

ASSEMBLY, No. 2095

STATE OF NEW JERSEY

214th LEGISLATURE

INTRODUCED FEBRUARY 11, 2010

Sponsored by:

Assemblyman HERB CONAWAY, JR.

District 7 (Burlington and Camden)

Assemblyman ANGEL FUENTES

District 5 (Camden and Gloucester)

Assemblywoman ELEASE EVANS

District 35 (Bergen and Passaic)

Assemblywoman JOAN M. QUIGLEY

District 32 (Bergen and Hudson)

Co-Sponsored by:

Assemblymen Coughlin, Prieto and Assemblywoman Wagner

SYNOPSIS

Revises requirements for emergency medical services delivery.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 1/21/2011)

1 AN ACT concerning emergency medical services, supplementing
2 Title 26 of the Revised Statutes and revising various parts of the
3 statutory law.

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

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

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

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

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

23 "Air medical unit" means a helicopter operating under an air
24 medical program licensed by the department and staffed in
25 accordance with regulations developed by the commissioner in
26 consultation with EMCAB.

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

32 **[b.]** "Board of Medical Examiners" means the State Board of
33 Medical Examiners**[:]**.

34 **[c.]** "Board of Nursing" means the New Jersey State Board of
35 Nursing**[:]**.

36 "Clinician" means a person who is licensed or otherwise
37 authorized to provide patient care in a pre-hospital care or inter-
38 facility care setting.

39 **[d.]** "Commissioner" means the Commissioner of **[the State**
40 **Department of Health;]** Health and Senior Services.

41 **[e.]** "Department" means the **[State]** Department of Health**[:]**
42 and Senior Services.

43 **[f.]** "Emergency **[service]** department" means a program in a

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.

1 general hospital staffed 24 hours a day by a licensed physician
2 trained in emergency medicine[;] and as prescribed by regulation
3 of the commissioner.

4 “EMCAB” means the Emergency Medical Care Advisory Board
5 established pursuant to section 13 of P.L. , c. (C.)(pending
6 before the Legislature as this bill).

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

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

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

20 “EMS Training Fund” means the Emergency Medical Services
21 Training Fund established pursuant to section 3 of P.L.1992, c.143
22 (C.26:2K-56).

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

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

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

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

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

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

45 [h. “Mobile intensive care paramedic” means a person trained in
46 advanced life support services and certified by the commissioner to

1 render advanced life support services as part of a mobile intensive
2 care unit;】

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

12 “9-1-1 call” means a 9-1-1 telephone call for emergency medical
13 services in which the caller dials 9-1-1, or a method adopted in the
14 future to initiate the response of emergency medical services for a
15 medical reason through a public safety answering point as defined
16 in section 1 of P.L.1989, c.3 (C.52:17C-1).

17 “Paramedic” means a person licensed or otherwise authorized by
18 the commissioner as an Emergency Medical Technician-Paramedic
19 pursuant to regulation of the commissioner. Whenever, in any law,
20 rule, regulation, order, contract, document, judicial, or
21 administrative proceeding, or otherwise, reference is made to a
22 mobile intensive care paramedic, the same shall mean and refer to
23 an Emergency Medical Technician-Paramedic.

24 【j.】 "Pre-hospital care" means those 【emergency medical
25 services rendered by mobile intensive care units to emergency】
26 medical services rendered to patients by emergency medical
27 services personnel before and during transportation to 【emergency
28 treatment】 medical facilities, and upon arrival within those
29 facilities.

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

33 (cf: P.L.1984, c.146, s.1)
34

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

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

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

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

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

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

20 (1) The name and residence of the applicant;

21 (2) The date of the application;

22 (3) Information as to whether the applicant was rejected or
23 [certified] licensed and the date of that action.

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

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

29

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

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

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

38

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

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

44 a. maintains direct voice communication with and [are] is
45 taking orders from a licensed physician or physician directed
46 registered professional nurse, both of whom are affiliated with a

1 mobile intensive care [hospital which is approved by the
2 commissioner to provide advanced life support services. A
3 telemetered electrocardiogram shall be monitored when deemed
4 appropriate by the licensed physician or when required by written
5 rules and regulations established by the mobile intensive care
6 hospital and approved by the commissioner] program operating
7 pursuant to section 6 of P.L.1984, c.146 (C.26:2K-12); or

8 b. is operating under standing orders from a licensed physician
9 that have been developed or approved by a mobile intensive care
10 program.

11 (cf: P.L.1984, c.146, s.4)

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

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

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

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

38 d. The commissioner [may withdraw his authorization] shall
39 provide by regulation for enforcement of the provisions of chapter
40 2K of Title 26 of the Revised Statutes, up to and including
41 revocation of licensure to operate a mobile intensive care program
42 if the hospital or unit violates any provision [of this act] thereof or
43 rules or regulations promulgated pursuant thereto.

44 (cf: P.L. 1985, c.351, s. 2)

45
46 6. (New section) a. The commissioner shall not issue an initial
47 license or other authorization to practice as a clinician unless the

1 commissioner first determines that no criminal history record
2 information exists on file in the Federal Bureau of Investigation,
3 Identification Division, or in the State Bureau of Identification in
4 the Division of State Police, which may disqualify the applicant
5 from being licensed or otherwise authorized to practice as a
6 clinician as determined by regulation of the commissioner.

7 b. (1) The commissioner shall not renew a license or other
8 authorization to practice as a clinician unless the commissioner first
9 determines that no criminal history record information exists on file
10 in the Federal Bureau of Investigation, Identification Division, or in
11 the State Bureau of Identification in the Division of State Police,
12 which may provide grounds for the refusal to renew the license or
13 other authorization to practice as a clinician.

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

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

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

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

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

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

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

7 i. A licensee:

8 (1) who has permitted a license or other authorization to lapse,
9 or whose license, other authorization or privilege has been
10 suspended, revoked, or otherwise, and

11 (2) who has not already submitted to a criminal history record
12 background check,

13 shall be required to submit fingerprints as part of the licensure or
14 other authorization reinstatement process. If a reinstatement
15 applicant refuses to consent to, or cooperate in, the securing of a
16 criminal history record background check as required during the
17 reinstatement process, the commissioner shall automatically deny
18 reinstatement of the license or other authorization, without a
19 hearing, and shall notify the licensee of that denial.

20 j. An applicant for licensure or other authorization to practice
21 as a clinician shall be required to assume the cost of the criminal
22 history record background check conducted pursuant to this section,
23 in accordance with procedures determined by regulation of the
24 commissioner.

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

28

29 7. Section 14 of P.L.1997, c.100 (C.53:1-20.9a) is amended to
30 read as follows:

31 14. a. In accordance with the provisions of sections 2 through 6
32 and sections 7 through 13 of P.L.1997, c.100 (C.26:2H-83 through
33 87 and C.45:11-24.3 through 24.9) **【and】**, P.L.2002, c.104 (C.45:1-
34 28 et al.), and section 6 of P.L. , c. (C.)(pending before the
35 Legislature as this bill), the Division of State Police in the
36 Department of Law and Public Safety shall conduct a criminal
37 history record background check, including a name and fingerprint
38 identification check, of:

39 (1) each applicant for nurse aide or personal care assistant
40 certification submitted to the Department of Health and Senior
41 Services and of each applicant for homemaker-home health aide
42 certification submitted to the New Jersey Board of Nursing in the
43 Division of Consumer Affairs;

44 (2) each nurse aide or personal care assistant certified by the
45 Department of Health and Senior Services and each homemaker-
46 home health aide certified by the New Jersey Board of Nursing, as
47 required pursuant to P.L.1997, c.100 (C.26:2H-83 et al.); **【and】**

1 (3) each applicant for licensure or other authorization to engage
2 in a health care profession who is required to undergo a criminal
3 history record background check pursuant to P.L.2002, c.104
4 (C.45:1-28 et al.); and

5 (4) each applicant for clinician licensure who is required to
6 undergo a criminal history record background check pursuant to
7 section 6 of P.L. , c. (C.)(pending before the Legislature as
8 this bill).

9 b. For the purpose of conducting a criminal history record
10 background check pursuant to subsection a. of this section, the
11 Division of State Police shall examine its own files and arrange for
12 a similar examination by federal authorities. The division shall
13 immediately forward the information obtained as a result of
14 conducting the check to: the Commissioner of Health and Senior
15 Services, in the case of an applicant for nurse aide or personal care
16 assistant certification **[or]**, a certified nurse aide or personal care
17 assistant, or an applicant for clinician licensure pursuant to chapter
18 2K of Title 26 of the Revised Statutes); the New Jersey Board of
19 Nursing in the Division of Consumer Affairs in the Department of
20 Law and Public Safety, in the case of an applicant for homemaker-
21 home health aide certification or a certified homemaker-home
22 health aide; and the Director of the Division of Consumer Affairs in
23 the Department of Law and Public Safety, in the case of an
24 applicant for licensure or other authorization to practice as a health
25 care professional as defined in section 1 of P.L.2002, c.104 (C.45:1-
26 28).

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

28
29 8. (New section) a. Only an agency as defined in section 1 of
30 P.L.1984, c.146 (C.26:2K-7) may develop or maintain a pre-
31 hospital or inter-facility care ambulance service.

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

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

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

3 7. a. No person may advertise or disseminate information to
4 the public that the person provides;

5 (1) advanced life support services by a mobile intensive care
6 unit unless the person is authorized to do so pursuant to section 6 of
7 【this act】 P.L.1984, c.146 (C.26:2K-12); or

8 (2) basic life support services by an ambulance unless the person
9 is authorized to do so pursuant to section 8 of P.L. , c. (C.)
10 (pending before the Legislature as this bill).

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

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

16

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

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

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

31

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

45

46 12. (New section) The commissioner shall appoint a State
47 Medical Director for Emergency Medical Services, who shall

1 assume responsibility for medical oversight of emergency medical
2 services delivery in the State. The State medical director shall be a
3 physician who is licensed in this State, has experience in the
4 medical oversight of emergency medical services delivery, and is
5 qualified to perform the duties of the position. The State medical
6 director, subject to the commissioner's approval, may appoint up to
7 three regional medical directors to provide medical oversight of
8 emergency medical services delivery in their respective geographic
9 areas as defined by the State medical director.

10
11 13. (New section) a. (1) The commissioner shall establish a
12 State Emergency Medical Care Advisory Board, or EMCAB, which
13 shall advise the commissioner on all matters of mobile intensive
14 care services, basic life support services, advanced life support
15 services, and pre-hospital and inter-facility care, and shall focus on:
16 improving quality of care; making patient-centered decisions; and
17 using technology to improve efficiency and the standard of care.

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

23 b. EMCAB shall organize as soon as practicable following the
24 appointment of its members and shall hold its initial meeting no
25 later than the 90th day after the effective date of P.L. , c. (pending
26 before the Legislature as this bill).

27 c. (1) The membership of EMCAB shall include 16 members,
28 as follows:

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

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

45 (2) Each public member of EMCAB shall serve for a term of
46 three years and may be reappointed to one or more subsequent
47 terms; except that of the members first appointed, six shall serve for
48 a term of three years, five for a term of two years, and two for a

1 term of one year. Vacancies in the membership of EMCAB shall be
2 filled in the same manner provided for the original appointments.

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

7 d. The members of EMCAB shall select a chairman biennially
8 to chair the meetings and coordinate the activities of EMCAB.

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

- 18 (1) Medical Services Committee;
- 19 (2) Pre-hospital Care Systems Operations Committee;
- 20 (3) Inter-facility Care Systems Operations Committee;
- 21 (4) Funding and Finance Committee;
- 22 (5) Public Awareness and Prevention Committee;
- 23 (6) Clinical Education Committee;
- 24 (7) Research and Data Committee; and
- 25 (8) Specialty Care Committee.

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

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

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

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

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

1 i. The department shall provide staff support to EMCAB and
2 its committees.

3
4 14. (New section) a. The commissioner, in consultation with
5 EMCAB, shall establish, by regulation, requirements for:

6 (1) the collection of data that each agency providing pre-hospital
7 or inter-facility care is to obtain for each patient encounter;

8 (2) the creation and use of a patient care report by the agency to
9 provide this data in written or electronic form to the receiving
10 facility in a timely manner; and

11 (3) the reporting of this data to the department.

12 b. (1) The department shall develop and maintain an electronic
13 record of the data reported pursuant to subsection a. of this section
14 and shall make such non-identifying data available for research
15 purposes, in accordance with guidelines to be established by the
16 commissioner and subject to the requirements and restrictions of
17 State and federal law and regulations.

18 (2) An agency shall not be required to utilize a prescribed form
19 for reporting the data, provided that its reports include all data
20 specified by regulation of the commissioner.

21
22 15. (New section) a. (1) Commencing no later than two years
23 after the effective date of P.L. , c. (pending before the Legislature
24 as this bill), each municipality in the State shall ensure or arrange
25 for the provision of basic life support pre-hospital care in response
26 to 9-1-1 calls within its boundaries, including continuation of
27 coverage when the primary service is unavailable.

28 (2) The commissioner shall ensure or arrange for the provision
29 of advanced life support pre-hospital care in response to 9-1-1 calls
30 within the State.

31 (3) The commissioner, in consultation with EMCAB, shall
32 establish minimum standards for training, response times,
33 equipment, and quality of care with respect to basic life support pre-
34 hospital care and advanced life support pre-hospital care.

35 b. (1) The commissioner shall establish, by regulation,
36 minimum standards for licensing any clinician or agency as an
37 emergency medical services provider before that clinician or agency
38 is permitted to respond to 9-1-1 calls in this State.

39 (2) Any agency licensed to provide 9-1-1 emergency medical
40 services response in New Jersey shall be required to maintain a
41 written agreement with a dispatch agency approved by the
42 commissioner. The commissioner shall establish objective
43 standards to approve and monitor dispatch agencies; and these
44 standards shall be designed to improve response times and
45 appropriate triage of resources to respond to calls for emergency
46 medical services, and shall include requirements for global
47 positioning tracking of emergency medical services vehicles
48 through a standard electronic interface accessible to all dispatch and

1 responder agencies, in order to enhance agency interoperability.
2 Any licensed emergency medical services provider shall be
3 permitted to contract with any approved dispatch agency.

4 (3) The commissioner shall provide for the coordination of
5 dispatch agencies in accordance with protocols established by the
6 department.

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

15

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

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

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

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

31

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

34 13. Nothing in this act shall be construed as interfering with an
35 emergency service training program authorized and operated under
36 provisions of the "New Jersey Highway [Safety Act of 1971,"
37 P.L.1971, c. 351 (C. 27:5F-1 et seq.)] Traffic Safety Act of 1987,"
38 P.L.1987, c.284 (C.27:5F-18 et seq.).

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

40

41 18. Section 14 of P.L.1984, c.146 (C.26:2K-20) is amended to
42 read as follows:

43 14. Nothing in this act shall be construed to prevent a licensed
44 and qualified member of the health care profession from performing
45 any [of the] duties that require the skills of a [mobile intensive
46 care] paramedic, EMT, or emergency medical responder if the

1 duties are consistent with the accepted standards of the member's
2 profession.

3 (cf: P.L.1984, c.146, s.14)
4

5 19. Section 2 of P.L.1986, c.106 (C.26:2K-36) is amended to
6 read as follows:

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

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

26 c. The Division of State Police in the Department of Law and
27 Public Safety shall provide air medical support for the program and
28 shall submit its operating costs to the department in order to receive
29 funding for its program-related operations. The helicopters utilized
30 in support of the program shall be used exclusively for air medical
31 operations.

32 d. The commissioner shall provide, by regulation, for the
33 licensure of privately operated air medical units, in addition to the
34 units designated pursuant to subsection a. of this section.

35 (cf: P.L.1986, c.106, s.2)
36

37 20. Section 2 of P.L.1992, c.87 (C.26:2K-36.1) is amended to
38 read as follows:

39 2. a. (1) There is established in the General Fund a special
40 dedicated fund to be known as the New Jersey Emergency Medical
41 **Service Helicopter Response Program** Services System Support
42 Fund, which shall be administered by the State Treasurer. The
43 Treasurer shall credit to the fund all moneys received pursuant to
44 section 1 of P.L.1992, c.87 (C.39:3-8.2). Any interest earned on
45 moneys in the fund shall be credited to the fund.

46 (2) Whenever, in any law, rule, regulation, order, contract,
47 document, judicial or administrative proceeding, or otherwise,

1 reference is made to the “New Jersey Emergency Medical Service
2 Helicopter Response Program Fund,” the same shall mean and refer
3 to the “New Jersey Emergency Medical Services System Support
4 Fund.”

5 b. **【From the】** The moneys in the fund **【there】** shall be
6 **【annually appropriated an amount necessary to pay the reasonable**
7 **and necessary expenses of the operation of the New Jersey**
8 **Emergency Medical Service Helicopter Response Program created**
9 **pursuant to P.L.1986, c.106 (C.26:2K-35 et al.). Moneys remaining**
10 **in the fund, and any unexpended balance of appropriations from the**
11 **fund, at the end of each fiscal year, shall be reappropriated and**
12 **deposited in a special capital maintenance reserve account within**
13 **the fund. Moneys in the special capital maintenance reserve**
14 **account shall be used exclusively for capital replacement and major**
15 **maintenance of helicopter equipment】** utilized for the following
16 purposes:

17 (1) basic life support services;

18 (2) advanced life support services;

19 (3) the New Jersey Air Medical Response Program;

20 (4) the New Jersey Poison Information and Education System;

21 (5) emergency medical services for children;

22 (6) health information technology initiatives relating to
23 emergency medical services;

24 (7) recruitment and retention of emergency medical services
25 providers;

26 (8) training and education of emergency medical services
27 providers;

28 (9) other activities or initiatives in support of the emergency
29 medical services system as specified in regulations adopted by the
30 commissioner; and

31 (10) administrative costs incurred by the department in
32 connection with the emergency medical services system, which
33 shall not exceed 8% of the moneys in the fund.

34 c. **【Six months】** One year after the effective date of this
35 section and **【every six months】** annually thereafter, the
36 Commissioner of Health and Senior Services shall report to the
37 Joint Budget Oversight Committee, or its successor, and the Senate
38 Health **【and】**, Human Services and Senior Citizens Committee and
39 the Assembly Health and **【Human】** Senior Services Committee, or
40 their successors, on the use of moneys in the fund. **【The report**
41 **shall contain, but not be limited to, cost analyses concerning the**
42 **response program activities including the number of flights, types**
43 **of accidents, hours spent waiting at accident sites, and fuel and**
44 **maintenance expenses】.**

45 (cf: P.L.1992, c.87, s.2)

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

3 3. The Division of State Police of the Department of Law and
4 Public Safety shall establish an emergency medical transportation
5 service to provide air medical transportation service pursuant to
6 **【this amendatory and supplementary act】** section 2 of P.L.1986,
7 c.106 (C.26:2K-36). The superintendent shall operate and maintain
8 at least one dedicated helicopter for each **【emergency medical**
9 **service helicopter response】** air medical unit designated by the
10 commissioner pursuant to section 2 of **【this amendatory and**
11 **supplementary act】** P.L.1986, c.106 (C.26:2K-36).
12 (cf: P.L.1986, c.106, s.3)
13

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

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

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

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

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

30 e. The coordinator may solicit and accept grants of funds from
31 the federal government and from other public and private sources.
32 (cf: P.L.1992, c.96, s.3)
33

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

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

42 b. The advisory council shall consist of a minimum of **【14】** 24
43 public members to be appointed by the **【Governor, with the advice**
44 **and consent of the Senate】** commissioner, in consultation with
45 EMCAB, for a term of three years. Membership of the advisory
46 council shall include: one **【practicing】** general practice pediatrician,
47 one pediatric critical care physician, one **【board certified】** pediatric

1 emergency physician and one pediatric physiatrist, to be appointed
2 upon the recommendation of the New Jersey chapter of the
3 American Academy of Pediatrics; one pediatric surgeon and one
4 trauma surgeon, to be appointed upon the recommendation of the
5 New Jersey chapter of the American College of Surgeons; one
6 general emergency physician, to be appointed upon the
7 recommendation of the New Jersey chapter of the American
8 College of Emergency Physicians; one injury prevention specialist,
9 to be appointed upon the recommendation of the New Jersey State
10 Safe Kids Coalition; **[one emergency medical technician, to be**
11 **appointed upon the recommendation of the New Jersey State First**
12 **Aid Council;]** one paramedic, to be appointed upon the
13 recommendation of the **[State mobile intensive care advisory**
14 **council]** subcommittee on advanced life support services of the
15 standing committee on Pre-hospital Care Systems Operations of
16 EMCAB; one family practice physician, to be appointed upon the
17 recommendation of the New Jersey chapter of the American
18 Academy of Family [Practice] Physicians; two registered
19 emergency nurses, one to be appointed upon the recommendation of
20 the New Jersey State Nurses Association and one to be appointed
21 upon the recommendation of the New Jersey Chapter of the
22 Emergency Nurses Association; one school nurse, to be appointed
23 upon the recommendation of the New Jersey State School Nurses
24 Association; one person to be appointed upon the recommendation
25 of the Medical Transportation Association of New Jersey; and three
26 members, each with a non-medical background, two of whom are
27 parents with children under the age of 18**[, to be appointed upon the**
28 **joint recommendation of the Association for Children of New**
29 **Jersey and the Junior Leagues of New Jersey].**

30 The advisory council shall also include the following members
31 who shall serve ex officio: the President of the New Jersey
32 Hospital Association or his designee; the EMSC coordinator; the
33 Director of the Office of Emergency Medical Services in the
34 department; a representative from the Division of Family Health
35 Services in the department who manages the federal Maternal and
36 Child Health Services Title V Block Grant for children with special
37 health care needs; the Director of the Division of Highway Traffic
38 Safety in the Department of Law and Public Safety or his designee;
39 the Commissioner of Children and Families or his designee; and the
40 Commissioner of Education or his designee.

41 c. Vacancies on the advisory council shall be filled for the
42 unexpired term by appointment of the **[Governor]** commissioner, in
43 consultation with EMCAB, in the same manner as originally filled.
44 The members of the advisory council shall serve without
45 compensation. The advisory council shall elect a chairperson, who
46 may select from among the members a vice-chairperson and other
47 officers or subcommittees which are deemed necessary or

1 appropriate. The council may further organize itself in any manner
2 it deems appropriate and enact bylaws as deemed necessary to carry
3 out the responsibilities of the council.

4 d. The council shall meet at least quarterly.

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

6
7 24. Section 1 of P.L.1992, c.143 (C.26:2K-54) is amended to
8 read as follows:

9 1. This act shall be known and may be cited as the "Emergency
10 Medical **Technician** Services Training Fund Act."

11 (cf: P.L.1992, c.143, s.1)

12
13 25. Section 3 of P.L.1992, c.143 (C.26:2K-56) is amended to
14 read as follows:

15 3. There is established the "Emergency Medical **Technician**
16 Services Training Fund" as a nonlapsing, revolving fund. The fund
17 shall be administered by the commissioner or his designee, and
18 shall be credited with monies received pursuant to **subsection c. of**
19 **R.S.39:5-41** N.J.S.22A-3-4.

20 a. The State Treasurer is the custodian of the fund, and all
21 disbursements from the fund shall be made by the treasurer upon
22 vouchers signed by the commissioner or his designee. Monies in
23 the fund shall be used to carry out the provisions of this act, except
24 that no more than **5%** 8% of these monies shall be used for
25 administration of the fund in each fiscal year. The fund shall
26 consist of monies as provided for in this act and the interest which
27 is earned on those monies. The monies in the fund shall be invested
28 and reinvested by the Director of the Division of Investment in the
29 Department of the Treasury as are other trust funds in the custody
30 of the State Treasurer in the manner provided by law.

31 b. The fund may be used for the following purposes, as
32 specified in regulations adopted by the commissioner, in accordance
33 with the recommendations of EMCAB:

34 (1) to train any EMT at the basic level;

35 (2) to pay for continuing education recertification requirements
36 for EMTs and paramedics;

37 (3) to provide interest-free loans for initial paramedic training;
38 and

39 (4) for recruitment and retention of EMTs and paramedics to
40 meet the needs of the community.

41 (cf: P.L.1992, c.143, s.3)

42
43 26. Section 1 of P.L.1993, c.58 (C.26:2K-60) is amended to read
44 as follows:

45 1. In the event of an emergency, the chief executive officer of
46 any **volunteer** basic life support service first aid, ambulance or
47 rescue squad or the mayor or chief executive officer of any

1 municipality may request assistance from the chief executive officer
2 of any **【volunteer】** basic life support service first aid, ambulance or
3 rescue squad located in and serving another municipality for the
4 protection and preservation of life within the territorial jurisdiction
5 served by the squad requesting the assistance.

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

14 The members of any squad providing assistance shall have, while
15 so acting, the same rights and immunities as they otherwise enjoy in
16 the performance of their normal duties in the municipality, or other
17 territorial jurisdiction, in which the squad is located and which it
18 normally serves.

19 If any member of the assisting basic life support service first aid,
20 ambulance or rescue squad shall, in rendering such assistance,
21 suffer any injury or death, the member or his designee or legal
22 representative shall be entitled to all salary, pension rights, workers
23 compensation and other benefits to which the member would be
24 entitled if the casualty or death had occurred in the performance of
25 the member's duties in the municipality, or other territorial
26 jurisdiction, in which the squad is located and which it normally
27 serves.

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

29

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

32 2. The governing bodies of two or more municipalities may, by
33 enacting reciprocal ordinances, enter into agreements with each
34 other for mutual basic life support service first aid, ambulance or
35 rescue squad assistance in case of emergency, subject to the written
36 approval of the **【volunteer】** basic life support service first aid,
37 ambulance or rescue squad or squads involved. The agreements
38 may provide for:

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

43 b. The reimbursement of the municipality or municipalities
44 rendering assistance for any damage to basic life support service
45 first aid, ambulance or rescue squad equipment or other property
46 and for payment to any member of a basic life support service first
47 aid, ambulance or rescue squad for injuries sustained while serving

1 pursuant to such agreements, or to a surviving spouse or other
2 dependent if death results; and

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

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

7

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

11 b. The purpose of the task force shall be to support and
12 enhance the provision of specialized response services, utilizing
13 personnel and equipment to respond as requested, for both pre-
14 planned and emergency events, including natural disasters and mass
15 casualty incidents, including chemical, biological, radiological,
16 nuclear, and explosive events, in order to reduce morbidity and
17 mortality through appropriate triage, incident management, and
18 coordinated pre-hospital care and transportation.

19 c. The membership of the task force shall represent all regions
20 of the State and shall include emergency medical responders,
21 EMTs, paramedics, registered nurses, physicians, communications
22 specialists, hospitals, agencies providing emergency medical
23 responder and other emergency medical services, and
24 communication centers utilized for the purpose of providing
25 emergency medical services.

26

27 29. N.J.S.22A:3-4 is amended to read as follows:

28 22A:3-4. Fees for criminal proceedings.

29 The fees provided in the following schedule, and no other
30 charges whatsoever, shall be allowed for court costs in any
31 proceedings of a criminal nature in the municipal courts but no
32 charge shall be made for the services of any salaried police officer
33 of the State, county or municipal police.

34 For violations of Title 39 of the Revised Statutes, or of traffic
35 ordinances, at the discretion of the court, up to but not exceeding
36 \$33.

37 For all other cases, at the discretion of the court, up to but not
38 exceeding \$33.

39 In municipal court proceedings, the court shall impose court
40 costs within the maximum limits authorized by this section, as
41 follows:

42 a. For every violation of any statute or ordinance the sum of
43 \$2.00. The court shall not suspend the collection of this \$2.00 court
44 cost assessment. These court cost assessments shall be collected by
45 the municipal court administrator for deposit into the Automated
46 Traffic System Fund, created pursuant to N.J.S.2B:12-30.

47 b. For each fine, penalty and forfeiture imposed and collected
48 under authority of law for any violation of the provisions of Title 39

1 of the Revised Statutes or any other motor vehicle or traffic
2 violation in this State the sum of ~~[\$.50]~~ \$5. The court shall not
3 suspend the collection of this ~~[\$.50]~~ \$5 court cost assessment.
4 These court cost assessments shall be collected by the municipal
5 court administrator for deposit into the "Emergency Medical
6 ~~Technician~~ Services Training Fund" established pursuant to
7 P.L.1992, c.143 (C.26:2K-54 et al.).

8 c. For every violation of any statute or ordinance the sum of \$3
9 to fund the Statewide modernization of the Automated Traffic
10 System. The court shall not suspend the collection of this \$3 court
11 cost assessment. These court cost assessments shall be collected by
12 the municipal court administrator for deposit into the Automated
13 Traffic System Statewide Modernization Fund, established pursuant
14 to section 1 of P.L.2004, c.62 (C.2B:12-30.1).

15 The provisions of this act shall not prohibit the taxing of
16 additional costs when authorized by R.S.39:5-39.

17 For certificate of judgment..... \$4.00

18 For certified copy of paper filed with the court as a public
19 record:

20 First page..... \$4.00

21 Each additional page or part thereof..... \$1.00

22 For copy of paper filed with the court as a public record:

23 First page..... \$2.00

24 Each additional page or part thereof..... \$1.00

25 In addition to any fine imposed, when a supplemental notice is
26 sent for failure to appear on a return date the cost shall be \$10.00
27 per notice, unless satisfactory evidence is presented to the court that
28 the notice was not received.

29 CONSTABLES OR OTHER OFFICERS

30 From the fees allowed for court costs in the foregoing schedule,
31 the clerk of the court shall pay the following fees to constables or
32 other officers:

33 Serving warrant or summons, \$1.50.

34 Serving every subpoena, \$0.70.

35 Serving every execution, \$1.50.

36 Advertising property under execution, \$0.70.

37 Sale of property under execution, \$1.00.

38 Serving every commitment, \$1.50.

39 Transport of defendant, actual cost.

40 Mileage, for every mile of travel in serving any warrant,
41 summons, commitment, subpoena or other process, computed by
42 counting the number of miles in and out, by the most direct route
43 from the place where such process is returnable, exclusive of the
44 first mile, \$0.20.

45 If defendant is found guilty of the charge laid against him, he
46 shall pay the costs herein provided, but if, on appeal, the judgment
47 is reversed, the costs shall be repaid to defendant. If defendant is
48 found not guilty of the charge laid against him, the costs shall be

1 paid by the prosecutor, except when the Chief Administrator of the
2 New Jersey Motor Vehicle Commission, a peace officer, or a police
3 officer shall have been prosecutor.

4 (cf: P.L.2004, c.62, s.2)

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

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

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

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

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

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

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

43 (cf: P.L.2007, c.84, s.2)

44
45 31. Section 5 of P.L.1987, c.284 (C.27:5F-22) is amended to
46 read as follows:

1 5. The New Jersey Highway Traffic Safety Program shall, in
2 addition to other provisions, include training programs for groups
3 such as, but not limited to, police, teachers, students, and public
4 employees, which programs shall comply with the uniform
5 standards promulgated by the United States Secretary of
6 Transportation in accordance with the "U.S. Highway Safety Act of
7 1966," Pub.L.89-564 (23 U.S.C. s.s. 401-404), and any acts
8 amendatory or supplementary thereto.

9 In addition, the New Jersey Highway Traffic Safety Program
10 shall include the training program for [members of volunteer first
11 aid, rescue and ambulance squads, adopted by the New Jersey State
12 First Aid Council] paramedics, emergency medical technicians, and
13 emergency medical responders licensed by the Commissioner of
14 Health and Senior Services, which shall comply with the uniform
15 standards promulgated by the United States Secretary of
16 Transportation in accordance with the "U.S. Highway Safety Act of
17 1966," Pub.L.89-564 (23 U.S.C. s.s. 401-404) and any amendments
18 or supplements to it.

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

20
21 32. Section 10 of P.L.1987, c.284 (C.27:5F-27) is amended to
22 read as follows:

23 10. [The officers of each volunteer and nonvolunteer] Each
24 basic life support service first aid, rescue, and ambulance squad
25 [providing emergency medical service programs shall be
26 responsible for the training of its members and shall notify the
27 governing body of the political subdivision in which the squad is
28 located, or the person designated for this purpose by the governing
29 body, that particular applicants for membership (qualified under
30 sections 5 and 4 of this act respectively), ambulances, and
31 ambulance equipment meet the standards required by this act.
32 Upon receipt of such notification the governing body or person
33 designated shall certify the applicant, ambulances, and ambulance
34 equipment as being qualified for emergency medical service
35 programs, and shall issue a certificate to that effect at no charge.
36 Each member and piece of equipment of a volunteer and
37 nonvolunteer first aid, rescue and ambulance squad shall comply
38 with the requirements for certification annually. Any person who is
39 a member of a volunteer and nonvolunteer first aid, rescue and
40 ambulance squad providing emergency medical service programs
41 on the effective date of this act shall, if application is made to the
42 appropriate municipality within 90 days of the effective date, be
43 certified by the governing body or designated person as being
44 qualified for emergency medical service programs for a period of
45 two years. At the end of that period, the person] shall comply with
46 the requirements for [certification annually] licensure of personnel,
47 ambulances, and ambulance equipment established by the

1 Commissioner of Health and Senior Services and shall staff each
2 ambulance with at least two emergency medical technicians while it
3 is in service. No person or entity shall respond to a 9-1-1 call as
4 defined in section 1 of P.L.1984, c.146 (C.26:2K-7) unless that
5 person or entity is licensed to do so by the Department of Health
6 and Senior Services.
7 (cf: P.L.1987, c.284, s.10)
8

9 33. Section 1 of P.L.1992, c.87 (C.39:3-8.2) is amended to read
10 as follows:

11 1. a. In addition to the motor vehicle registration fees imposed
12 pursuant to the provisions of chapter 3 of Title 39 of the Revised
13 Statutes, the chief administrator shall impose and collect an
14 additional fee of \$3 to be deposited in the New Jersey Emergency
15 Medical **Service Helicopter Response Program** Services System
16 Support Fund created pursuant to section 2 of P.L.1992, c.87
17 (C.26:2K-36.1).

18 b. In addition to the motor vehicle registration fees imposed
19 pursuant to the provisions of chapter 3 of Title 39 of the Revised
20 Statutes, the chief administrator shall impose and collect an
21 additional fee of \$.50 to be deposited in the Traumatic Brain Injury
22 Fund established pursuant to section 5 of P.L.2001, c.332 (C.30:6F-
23 5).

24 c. In addition to the motor vehicle registration fees imposed
25 pursuant to the provisions of chapter 3 of Title 39 of the Revised
26 Statutes, the chief administrator shall impose and collect an
27 additional fee of \$1, which shall be deposited to a separate account
28 dedicated for the funding of new State Police trooper classes. The
29 Legislature shall annually appropriate the balance of the separate
30 account to the Department of Law and Public Safety for the
31 Division of State Police for the funding of new State Police trooper
32 classes.

33 (cf: P.L.2005, c.311, s.1)
34

35 34. The following are repealed:

36 Sections 5, 10, and 12 of P.L.1984, c.146 (C.26:2K-11, C.26:2K-
37 16, and C.26:2K-18);

38 P.L.1985, c.351 (C.26:2K-21 et seq.);

39 Sections 1 and 4 of P.L.1986, c.106 (C.26:2K-35 and C.26:2K-
40 38);

41 P.L.1989, c.314 (C.26:2K-39 et seq.);

42 Sections 1, 2, 3, and 10 of P.L.2003, c.1 (C.26:2K-47.1,
43 C.26:2K-47.2, C.26:2K-47.3, and C.26:2K-47.9);

44 Section 2 of P.L.1992, c.96 (C.26:2K-49); and

45 Sections 2, 4, 5, and 6 of P.L.1992, c.143 (C.26:2K-55, C.26:2K-
46 57, C.26:2K-58, and C.26:2K-59).

- 1 responder for violation of any provision of P.L.1984, c.146
2 (C.26:2K-7 et seq.) or applicable regulations;
- 3 • requires DHSS to make available to the public a current list of
4 licensed paramedics and EMTs on its Internet website;
 - 5 • requires paramedics, EMTs, and emergency medical responders
6 to undergo a criminal history record background check, in
7 accordance with regulations adopted by the commissioner, as a
8 condition of licensure or other authorization to practice;
 - 9 • authorizes a paramedic to perform advanced life support services
10 if the paramedic:
 - 11 -- maintains direct voice communication with and is taking
12 orders from a licensed physician or physician-directed registered
13 professional nurse, both of whom are affiliated with a mobile
14 intensive care program; or
 - 15 -- is operating under standing orders from a licensed physician
16 that were developed or approved by a mobile intensive care
17 program;
 - 18 • authorizes a hospital licensed pursuant to P.L.1971, c.136
19 (C.26:2H-1 et seq.) to develop and maintain a mobile intensive
20 care program if it is licensed to do so pursuant to this bill; and
21 requires the hospital, at a minimum, to maintain an accredited
22 emergency department;
 - 23 • directs the commissioner to establish, by regulation, criteria
24 which a hospital must meet in order to obtain licensure to operate
25 a mobile intensive care program;
 - 26 • stipulates that a hospital operating a mobile intensive care
27 program prior to the effective date of this bill is required to meet
28 any new requirements for such licensure as may be established by
29 the commissioner by the date that the hospital is required to apply
30 for renewal of its license to operate a mobile intensive care
31 program;
 - 32 • repeals the following:
 - 33 -- section 5 of P.L.1984, c.146 (C26:2K-11), concerning the
34 performance of advanced life support procedures by a paramedic
35 who is not in direct voice communication with a physician - which
36 would be obviated by the provisions of section 4 of P.L.1984, c.146
37 (C.26:2K-10);
 - 38 -- section 12 of P.L.1984, c.146 (C26:2K-18), concerning a
39 paramedic performing the duties or filling the position of another
40 health care professional employed by a hospital - which would be
41 obviated by the provisions of section 6 of P.L.1984, c.146
42 (C.26:2K-12);
 - 43 -- section 4 of P.L.1986, c.106 (C26:2K-38), concerning
44 immunity from liability for persons training for or rendering
45 advanced life support services - which would be obviated by the
46 provisions of section 8 of P.L.1984, c.146 (C.26:2K-14); and
 - 47 -- P.L.1989, c.314 (C.26:2K-39 et seq.), concerning certification
48 of EMT-Ds by the commissioner to perform cardiac defibrillation -

- 1 which is obviated by the training in cardiac defibrillation provided
2 to EMTs and First Responders to meet American Heart Association
3 CPR certification requirements;
- 4 • renames the “New Jersey Emergency Medical Service Helicopter
5 Response Program” as the “New Jersey Air Medical Response
6 Program” and substitutes the term “air medical unit” for
7 “emergency medical service helicopter response unit” with
8 respect to those entities designated to operate an air medical
9 program;
 - 10 • renames the “New Jersey Emergency Medical Service Helicopter
11 Response Program Fund,” established pursuant to section 2 of
12 P.L.1992, c.87 (C.26:2K-36.1), as the “New Jersey Emergency
13 Medical Services System Support Fund,” and directs that the
14 moneys in the fund be utilized for the following purposes:
 - 15 -- basic life support services;
 - 16 -- advanced life support services;
 - 17 -- the New Jersey Air Medical Response Program;
 - 18 -- the New Jersey Poison Information and Education System;
 - 19 -- emergency medical services for children;
 - 20 -- health information technology initiatives relating to
21 emergency medical services;
 - 22 -- recruitment and retention of emergency medical services
23 providers;
 - 24 -- training and education of emergency medical services
25 providers;
 - 26 -- other activities or initiatives in support of the emergency
27 medical services system as specified in regulations adopted by the
28 commissioner; and
 - 29 -- administrative costs incurred by DHSS in connection with the
30 emergency medical services system, which are not to exceed 8% of
31 the moneys in the fund;
 - 32 • directs the commissioner to provide, by regulation, for the
33 licensure of privately operated air medical units, in addition to the
34 units designated pursuant to statute; and
 - 35 • directs the commissioner to promulgate rules and regulations
36 pursuant to P.L.1984, c.146 (C.26:2K-7 et seq.), with the advice
37 of the Emergency Medical Care Advisory Board (EMCAB)
38 established pursuant to this bill, in the form of such written
39 recommendations as EMCAB may submit to the commissioner
40 for his consideration.
- 41 In addition, the bill provides as follows:
- 42 • The commissioner is to appoint a State Medical Director for
43 Emergency Medical Services, who will assume responsibility for
44 medical oversight of emergency medical services delivery in the
45 State. The State medical director, who must be a New Jersey-
46 licensed physician with experience in the medical oversight of
47 emergency medical services delivery, may (subject to the
48 commissioner’s approval) appoint up to three regional medical

- 1 directors to provide medical oversight of emergency medical
2 services delivery in their respective geographic areas as defined
3 by the State medical director.
- 4 • The commissioner is to establish EMCAB to advise the
5 commissioner on all matters of mobile intensive care services,
6 basic life support services, advanced life support services, and
7 pre-hospital and inter-facility care. EMCAB replaces the State
8 mobile intensive care advisory council; and section 10 of
9 P.L.1984, c.146 (C.26:2K-16), which established the council, is
10 repealed.
- 11 -- EMCAB is to include 16 members, as follows:
- 12 -- the commissioner and the Director of the Office of Emergency
13 Medical Services in DHSS, and the State Medical Director for
14 Emergency Medical Services, or their designees, as ex officio,
15 nonvoting members; and
- 16 -- 13 public members, to be initially appointed by the
17 commissioner and thereafter appointed in a manner specified by
18 regulation of the commissioner, including one representative from
19 each of the following: volunteer basic life support services
20 providers; paid basic life support services providers; air medical
21 programs; mobile intensive care programs; emergency physicians;
22 general hospitals; emergency care nurses; municipal government;
23 emergency telecommunications services; county offices of
24 emergency management; trauma services or burn treatment
25 providers; the Emergency Medical Services for Children program;
26 and a member of the general public who is not involved with the
27 provision of health care or emergency medical services.
- 28 -- EMCAB is to establish the following standing committees of
29 the board, as well as any additional committees that it determines
30 appropriate, which in each case is to include the number of
31 members, utilize the criteria for appointment, and provide for the
32 manner of appointment and term of service prescribed by regulation
33 of the commissioner, and which are to research, review, assess, and
34 recommend policy, and analyze data as applicable: Medical
35 Services, Pre-hospital Care Systems Operations, Inter-facility Care
36 Systems Operations, Funding and Finance, Public Awareness and
37 Prevention, Clinical Education, Research and Data, and Specialty
38 Care.
- 39 -- EMCAB is to provide ongoing review of regulations
40 governing emergency medical services, and recommend to the
41 commissioner such revisions as it determines are needed to achieve
42 the goals of evidence-based medical care and protecting the public
43 health.
- 44 -- EMCAB is to submit an annual report to the commissioner on
45 the state of pre-hospital and inter-facility care in New Jersey,
46 including evaluations and recommendations from each of its
47 standing committees.

- 1 • Statutory authorization for the State advisory council for basic
2 and intermediate life support services training, established
3 pursuant to section 6 of P.L.1992, c.143 (C.26:2K-59), is deleted,
4 as that entity is obviated by the provisions of this bill.
- 5 • The commissioner, in consultation with EMCAB, is to establish
6 by regulation requirements for:
 - 7 -- the collection of data that each agency providing pre-hospital
8 or inter-facility care is to obtain for each patient encounter;
 - 9 -- the creation and use of a patient care report by the agency to
10 provide this data to the receiving facility in a timely manner; and
 - 11 -- the reporting of this data to DHSS.
- 12 • The commissioner, in consultation with EMCAB, is to establish
13 minimum standards for training, response times, equipment, and
14 quality of care with respect to basic life support pre-hospital care
15 and advanced life support pre-hospital care.
- 16 • The commissioner is to establish, maintain, and coordinate the
17 activities of the New Jersey Emergency Medical Services Task
18 Force, which will include emergency medical services providers
19 from all regions of the State. The purpose of the task force will
20 be to support and enhance the provision of specialized response
21 services for both pre-planned and emergency events in order to
22 reduce morbidity and mortality through appropriate triage,
23 incident management, and coordinated pre-hospital care and
24 transportation.
- 25 • The commissioner is directed to present a report to the Governor
26 and the Legislature, no later than December 31 of each year, on
27 the adequacy of emergency medical services provided pursuant to
28 the bill, and to identify in that report the funding needed for the
29 succeeding fiscal year in order to adequately fund the needed
30 infrastructure and research to encourage the continued
31 improvement of those emergency medical services.
- 32 • The "Emergency Medical Technician Training Fund" established
33 pursuant to section 3 of P.L.1992, c.143 (C.26:2K-56) is renamed
34 as the "Emergency Medical Services Training Fund."
- 35 • The fund may be used for the following purposes, as specified in
36 regulations adopted by the commissioner, in accordance with the
37 recommendations of EMCAB:
 - 38 -- to train any EMT at the basic level;
 - 39 -- to pay for continuing education recertification requirements
40 for EMTs and paramedics;
 - 41 -- to provide interest-free loans for initial paramedic training;
42 and
 - 43 -- for recruitment and retention of EMTs and paramedics to
44 meet the needs of the community.
- 45 • The surcharge imposed on motor vehicle violations pursuant to
46 N.J.S.22A:3-5, for deposit into the "Emergency Medical Services
47 Training Fund," is increased from \$.50 to \$5 in order to ensure
48 adequate funding for EMT and paramedic training.

A2095 CONAWAY, FUENTES

31

- 1 • The bill takes effect on the 180th day after enactment, but
- 2 authorizes the commissioner to take anticipatory administrative
- 3 action in advance as necessary for its implementation.