

(7) maintain a process for designating appropriate hospitals as trauma centers, certified stroke centers, and specialty care centers based on an applicable national evaluation system;

(8) maintain a comprehensive EMS patient care data collection and performance improvement system that incorporates certain EMS data currently reported to the DOH;

(9) collect data and information and prepare reports for the sole purpose of designating and verifying trauma centers and other specialty care centers, which data, information, and reports are not to be considered a government record under the open public records act;

(10) establish and maintain a process for crisis intervention and peer support services for EMS personnel and public safety personnel,

including Statewide availability and accreditation of critical incident stress management or peer support teams and personnel. The accreditation standards are to include a requirement that a peer support team be headed by a clinical psychologist, psychiatrist, clinical social worker, or professional counselor who: (a) is licensed pursuant to Title 45 of the Revised Statutes; and (b) has at least five years of experience as a mental health consultant working directly with EMS personnel or public safety personnel;

(11) coordinate with the Emergency Medical Services for Children Program to maintain, and update as needed, the Statewide program of EMS for children developed pursuant to current law;

(12) establish and support a Statewide system of health and medical emergency response teams, including EMS disaster task forces, coordination teams, disaster medical assistance teams, and other support teams that will assist local EMS providers at their request during mass-casualty events, disasters, or whenever local resources are overwhelmed;

(13) establish and maintain a program to improve the dispatching of EMS personnel and vehicles, including establishing and supporting EMS dispatch training, accrediting 911 dispatch centers, and establishing and maintaining public safety answering points; and

(14) identify and establish best practices for managing and operating EMS providers, improving and managing EMS response times, and disseminating information to the appropriate persons and entities.

In developing the Statewide Emergency Medical Services Plan, the OEMS is required to coordinate with the Emergency Medical Services for Children program and the State trauma medical director, both of which will be required to revise any plans, programs, protocols, or other requirements related to EMS as may be necessary to ensure conformity with the Statewide Emergency Medical Services Plan.

#### COMMITTEE AMENDMENTS:

The committee amended the bill to:

(1) remove the provision providing that data and information collected to designate or verify trauma centers would not be available pursuant to the common law concerning access to government records; and

(2) make technical changes.