Sponsored by:
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District 19 (Middlesex)
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District 3 (Cumberland, Gloucester and Salem)

Co-Sponsored by:
Senator Stack

SYNOPSIS
Revises requirements for emergency medical services delivery.

CURRENT VERSION OF TEXT
Introduced Pending Technical Review by Legislative Counsel.
AN ACT concerning emergency medical services, supplementing Title 26 of the Revised Statutes and revising various parts of the statutory law.

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

1. Section 1 of P.L.1984, c.146 (C.26:2K-7) is amended to read as follows:

1. As used in [this act] chapter 2K of Title 26 of the Revised Statutes:

[a.] "Advanced life support" means an advanced level of [pre-hospital, inter-hospital, and emergency service] care which includes basic life support functions, cardiac monitoring, cardiac defibrillation, telemetered electrocardiography, administration of anti-arrhythmic agents, intravenous therapy, administration of specific medications, drugs and solutions, use of adjunctive ventilation devices, trauma care, and other techniques and procedures authorized in writing by the commissioner.

"Agency" means an organization that is licensed or otherwise authorized by the department to operate a pre-hospital or inter-facility care ambulance service.

"Basic life support" means a basic level of pre-hospital care or inter-facility care which includes patient stabilization, airway clearance, cardiopulmonary resuscitation, hemorrhage control, initial wound care, fracture stabilization, and other techniques and procedures authorized in writing by the commissioner.

[b.] "Board of Medical Examiners" means the State Board of Medical Examiners.

c. ] "Board of Nursing" means the New Jersey State Board of Nursing.

[ d. ] "Clinician" means a person who is licensed or otherwise authorized to provide patient care in a pre-hospital care or inter-facility care setting.

[e. ] "Commissioner" means the Commissioner of [the State Department of Health]; Health.

[f. ] "Department" means the [State] Department of Health.

[g. ] "Emergency [service] department" means a program in a general hospital staffed 24 hours a day by a licensed physician trained in emergency medicine and as prescribed by regulation of the commissioner.

“EMCAB” means the Emergency Medical Care Advisory Board established pursuant to section 13 of P.L., c. (C. ) (pending

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.
“Emergency medical responder” means a person trained to provide emergency medical first response services in a program recognized by the commissioner and licensed or otherwise authorized by the department to provide those services.

"Emergency medical services personnel" means persons trained and licensed or otherwise authorized to provide emergency medical care, whether on a paid or volunteer basis, as part of a basic life support or advanced life support pre-hospital care service or in an emergency department in a general hospital.

“Emergency medical technician” or “EMT” means a person trained to provide basic life support services in a program recognized by the commissioner and licensed or otherwise authorized by the department to provide those services.

“EMSC Advisory Council” means the Emergency Medical Services for Children Advisory Council established pursuant to section 5 of P.L.1992, c.96 (C.26:2K-52).

“EMSC coordinator” means the person coordinating the EMSC program within the Office of Emergency Medical Services in the department.

“EMSC program” means the Emergency Medical Services for Children program established pursuant to section 3 of P.L.1992, c.96 (C.26:2K-50), and other relevant programmatic activities conducted by the Office of Emergency Medical Services in the department in support of appropriate treatment, transport, and triage of ill or injured children in New Jersey.

[g. "Inter-hospital care" means those emergency medical services rendered by mobile intensive care units to emergency patients before and during transportation between emergency treatment facilities, and upon arrival within those facilities;]

“Health care facility” means a health care facility licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.).

“Inter-facility care” means those medical services rendered to patients by emergency medical services personnel before and during transportation between medical facilities, and upon arrival at those facilities.

[i. "Mobile intensive care paramedic" means a person trained in advanced life support services and certified by the commissioner to render advanced life support services as part of a mobile intensive care unit;]

[j. "Mobile intensive care unit" means a specialized emergency medical service vehicle that is operating under a mobile intensive care program pursuant to section 6 of P.L.1984, c.146 (C.26:2K-12) and is staffed by mobile intensive care paramedics or registered professional nurses trained in advanced life support nursing and operated for the provision of advanced life support services recognized as mobile intensive care nurses, or other personnel...
authorized by the commissioner, under the medical direction of an authorized hospital.

“9-1-1 call” means a 9-1-1 telephone call for emergency medical services in which the caller dials 9-1-1, or a method adopted in the future to initiate the response of emergency medical services for a medical reason through a public safety answering point as defined in section 1 of P.L.1989, c.3 (C.52:17C-1).

“Paramedic” means a person licensed or otherwise authorized by the commissioner as a paramedic pursuant to regulation of the commissioner.

“Pre-hospital care” means those emergency medical services rendered by mobile intensive care units to emergency medical services personnel before and during transportation to medical facilities, and upon arrival within those facilities.

"Regional trauma center" means a State designated level one hospital-based trauma center equipped and staffed to provide emergency medical services to an accident or trauma victim.

“Volunteer first aid, ambulance or rescue squad” means a volunteer first aid, ambulance or rescue squad as defined in section 3 of P.L.1987, c.284 (C.27:5F-20).

(cf: P.L.1984, c.146, s.1)

2. Section 2 of P.L.1984, c.146 (C.26:2K-8) is amended to read as follows:

   2. a. (1) A mobile intensive care paramedic shall obtain certification from the commissioner to staff a mobile intensive care unit or a health care facility and shall make application therefor on forms prescribed by the commissioner.

   (2) An EMT shall obtain licensure from the commissioner to staff a licensed ambulance or a health care facility and shall make application therefor on forms prescribed by the commissioner.

   (3) An emergency medical responder shall obtain licensure from the commissioner to respond to 9-1-1 calls and shall make application therefor on forms prescribed by the commissioner.

   b. The commissioner, with the approval of the board of medical examiners, shall establish written standards which an applicant shall meet in order to obtain certification as a paramedic, EMT, or emergency medical responder. The commissioner shall act on a regular basis upon applications of candidates for certification as a mobile intensive care paramedic, EMT, or emergency medical responder. The commissioner shall license a candidate who provides satisfactory evidence of the successful completion of an educational program approved by the commissioner for the
training of [mobile intensive care] paramedics, EMTs, or emergency medical responders, as applicable, and who passes an examination [in the provision of advance life support services] approved by the department for the applicable licensure, which examination shall be conducted by the department at least twice a year.

c. The department shall maintain a register of all applicants for [certification] licensure hereunder, which register shall include but not be limited to:

(1) The name and residence of the applicant;
(2) The date of the application;
(3) Information as to whether the applicant was rejected or [certified] licensed and the date of that action.

d. An EMT who is a member of a volunteer first aid, ambulance or rescue squad shall not be required to pay a fee or assume any other cost for licensure from the commissioner pursuant to this section.

e. The department shall [annually compile a] maintain a current list of [mobile intensive care] paramedics and EMTs. This list shall be available to the public on the Internet website of the department.

(cf: P.L.1984, c.146, s.2)

3. Section 3 of P.L.1984, c.146 (C.26:2K-9) is amended to read as follows:

The commissioner, after notice and hearing, may revoke the [certification] license of a [mobile intensive care] paramedic, EMT, or emergency medical responder for violation of any provision of [this act] P.L.1984, c.146 (C.26:2K-7 et seq.) or regulation promulgated hereunder.

(cf: P.L.1984, c.146, s.3)

4. Section 4 of P.L.1984, c.146 (C.26:2K-10) is amended to read as follows:

A [mobile intensive care] paramedic may [perform] provide advanced life support services, provided [they maintain] that the paramedic:

a. maintains direct voice communication with and [are] is taking orders from a licensed physician or physician directed registered professional nurse, both of whom are affiliated with a mobile intensive care hospital which is approved by the commissioner to provide advanced life support services. A telemetered electrocardiogram shall be monitored when deemed appropriate by the licensed physician or when required by written rules and regulations established by the mobile intensive care hospital and approved by the commissioner] program operating pursuant to section 6 of P.L.1984, c.146 (C.26:2K-12); or
b. is operating under standing orders from a licensed physician that have been developed or approved by a mobile intensive care program. (cf: P.L. 1984, c. 146, s.4)

5. Section 6 of P.L. 1984, c. 146 (C. 26:2K-12) is amended to read as follows:

6. a. Only a hospital [authorized by the commissioner with an accredited emergency service may develop and maintain a mobile intensive care unit, and provide advanced life support services utilizing licensed physicians, registered professional nurses trained in advanced life support nursing, and mobile intensive care paramedics] licensed by the department to operate a mobile intensive care program may develop or maintain such a program. At a minimum, the hospital shall be required to maintain an emergency department.

b. A hospital authorized by the commissioner pursuant to subsection a. of this section shall provide mobile intensive care unit services on a seven-day-a-week basis.

c. The commissioner shall establish, [in writing] by regulation, criteria which a hospital shall meet in order to [qualify for the authorization] obtain licensure to operate a mobile intensive care program, and shall prescribe, in those regulations, standards and responsibilities for the position of medical director for the program. A hospital operating a mobile intensive care program prior to, or on the effective date of, P.L. , c. (pending before the Legislature as this bill), shall be required to meet any new requirements for such licensure as may be established by the commissioner by the date that the hospital is required to apply for renewal of its license to operate a mobile intensive care program.

d. The commissioner [may withdraw his authorization] shall provide by regulation for enforcement of the provisions of chapter 2K of Title 26 of the Revised Statutes, up to and including revocation of licensure to operate a mobile intensive care program if the hospital or unit violates any provision [of this act] thereof or rules or regulations promulgated pursuant thereto. (cf: P.L. 1985, c. 351, s.2)

6. (New section) a. The commissioner shall not issue an initial license or other authorization to practice as a clinician unless the commissioner first determines that no criminal history record information exists on file in the Federal Bureau of Investigation, Identification Division, or in the State Bureau of Identification in the Division of State Police, which may disqualify the applicant from being licensed or otherwise authorized to practice as a clinician as determined by regulation of the commissioner.
b. (1) The commissioner shall not renew a license or other authorization to practice as a clinician unless the commissioner first determines that no criminal history record information exists on file in the Federal Bureau of Investigation, Identification Division, or in the State Bureau of Identification in the Division of State Police, which may provide grounds for the refusal to renew the license or other authorization to practice as a clinician.

(2) The commissioner shall revoke a license or other authorization to practice as a clinician if the commissioner determines that criminal history record information exists on file in the Federal Bureau of Investigation, Identification Division, or in the State Bureau of Identification in the Division of State Police, which may provide grounds for the refusal to renew the license or other authorization to practice as a clinician.

c. The commissioner shall establish, by regulation, a schedule of dates by which the requirements of this section shall be implemented no later than four years after the effective date of P.L., c. (pending before the Legislature as this bill).

d. The commissioner may, in an emergent circumstance as determined by the commissioner, temporarily waive the requirement for a person to undergo a criminal history record background check as a condition of new or renewed licensure or other authorization to practice as a clinician.

e. An applicant or licensee who is required to undergo a criminal history record background check pursuant to this section shall submit to the commissioner that individual's name, address, and fingerprints taken on standard fingerprint cards, or through any equivalent means, by a State or municipal law enforcement agency or by a private entity under contract with the State. The commissioner is authorized to exchange fingerprint data with and receive criminal history record information from the Federal Bureau of Investigation and the Division of State Police for use in making the determinations required pursuant to this section.

f. Upon receipt of the criminal history record information for an applicant or licensee from the Federal Bureau of Investigation or the Division of State Police, the commissioner shall immediately notify the applicant or licensee, as applicable.

g. If an applicant refuses to consent to, or cooperate in, the securing of a criminal history record background check, the commissioner shall not issue a clinician license and shall notify the applicant of that denial.

h. If a licensee refuses to consent to, or cooperate in, the securing of a criminal history record background check as required during the licensure or other authorization renewal process, the commissioner shall refuse to renew the license or other authorization of the licensee, without a hearing, and shall notify the licensee of that denial.

i. A licensee:
(1) who has permitted a license or other authorization to lapse, or whose license, other authorization or privilege has been suspended, revoked, or otherwise, and
(2) who has not already submitted to a criminal history record background check, shall be required to submit fingerprints as part of the licensure or other authorization reinstatement process. If a reinstatement applicant refuses to consent to, or cooperate in, the securing of a criminal history record background check as required during the reinstatement process, the commissioner shall automatically deny reinstatement of the license or other authorization, without a hearing, and shall notify the licensee of that denial.

j. An applicant for licensure or other authorization to practice as a clinician shall be required to assume the cost of the criminal history record background check conducted pursuant to this section, in accordance with procedures determined by regulation of the commissioner, except that a member of a volunteer first aid, ambulance, or rescue squad shall not be required to assume this cost.

k. The provisions of this section shall not apply to a health care professional who is subject to a criminal history record background check pursuant to P.L.2002, c.104 (C.45:1-28 et al.)

7. Section 14 of P.L.1997, c.100 (C.53:1-20.9a) is amended to read as follows:
14. a. In accordance with the provisions of sections 2 through 6 and sections 7 through 13 of P.L.1997, c.100 (C.26:2H-83 through 87 and C.45:11-24.3 through 24.9) [and], P.L.2002, c.104 (C.45:1-28 et al.), and section 6 of P.L. , c. (C. ) (pending before the Legislature as this bill), the Division of State Police in the Department of Law and Public Safety shall conduct a criminal history record background check, including a name and fingerprint identification check, of:
(1) each applicant for nurse aide or personal care assistant certification submitted to the Department of Health and of each applicant for homemaker-home health aide certification submitted to the New Jersey Board of Nursing in the Division of Consumer Affairs;
(2) each nurse aide or personal care assistant certified by the Department of Health and each homemaker-home health aide certified by the New Jersey Board of Nursing, as required pursuant to P.L.1997, c.100 (C.26:2H-83 et al.); [and]
(3) each applicant for licensure or other authorization to engage in a health care profession who is required to undergo a criminal history record background check pursuant to P.L.2002, c.104 (C.45:1-28 et al.); and
(4) each applicant for clinician licensure who is required to undergo a criminal history record background check pursuant to
section 6 of P.L. , c. (C. ) (pending before the Legislature as this bill).

b. For the purpose of conducting a criminal history record background check pursuant to subsection a. of this section, the Division of State Police shall examine its own files and arrange for a similar examination by federal authorities. The division shall immediately forward the information obtained as a result of conducting the check to: the Commissioner of Health, in the case of an applicant for nurse aide or personal care assistant certification, a certified nurse aide or personal care assistant, or an applicant for clinician licensure pursuant to chapter 2K of Title 26 of the Revised Statutes; the New Jersey Board of Nursing in the Division of Consumer Affairs in the Department of Law and Public Safety, in the case of an applicant for homemaker-home health aide certification or a certified homemaker-home health aide; and the Director of the Division of Consumer Affairs in the Department of Law and Public Safety, in the case of an applicant for licensure or other authorization to practice as a health care professional as defined in section 1 of P.L.2002, c.104 (C.45:1-28).

(cf: P.L.2002, c.104, s.5)

8. (New section) a. Only an agency as defined in section 1 of P.L.1984, c.146 (C.26:2K-7) may develop or maintain a pre-hospital or inter-facility care ambulance service.

b. The commissioner shall establish, by regulation, criteria which an agency shall meet in order to obtain licensure to operate a pre-hospital or inter-facility care ambulance service, and shall prescribe in those regulations standards and responsibilities for the position of agency medical director. An agency operating a pre-hospital or inter-facility care ambulance service prior to or on the effective date of P.L. , c. (pending before the Legislature as this bill) shall be required to meet any new requirements for such licensure as may be established by the commissioner by the date that the agency is required to apply for renewal of its license to operate the ambulance service.

c. The commissioner shall provide by regulation for enforcement of the provisions of this section, up to and including revocation of licensure to operate a pre-hospital or inter-facility care ambulance service if the agency violates any provision thereof or rules or regulations promulgated pursuant thereto.

9. Section 7 of P.L.1984, c.146 (C.26:2K-13) is amended to read as follows:

7. a. No person may advertise or disseminate information to the public that the person provides:

(1) advanced life support services by a mobile intensive care unit unless the person is authorized to do so pursuant to section 6 of [this act] P.L.1984, c.146 (C.26:2K-12); or
(2) basic life support services by an ambulance unless the person is authorized to do so pursuant to section 8 of P.L. 1984, C. (pending before the Legislature as this bill).

b. No person may impersonate or refer to himself as a mobile intensive care paramedic, EMT, or emergency medical responder unless he is certified or approved therefor, as appropriate, that person is licensed as such.

(cf: P.L.1984, c.146, s.7)

10. Section 8 of P.L.1984, c.146 (C.26:2K-14) is amended to read as follows:

8. No mobile intensive care paramedic, EMT, emergency medical responder, other clinician, licensed physician, nurse, mobile intensive care program, hospital or its board of trustees, officers and members of the medical staff, nurses or other employees of the hospital, first aid, ambulance or rescue squad, or officers and members of a rescue squad or agency or officers, members, or employees thereof, shall be liable for any civil damages as the result of an act or the omission of an act committed while in training for or in the rendering of basic or advanced life support services in good faith and in accordance with this chapter 2K of Title 26 of the Revised Statutes.

(cf: P.L.1984, c.146, s.8)

11. (New section) Under the direction of the commissioner, the Office of Emergency Medical Services in the department shall serve as the lead State agency for the oversight of emergency medical services delivery in the State, including both direct services and support services and funding therefor, and shall have as its basic purpose to ensure the continuous and timely Statewide availability and dispatch of basic life support and advanced life support to all persons in this State, through ground and air, adult and pediatric triage, treatment and transport, emergency response capability. The office shall exercise this responsibility in furtherance of the public policy of this State to ensure, to the maximum extent practicable, that quality medical care is available to persons residing in or visiting this State at all times.

12. (New section) The commissioner shall appoint a State Medical Director for Emergency Medical Services, who shall assume responsibility for medical oversight of emergency medical services delivery in the State. The State medical director shall be a physician who is licensed in this State, has experience in the medical oversight of emergency medical services delivery, and is qualified to perform the duties of the position. The State medical director, subject to the commissioner’s approval, may appoint up to three regional medical directors to provide medical oversight of
emergency medical services delivery in their respective geographic
areas as defined by the State medical director.

13. (New section) a. (1) The commissioner shall establish a
State Emergency Medical Care Advisory Board, or EMCAB, which
shall advise the commissioner on all matters of mobile intensive
care services, basic life support services, advanced life support
services, and pre-hospital and inter-facility care, and shall focus on:
improving quality of care; making patient-centered decisions; and
using technology to improve efficiency and the standard of care.

(2) EMCAB shall recommend standards to be adopted by the
commissioner on response time, crew complements, equipment,
minimum clinical proficiencies, benchmarking, processes, trending
of quality and performance data, and the use of electronic data to
support all goals.

b. EMCAB shall organize as soon as practicable following the
appointment of its members and shall hold its initial meeting no
later than the 90th day after the effective date of P.L.

c. (pending before the Legislature as this bill).

1. The membership of EMCAB shall include 16 members,
as follows:

(a) the commissioner, the Director of the Office of Emergency
Medical Services in the department, and the State Medical Director
for Emergency Medical Services, or their designees, as ex officio,
nonvoting members; and

(b) 13 public members, who shall initially be appointed by the
commissioner and thereafter shall be appointed in a manner to be
specified by regulation of the commissioner, including one
representative from each of the following: volunteer basic life
support services providers; paid basic life support services
providers; emergency medical service helicopter response units;
mobile intensive care programs; emergency physicians; general
hospitals; emergency care nurses; municipal government;
emergency telecommunications services; county offices of
emergency management; trauma services or burn treatment
providers; the EMSC program; and a member of the general public
who is not involved with the provision of health care or emergency
medical services.

(2) Each public member of EMCAB shall serve for a term of
three years and may be reappointed to one or more subsequent
terms; except that of the members first appointed, five shall serve
for a term of three years, five for a term of two years, and three for
a term of one year. Vacancies in the membership of EMCAB shall
be filled in the same manner provided for the original appointments.

(3) The members of EMCAB shall serve without compensation,
but shall be reimbursed for necessary expenses incurred in the
performance of their duties and within the limits of funds available
to EMCAB.
d. The members of EMCAB shall select a chairman biennially to chair the meetings and coordinate the activities of EMCAB.

e. EMCAB shall establish standing committees, as well as any additional committees that it determines appropriate, which in each case shall include the number of members, utilize the criteria for appointment, and provide for the manner of appointment and term of service prescribed by regulation of the commissioner. The standing committees shall research, review, assess, and recommend policy, and analyze data as applicable, as specified by the commissioner. The standing committees shall include the following:

   (1) Medical Services Committee;
   (2) Pre-hospital Care Systems Operations Committee;
   (3) Inter-facility Care Systems Operations Committee;
   (4) Funding and Finance Committee;
   (5) Public Awareness and Prevention Committee;
   (6) Clinical Education Committee;
   (7) Research and Data and Performance Improvement Committee;
   (8) Specialty Care Committee; and
   (9) Local Government Coordination Committee.

f. Each committee shall address how its specific purpose can add to the discussion on the establishment of standards pursuant to paragraph (2) of subsection a. of this section.

g. (1) EMCAB shall, no later than the 120th day after its initial meeting, submit written recommendations to the commissioner for new or revised regulations to be adopted by the commissioner pursuant to P.L. c. (pending before the Legislature as this bill), which shall be designed to improve emergency medical services in this State consistent with standards adopted by the National Highway Traffic Safety Administration.

   (2) EMCAB shall provide ongoing review of existing regulations governing emergency medical services, and shall recommend to the commissioner such revisions as EMCAB determines are needed to achieve the goals of evidence-based medical care and protecting the public health.

   (3) EMCAB shall submit an annual report to the commissioner on the state of pre-hospital and inter-facility care in New Jersey, including evaluations and recommendations from each of its standing committees.

h. All meetings of EMCAB and its committees shall be open to the public. Prior public notice shall be provided for each meeting, and input and discussion by members of the public shall be encouraged at all such meetings.

i. The department shall provide staff support to EMCAB and its committees.
14. (New section) a. The commissioner, in consultation with EMCAB, shall establish, by regulation, requirements for:

(1) the collection of data that each agency providing pre-hospital or inter-facility care is to obtain for each patient encounter;
(2) the creation and use of a patient care report by the agency to provide this data in electronic form to the receiving facility in a timely manner; and
(3) the electronic reporting of this data to the department.

b. (1) The department shall develop and maintain an electronic record of the patient data reported pursuant to subsection a. of this section and shall make such non-identifying patient data available for research purposes, in accordance with guidelines to be established by the commissioner and subject to the requirements and restrictions of State and federal law and regulations.
(2) An agency shall not be required to utilize a prescribed form for reporting the data, provided that its reports include all data specified by regulation of the commissioner.

15. (New section) a. (1) The commissioner shall ensure or arrange for the provision of advanced life support pre-hospital care in response to 9-1-1 calls within the State.
(2) The commissioner, in consultation with EMCAB, shall establish minimum standards for training, response times, equipment, and quality of care with respect to basic life support pre-hospital care and advanced life support pre-hospital care.

b. (1) The commissioner shall establish, by regulation, minimum standards for licensing any clinician or agency as an emergency medical services provider before that clinician or agency is permitted to respond to 9-1-1 calls in this State.
(2) Any agency licensed to provide 9-1-1 emergency medical services response in New Jersey shall be required to maintain a written agreement with a dispatch agency approved by the commissioner. The commissioner shall establish objective standards to approve and monitor dispatch agencies; and these standards shall be designed to improve response times and appropriate triage of resources to respond to calls for emergency medical services. Any licensed emergency medical services provider shall be permitted to contract with any approved dispatch agency.
(3) The commissioner shall provide for the coordination of dispatch agencies in accordance with protocols established by the department.

c. The commissioner shall, no later than December 31 of each year, present a report to the Governor, and to the Legislature pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), on the adequacy of emergency medical services provided pursuant to this section, and shall identify in that report the funding needed for the succeeding fiscal year in order to adequately fund the needed
infrastructure and research to encourage the continued improvement of those emergency medical services.

16. Section 11 of P.L.1984, c.146 (C26:2K-17) is amended to read as follows:

11. a. The commissioner shall promulgate such rules and regulations in accordance with the "Administrative Procedure Act," P.L.1968, c. 410 (C. 52:14B-1 et seq.), as [he] the commissioner deems necessary to effectuate the purposes of [this act, and the board medical examiners and the board of nursing] chapter 2K of Title 26 of the Revised Statutes, with the advice of EMCAB in the form of such written recommendations as EMCAB may submit to the commissioner for his consideration.

b. The State Board of Medical Examiners and the New Jersey Board of Nursing shall promulgate such rules and regulations as they deem necessary to carry out their functions under [this act] chapter 2K of Title 26 of the Revised Statutes.

(cf: P.L.1984, c.146, s.11)

17. Section 13 of P.L.1984, c.146 (C26:2K-19) is amended to read as follows:


(cf: P.L.1984, c.146, s.13)

18. Section 14 of P.L.1984, c.146 (C26:2K-20) is amended to read as follows:

14. Nothing in this act shall be construed to prevent a licensed and qualified member of the health care profession from performing any [of the] duties that require the skills of a [mobile intensive care] paramedic, EMT, or emergency medical responder if the duties are consistent with the accepted standards of the member's profession.

(cf: P.L.1984, c.146, s.14)

19. Section 2 of P.L.1986, c.106 (C26:2K-36) is amended to read as follows:

2. a. There is established the New Jersey Emergency Medical Service Helicopter Response Program in the [Division of Local and Community Health Services] Office of Emergency Medical Services of the Department of Health. The commissioner shall have overall responsibility for administration of the program and shall designate a mobile intensive care hospital in this State and a [regional] trauma [or critical care] center which shall develop and
maintain a hospital-based emergency medical service helicopter response unit. The commissioner shall designate at least two units in the State, of which no less than one unit each shall be designated for the northern and southern portions of the State, respectively.

b. Each emergency medical service helicopter response unit shall be staffed by at least two persons trained in advanced life support and approved by the commissioner. The staff of the emergency medical service helicopter response unit shall render life support services to an accident or trauma victim, as necessary, in the course of providing emergency medical transportation.

c. The commissioner shall provide, by regulation, for the licensure of privately operated emergency medical service helicopter response units, in addition to the units designated pursuant to subsection a. of this section.

(cf: P.L.1986, c.106, s.2)

20. Section 3 of P.L.1986, c.106 (C.26:2K-37) is amended to read as follows:

3. The Division of State Police of the Department of Law and Public Safety shall establish an emergency medical transportation service to provide air medical transportation service pursuant to section 2 of P.L.1986, c.106 (C.26:2K-36). The superintendent shall operate and maintain at least one dedicated helicopter and at least one additional helicopter that provides backup air medical transportation capability, for each emergency medical service helicopter response unit designated by the commissioner pursuant to section 2 of P.L.1986, c.106 (C.26:2K-36).

(cf: P.L.1986, c.106, s.3)

21. Section 3 of P.L.1992, c.96 (C.26:2K-50) is amended to read as follows:

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

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

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

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

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

(cf: P.L.1992, c.96, s.3)

22. Section 5 of P.L.1992, c.96 (C.26:2K-52) is amended to read as follows:

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

b. The advisory council shall consist of a minimum of 24 public members to be appointed by the Governor, with the advice and consent of the Senate commissioner, in consultation with EMCAB, for a term of three years. Membership of the advisory council shall include: one practicing general practice pediatrician, one pediatric critical care physician, one board certified pediatric emergency physician and one pediatric physiatrist, to be appointed upon the recommendation of the New Jersey chapter of the American Academy of Pediatrics; one pediatric surgeon and one trauma surgeon, to be appointed upon the recommendation of the New Jersey chapter of the American College of Surgeons; one general emergency physician, to be appointed upon the recommendation of the New Jersey chapter of the American College of Emergency Physicians; one injury prevention specialist, to be appointed upon the recommendation of the New Jersey State Safe Kids Coalition; one emergency medical technician, to be appointed upon the recommendation of the New Jersey State First Aid Council; one paramedic, to be appointed upon the recommendation of the State mobile intensive care advisory council] subcommittee on advanced life support services of the standing committee on Pre-hospital Care Systems Operations of EMCAB; one family practice physician, to be appointed upon the recommendation of the New Jersey chapter of the American Academy of Family Practice Physicians; two registered emergency nurses, one to be appointed upon the recommendation of the New Jersey State Nurses Association and one to be appointed upon the recommendation of the New Jersey Chapter of the Emergency Nurses Association; one school nurse, to be appointed upon the recommendation of the New Jersey State School Nurses Association; one person to be appointed upon the recommendation of the Medical Transportation Association of New Jersey; and three members, each with a non-medical background, two of whom are parents with children under the age of 18, to be appointed upon the joint recommendation of the Association for Children of New Jersey and the Junior Leagues of New Jersey].
The advisory council shall also include the following members who shall serve ex officio: the President of the New Jersey Hospital Association or his designee; the EMSC coordinator; the Director of the Office of Emergency Medical Services in the department; a representative from the Division of Family Health Services in the department who manages the federal Maternal and Child Health Services Title V Block Grant for children with special health care needs; the Director of the Division of Highway Traffic Safety in the Department of Law and Public Safety or his designee; the Commissioner of Children and Families or his designee; and the Commissioner of Education or his designee.

c. Vacancies on the advisory council shall be filled for the unexpired term by appointment of the [Governor] commissioner, in consultation with EMCAB, in the same manner as originally filled. The members of the advisory council shall serve without compensation. The advisory council shall elect a chairperson, who may select from among the members a vice-chairperson and other officers or subcommittees which are deemed necessary or appropriate. The council may further organize itself in any manner it deems appropriate and enact bylaws as deemed necessary to carry out the responsibilities of the council.

d. The council shall meet at least quarterly.

(cf: P.L.1992, c.96, s.5)

23. Section 1 of P.L.1993, c.58 (C.26:2K-60) is amended to read as follows:

1. In the event of an emergency, the chief executive officer of any [volunteer] basic life support service first aid, ambulance or rescue squad or the mayor or chief executive officer of any municipality may request assistance from the chief executive officer of any [volunteer] basic life support service first aid, ambulance or rescue squad located in and serving another municipality for the protection and preservation of life within the territorial jurisdiction served by the squad requesting the assistance.

The chief executive officer of the [volunteer] basic life support service first aid, ambulance or rescue squad located in and normally serving a contiguous municipality to whom such a request for assistance is made shall, except as hereinafter otherwise set forth, provide such personnel and equipment as requested to the extent possible without endangering any person or property within the municipality in which the assisting squad is located and which it normally serves.

The members of any squad providing assistance shall have, while so acting, the same rights and immunities as they otherwise enjoy in the performance of their normal duties in the municipality, or other territorial jurisdiction, in which the squad is located and which it normally serves.
If any member of the assisting basic life support service first aid, ambulance or rescue squad shall, in rendering such assistance, suffer any injury or death, the member or his designee or legal representative shall be entitled to all salary, pension rights, workers compensation and other benefits to which the member would be entitled if the casualty or death had occurred in the performance of the member's duties in the municipality, or other territorial jurisdiction, in which the squad is located and which it normally serves.

(cf: P.L.1993, c.58, s.1)

24. Section 2 of P.L.1993, c.58 (C.26:2K-61) is amended to read as follows:

2. The governing bodies of two or more municipalities may, by enacting reciprocal ordinances, enter into agreements with each other for mutual basic life support service first aid, ambulance or rescue squad assistance in case of emergency, subject to the written approval of the [volunteer] basic life support service first aid, ambulance or rescue squad or squads involved. The agreements may provide for:

(a) Terms and conditions for payment by the municipality receiving assistance to the municipality rendering assistance for each member and each equipped basic life support service first aid, ambulance or rescue squad apparatus for each hour supplied;

(b) The reimbursement of the municipality or municipalities rendering assistance for any damage to basic life support service first aid, ambulance or rescue squad equipment or other property and for payment to any member of a basic life support service first aid, ambulance or rescue squad for injuries sustained while serving pursuant to such agreements, or to a surviving spouse or other dependent if death results; and

(c) A joint meeting of the municipalities entering into such agreements regarding other matters as are mutually deemed necessary.

(cf: P.L.1993, c.58, s.2)

25. (New section) a. The commissioner shall establish, maintain, and coordinate the activities of the New Jersey Emergency Medical Services Task Force.

b. The purpose of the task force shall be to support and enhance the provision of specialized response services, utilizing personnel and equipment to respond as requested, for both pre-planned and emergency events, including natural disasters and mass casualty incidents, including chemical, biological, radiological, nuclear, and explosive events, in order to reduce morbidity and mortality through appropriate triage, incident management, and coordinated pre-hospital care and transportation.
c. The membership of the task force shall represent all regions of the State and shall include emergency medical responders, EMTs, paramedics, registered nurses, physicians, communications specialists, hospitals, agencies providing emergency medical responder and other emergency medical services, and communication centers utilized for the purpose of providing emergency medical services.

26. Section 4 of P.L.1987, c.284 (C.27:5F-21) is amended to read as follows:

4. a. The Governor shall coordinate the highway traffic safety activities of State and local agencies, other public and private agencies, nonprofit organizations, and interested organizations and individuals and shall be the official of this State having the ultimate responsibility of dealing with the federal government with respect to the State highway traffic safety program. In order to effectuate the purposes of this act [he], the Governor shall:

(1) Prepare for this State, the New Jersey Highway Traffic Safety Program which shall consist of a comprehensive plan in conformity with the laws of this State to reduce traffic accidents and deaths, injuries, and property damage resulting therefrom;

(2) Promulgate rules and regulations establishing standards and procedures relating to the content, coordination, submission, and approval of local highway traffic safety programs;

(3) Contract and do all things necessary or convenient on behalf of the State in order to insure that all departments of State government, local political subdivisions and nonprofit organizations, to the extent that nonprofit organizations qualify for highway traffic safety grants pursuant to the provisions of section 12 of P.L.1987, c.284 (C.27:5F-29) as amended by section 6 of P.L.2007, c.84, secure the full benefits available under the "U.S. Highway Safety Act of 1966," Pub.L.89-564 (23 U.S.C. ss. 401-404), and any acts amendatory or supplementary thereto;

(4) Adopt, through the Commissioner of Health [and Senior Services], training programs, guidelines, and standards for members of [nonvolunteer] basic life support service first aid, rescue, and ambulance squads and agencies providing emergency medical service programs or pre-hospital or inter-facility care as defined in section 1 of P.L.1984, c.146 (C.26:2K-7).

b. The New Jersey Highway Traffic Safety Program, and rules and regulations, training programs, guidelines, and standards shall comply with uniform standards promulgated by the United States Secretary of Transportation in accordance with the "U.S. Highway Safety Act of 1966," Pub.L.89-564 (23 U.S.C. ss. 401-404), and any acts amendatory or supplementary thereto.

(cf: P.L.2007, c.84, s.2)
27. Section 5 of P.L.1987, c.284 (C.27:5F-22) is amended to read as follows:

5. The New Jersey Highway Traffic Safety Program shall, in addition to other provisions, include training programs for groups such as, but not limited to, police, teachers, students, and public employees, which programs shall comply with the uniform standards promulgated by the United States Secretary of Transportation in accordance with the "U.S. Highway Safety Act of 1966," Pub.L.89-564 (23 U.S.C. s.s.401-404), and any acts amendatory or supplementary thereto.

In addition, the New Jersey Highway Traffic Safety Program shall include the training program for members of volunteer first aid, rescue and ambulance squads, adopted by the New Jersey State First Aid Council, paramedics, emergency medical technicians, and emergency medical responders licensed by the Commissioner of Health, which shall comply with the uniform standards promulgated by the United States Secretary of Transportation in accordance with the "U.S. Highway Safety Act of 1966," Pub.L.89-564 (23 U.S.C. s.s.401-404) and any amendments or supplements to it.

(cf: P.L.1987, c.284, s.5)

28. Section 10 of P.L.1987, c.284 (C.27:5F-27) is amended to read as follows:

10. Each basic life support service first aid, rescue and ambulance squad providing emergency medical service programs shall be responsible for the training of its members and shall notify the governing body of the political subdivision in which the squad is located, or the person designated for this purpose by the governing body, that particular applicants for membership (qualified under sections 5 and 4 of this act respectively), ambulances, and ambulance equipment meet the standards required by this act. Upon receipt of such notification the governing body or person designated shall certify the applicant, ambulances, and ambulance equipment as being qualified for emergency medical service programs, and shall issue a certificate to that effect at no charge. Each member and piece of equipment of a volunteer and nonvolunteer first aid, rescue and ambulance squad shall comply with the requirements for certification annually. Any person who is a member of a volunteer and nonvolunteer first aid, rescue and ambulance squad providing emergency medical service programs on the effective date of this act shall, if application is made to the appropriate municipality within 90 days of the effective date, be certified by the governing body or designated person as being qualified for emergency medical service programs for a period of two years. At the end of that period, the person shall comply with the requirements for licensure of personnel.
ambulances, and ambulance equipment established by the
Commissioner of Health and shall staff each ambulance, when it is
transporting a patient, with at least one emergency medical
technician who shall attend to the patient in the patient
compartment. No person or entity shall respond to a 9-1-1 call as
defined in section 1 of P.L.1984, c.146 (C.26:2K-7) unless that
person or entity is licensed to do so by the Department of Health.
(cf: P.L.1987, c.284, s.10)

29. The following are repealed:
   Sections 5, 10, and 12 of P.L.1984, c.146 (C.26:2K-11, C.26:2K-
16, and C.26:2K-18);
   P.L.1985, c.351 (C.26:2K-21 et seq.);
   Sections 1 and 4 of P.L.1986, c.106 (C.26:2K-35 and C.26:2K-
38);
   Sections 1, 2, 3, and 10 of P.L.2003, c.1 (C.26:2K-47.1,
C.26:2K-47.2, C.26:2K-47.3, and C.26:2K-47.9);
   Section 2 of P.L.1992, c.96 (C.26:2K-49); and
   Sections 2, 4, 5, and 6 of P.L.1992, c.143 (C.26:2K-55, C.26:2K-

30. This act shall take effect on the first day of the seventh
month next following the date of enactment, but the Commissioner
of Health may take such anticipatory administrative action in
advance thereof as shall be necessary for the implementation of the
act.

STATEMENT

This bill provides a new statutory approach to the regulation of
emergency medical services that encompasses basic and advanced
life support services, and governs the qualifications, training, and
operations of paramedics, emergency medical technicians (EMTs),
and emergency medical responders.

The bill provides specifically as follows:

Under the direction of the Commissioner of Health, the Office of
Emergency Medical Services in the Department of Health (DOH) is
to serve as the lead State agency for the oversight of emergency
medical services delivery in the State.

The commissioner is to appoint a physician with relevant
experience as State Medical Director for Emergency Medical
Services, and the State Medical Director may appoint up to three
regional medical directors to oversee their respective geographic
areas.
The commissioner is to ensure or arrange for the provision of advanced life support pre-hospital care in response to 9-1-1 calls within the State.

Paramedics who staff mobile intensive care units, EMTs who staff licensed ambulances, and emergency medical responders to 9-1-1 calls are to be licensed and to undergo criminal history record background checks; however, an EMT who is a member of a volunteer first aid, ambulance, or rescue squad is exempt from having to assume any costs for licensure or having to undergo a criminal history record background check.

The commissioner is authorized, after notice and hearing, to revoke the license of a paramedic, EMT, or emergency medical responder for violation of any provision of applicable laws and regulations.

DOH is to make available to the public a current list of licensed paramedics and EMTs on its Internet website.

A paramedic is authorized to perform advanced life support services if the paramedic: maintains direct voice communication with and is taking orders from a licensed physician or physician-directed registered professional nurse, both of whom are affiliated with a mobile intensive care program; or is operating under standing orders from a licensed physician that were developed or approved by a mobile intensive care program.

A hospital licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) is: authorized to develop and maintain a mobile intensive care program if it is licensed to do so pursuant to this bill; and, at a minimum, is required to maintain an accredited emergency department. The commissioner is to establish, by regulation, criteria which a hospital must meet in order to obtain licensure to operate a mobile intensive care program.

The commissioner is to establish an Emergency Medical Care Advisory Board (EMCAB), which is to advise the commissioner on all matters of mobile intensive care services, basic life support services, advanced life support services, and pre-hospital and inter-facility care. EMCAB replaces the State mobile intensive care advisory council; and section 10 of P.L.1984, c.146 (C.26:2K-16), which established the council, is repealed. EMCAB is to include 16 members, as follows: the commissioner and the Director of the Office of Emergency Medical Services in DOH, and the State Medical Director for Emergency Medical Services, or their designees, as ex officio, nonvoting members; and 13 public members, to be initially appointed by the commissioner and thereafter appointed in a manner specified by regulation of the commissioner, including one representative from each of the following: volunteer basic life support services providers; paid basic life support services providers; emergency medical service helicopter response units; mobile intensive care programs; emergency physicians; general hospitals; emergency care nurses;
municipal government; emergency telecommunications services; county offices of emergency management; trauma services or burn treatment providers; the Emergency Medical Services for Children program; and a member of the general public who is not involved with the provision of health care or emergency medical services. EMCAB is to provide ongoing review of regulations governing emergency medical services, recommend to the commissioner such revisions as it determines are needed to achieve the goals of evidence-based medical care and protecting the public health, and submit an annual report to the commissioner on the state of pre-hospital and inter-facility care in New Jersey, including evaluations and recommendations from each of its standing committees.

The commissioner, in consultation with EMCAB, is to establish by regulation requirements for: the collection of data that each agency providing pre-hospital or inter-facility care is to obtain for each patient encounter; the creation and use of a patient care report by the agency to provide this data to the receiving facility in a timely manner; and the electronic reporting of this data to DOH.

The commissioner, in consultation with EMCAB, is to establish minimum standards for training, response times, equipment, and quality of care with respect to basic life support pre-hospital care and advanced life support pre-hospital care.

The commissioner is to establish, maintain, and coordinate the activities of a New Jersey Emergency Medical Services Task Force, which will include emergency medical services providers from all regions of the State. The purpose of the task force is to support and enhance the provision of specialized response services for both pre-planned and emergency events in order to reduce morbidity and mortality through appropriate triage, incident management, and coordinated pre-hospital care and transportation.

The bill repeals the following sections of law that are obviated by its provisions: section 5 of P.L.1984, c.146 (C.26:2K-11), concerning the performance of advanced life support procedures by a paramedic who is not in direct voice communication with a physician; section 12 of P.L.1984, c.146 (C.26:2K-18), concerning a paramedic performing the duties or filling the position of another health care professional employed by a hospital; and section 4 of P.L.1986, c.106 (C.26:2K-38), concerning immunity from liability for persons training for or rendering advanced life support services.

In addition, the bill repeals P.L.1989, c.314 (C.26:2K-39 et seq.), concerning certification of EMT-Ds by the commissioner to perform cardiac defibrillation, which is obviated by the training in cardiac defibrillation provided to EMTs and First Responders to meet American Heart Association CPR certification requirements.

The commissioner is to report to the Governor and the Legislature, no later than December 31 of each year, on the adequacy of emergency medical services, and to identify funding needed for the succeeding fiscal year for infrastructure and research.
to encourage continued improvement of emergency medical services.

The bill takes effect on the first day of the seventh month after its enactment, but authorizes the commissioner to take prior administrative action as necessary for its implementation.