

# SENATE, No. 476

## STATE OF NEW JERSEY 218th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2018 SESSION

**Sponsored by:**

**Senator JOSEPH F. VITALE**

**District 19 (Middlesex)**

**Senator STEPHEN M. SWEENEY**

**District 3 (Cumberland, Gloucester and Salem)**

**Co-Sponsored by:**

**Senators Stack and Gopal**

**SYNOPSIS**

Revises requirements for emergency medical services delivery.

**CURRENT VERSION OF TEXT**

Introduced Pending Technical Review by Legislative Counsel.



**(Sponsorship Updated As Of: 5/14/2019)**

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

28 **[b.]** "Board of Medical Examiners" means the State Board of  
29 Medical Examiners **[;]**.

30 **[c.]** "Board of Nursing" means the New Jersey State Board of  
31 Nursing **[;]**.

32 "Clinician" means a person who is licensed or otherwise  
33 authorized to provide patient care in a pre-hospital care or inter-  
34 facility care setting.

35 **[d.]** "Commissioner" means the Commissioner of **[the State**  
36 **Department of Health;]** Health.

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

38 **[f.]** "Emergency **[service]** department" means a program in a  
39 general hospital staffed 24 hours a day by a licensed physician  
40 trained in emergency medicine **[;]** and as prescribed by regulation  
41 of the commissioner.

42 "EMCAB" means the Emergency Medical Care Advisory Board  
43 established pursuant to section 13 of P.L. , c. (C. ) (pending  
44 before the Legislature as this bill).

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

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

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

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

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

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

26       **【g. “Inter-hospital care” means those emergency medical**  
27 **services rendered by mobile intensive care units to emergency**  
28 **patients before and during transportation between emergency**  
29 **treatment facilities, and upon arrival within those facilities;】**

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

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

36       **【h. “Mobile intensive care paramedic” means a person trained in**  
37 **advanced life support services and certified by the commissioner to**  
38 **render advanced life support services as part of a mobile intensive**  
39 **care unit;】**

40       **【i.】** “Mobile intensive care unit” means a specialized emergency  
41 medical service vehicle that is operating under a mobile intensive  
42 care program pursuant to section 6 of P.L.1984, c.146 (C.26:2K-12)  
43 and is staffed by 【mobile intensive care】 paramedics or registered  
44 professional nurses 【trained in advanced life support nursing and  
45 operated for the provision of advanced life support services】  
46 recognized as mobile intensive care nurses, or other personnel  
47 authorized by the commissioner, under the medical direction of an  
48 authorized hospital【;】.

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

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

9       **【j.】** “Pre-hospital care” means those [emergency medical  
10 services rendered by mobile intensive care units to emergency]  
11 medical services rendered to patients by emergency medical  
12 services personnel before and during transportation to [emergency  
13 treatment] medical facilities, and upon arrival within those  
14 facilities.

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

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

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

22

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

25       2. a. (1) A **【mobile intensive care】** paramedic shall obtain  
26 **【certification】** licensure from the commissioner to staff a mobile  
27 intensive care unit or a health care facility and shall make  
28 application therefor on forms prescribed by the commissioner.

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

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

35       b. The commissioner **【with the approval of the board of**  
36 **medical examiners】** shall establish written standards which **【a**  
37 **mobile intensive care paramedic】** an applicant shall meet in order to  
38 obtain **【certification】** licensure as a paramedic, EMT, or emergency  
39 medical responder. The commissioner shall act on a regular basis  
40 upon applications of candidates for **【certification】** licensure as a  
41 **【mobile intensive care】** paramedic, EMT, or emergency medical  
42 responder. The commissioner shall **【certify】** license a candidate  
43 who provides satisfactory evidence of the successful completion of  
44 an educational program approved by the commissioner for the  
45 training of **【mobile intensive care】** paramedics, EMTs, or  
46 emergency medical responders, as applicable, and who passes an  
47 examination **【in the provision of advance life support services】**

1 approved by the department for the applicable licensure, which  
2 examination shall be conducted by the department at least twice a  
3 year.

4 c. The department shall maintain a register of all applicants for  
5 **【certification】** licensure hereunder, which register shall include but  
6 not be limited to:

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

8 (2) The date of the application;

9 (3) Information as to whether the applicant was rejected or  
10 **【certified】** licensed and the date of that action.

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

15 e. The department shall **【annually compile a】** maintain a  
16 current list of **【mobile intensive care】** paramedics and EMTs. This  
17 list shall be available to the public on the Internet website of the  
18 department.

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

20

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

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

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

29

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

32 4. A **【mobile intensive care】** paramedic may **【perform】**  
33 provide advanced life support services, provided **【they maintain】**  
34 that the paramedic:

35 a. maintains direct voice communication with and **【are】** is  
36 taking orders from a licensed physician or physician directed  
37 registered professional nurse, both of whom are affiliated with a  
38 mobile intensive care **【hospital which is approved by the**  
39 **commissioner to provide advanced life support services. A**  
40 **telemetered electrocardiogram shall be monitored when deemed**  
41 **appropriate by the licensed physician or when required by written**  
42 **rules and regulations established by the mobile intensive care**  
43 **hospital and approved by the commissioner】** program operating  
44 pursuant to section 6 of P.L.1984, c.146 (C.26:2K-12); or

45 b. is operating under standing orders from a licensed physician  
46 that have been developed or approved by a mobile intensive care  
47 program.

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

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

3       6. a. Only a hospital **【authorized by the commissioner with an**  
4 accredited emergency service may develop and maintain a mobile  
5 intensive care unit, and provide advanced life support services  
6 utilizing licensed physicians, registered professional nurses trained  
7 in advanced life support nursing, and mobile intensive care  
8 paramedics**】** licensed by the department to operate a mobile  
9 intensive care program may develop or maintain such a program.  
10 At a minimum, the hospital shall be required to maintain an  
11 emergency department.

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

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

26       d. The commissioner **【may withdraw his authorization】** shall  
27 provide by regulation for enforcement of the provisions of chapter  
28 2K of Title 26 of the Revised Statutes, up to and including  
29 revocation of licensure to operate a mobile intensive care program  
30 if the hospital or unit violates any provision **【of this act】** thereof or  
31 rules or regulations promulgated pursuant thereto.

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

33  
34       6. (New section) a. The commissioner shall not issue an initial  
35 license or other authorization to practice as a clinician unless the  
36 commissioner first determines that no criminal history record  
37 information exists on file in the Federal Bureau of Investigation,  
38 Identification Division, or in the State Bureau of Identification in  
39 the Division of State Police, which may disqualify the applicant  
40 from being licensed or otherwise authorized to practice as a  
41 clinician as determined by regulation of the commissioner.

42       b. (1) The commissioner shall not renew a license or other  
43 authorization to practice as a clinician unless the commissioner first  
44 determines that no criminal history record information exists on file  
45 in the Federal Bureau of Investigation, Identification Division, or in  
46 the State Bureau of Identification in the Division of State Police,  
47 which may provide grounds for the refusal to renew the license or  
48 other authorization to practice as a clinician.

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

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

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

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

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

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

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

41 i. A licensee:

42 (1) who has permitted a license or other authorization to lapse,  
43 or whose license, other authorization or privilege has been  
44 suspended, revoked, or otherwise, and

45 (2) who has not already submitted to a criminal history record  
46 background check, shall be required to submit fingerprints as part  
47 of the licensure or other authorization reinstatement process. If a  
48 reinstatement applicant refuses to consent to, or cooperate in, the  
49 securing of a criminal history record background check as required

1 during the reinstatement process, the commissioner shall  
2 automatically deny reinstatement of the license or other  
3 authorization, without a hearing, and shall notify the licensee of that  
4 denial.

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

12 k. The provisions of this section shall not apply to a health care  
13 professional who is subject to a criminal history record background  
14 check pursuant to P.L.2002, c.104 (C.45:1-28 et al.)  
15

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

18 14. a. In accordance with the provisions of sections 2 through 6  
19 and sections 7 through 13 of P.L.1997, c.100 (C.26:2H-83 through  
20 87 and C.45:11-24.3 through 24.9) **[and]**, P.L.2002, c.104 (C.45:1-  
21 28 et al.), and section 6 of P.L. , c. (C. ) (pending before the  
22 Legislature as this bill), the Division of State Police in the  
23 Department of Law and Public Safety shall conduct a criminal  
24 history record background check, including a name and fingerprint  
25 identification check, of:

26 (1) each applicant for nurse aide or personal care assistant  
27 certification submitted to the Department of Health and of each  
28 applicant for homemaker-home health aide certification submitted  
29 to the New Jersey Board of Nursing in the Division of Consumer  
30 Affairs;

31 (2) each nurse aide or personal care assistant certified by the  
32 Department of Health and each homemaker-home health aide  
33 certified by the New Jersey Board of Nursing, as required pursuant  
34 to P.L.1997, c.100 (C.26:2H-83 et al.); **[and]**

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

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

43 b. For the purpose of conducting a criminal history record  
44 background check pursuant to subsection a. of this section, the  
45 Division of State Police shall examine its own files and arrange for  
46 a similar examination by federal authorities. The division shall  
47 immediately forward the information obtained as a result of  
48 conducting the check to: the Commissioner of Health, in the case  
49 of an applicant for nurse aide or personal care assistant certification

1 **【or】**, a certified nurse aide or personal care assistant, or an  
2 applicant for clinician licensure pursuant to chapter 2K of Title 26  
3 of the Revised Statutes; the New Jersey Board of Nursing in the  
4 Division of Consumer Affairs in the Department of Law and Public  
5 Safety, in the case of an applicant for homemaker-home health aide  
6 certification or a certified homemaker-home health aide; and the  
7 Director of the Division of Consumer Affairs in the Department of  
8 Law and Public Safety, in the case of an applicant for licensure or  
9 other authorization to practice as a health care professional as  
10 defined in section 1 of P.L.2002, c.104 (C.45:1-28).

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

12

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

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

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

32

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

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

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

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

43 b. No person may impersonate or refer to himself as a **【mobile**  
44 **intensive care】** paramedic, EMT, or emergency medical responder

1 unless **【he is certified or approved therefor, as appropriate】** that  
2 person is licensed as such.

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

4

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

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

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

19

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

33

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

45

46 13. (New section) a. (1) The commissioner shall establish a  
47 State Emergency Medical Care Advisory Board, or EMCAB, which  
48 shall advise the commissioner on all matters of mobile intensive

1 care services, basic life support services, advanced life support  
2 services, and pre-hospital and inter-facility care, and shall focus on:  
3 improving quality of care; making patient-centered decisions; and  
4 using technology to improve efficiency and the standard of care.

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

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

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

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

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

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

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

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

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

45 e. EMCAB shall establish standing committees, as well as any  
46 additional committees that it determines appropriate, which in each  
47 case shall include the number of members, utilize the criteria for  
48 appointment, and provide for the manner of appointment and term  
49 of service prescribed by regulation of the commissioner. The

1 standing committees shall research, review, assess, and recommend  
2 policy, and analyze data as applicable, as specified by the  
3 commissioner. The standing committees shall include the  
4 following:

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

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

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

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

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

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

38 i. The department shall provide staff support to EMCAB and  
39 its committees.

40

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

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

45 (2) the creation and use of a patient care report by the agency to  
46 provide this data in electronic form to the receiving facility in a  
47 timely manner; and

48 (3) the electronic reporting of this data to the department.

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

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

10  
11       15. (New section) a. (1) The commissioner shall ensure or  
12 arrange for the provision of advanced life support pre-hospital care  
13 in response to 9-1-1 calls within the State.

14       (2) The commissioner, in consultation with EMCAB, shall  
15 establish minimum standards for training, response times,  
16 equipment, and quality of care with respect to basic life support pre-  
17 hospital care and advanced life support pre-hospital care.

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

22       (2) Any agency licensed to provide 9-1-1 emergency medical  
23 services response in New Jersey shall be required to maintain a  
24 written agreement with a dispatch agency approved by the  
25 commissioner. The commissioner shall establish objective  
26 standards to approve and monitor dispatch agencies; and these  
27 standards shall be designed to improve response times and  
28 appropriate triage of resources to respond to calls for emergency  
29 medical services. Any licensed emergency medical services  
30 provider shall be permitted to contract with any approved dispatch  
31 agency.

32       (3) The commissioner shall provide for the coordination of  
33 dispatch agencies in accordance with protocols established by the  
34 department.

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

43  
44       16. Section 11 of P.L.1984, c.146 (C26:2K-17) is amended to  
45 read as follows:

46       11. a. The commissioner shall promulgate such rules and  
47 regulations, in accordance with the "Administrative Procedure Act,"  
48 P.L.1968, c. 410 (C. 52:14B-1 et seq.), as **the** the commissioner  
49 deems necessary to effectuate the purposes of **this act**, and the

1 board medical examiners and the board of nursing **】** chapter 2K of  
2 Title 26 of the Revised Statutes, with the advice of EMCAB in the  
3 form of such written recommendations as EMCAB may submit to  
4 the commissioner for his consideration.

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

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

10  
11 17. Section 13 of P.L.1984, c.146 (C26:2K-19) is amended to  
12 read as follows:

13 13. Nothing in this act shall be construed as interfering with an  
14 emergency service training program authorized and operated under  
15 provisions of the "New Jersey Highway **【Safety Act of 1971,**"  
16 P.L.1971, c.351 (C.27:5F-1 et seq.)】 Traffic Safety Act of 1987,"  
17 P.L.1987, c.284 (C.27:5F-18 et seq.).

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

19  
20 18. Section 14 of P.L.1984, c.146 (C.26:2K-20) is amended to  
21 read as follows:

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

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

29  
30 19. Section 2 of P.L.1986, c.106 (C.26:2K-36) is amended to  
31 read as follows:

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

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

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

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

6  
7 20. Section 3 of P.L.1986, c.106 (C.26:2K-37) is amended to  
8 read as follows:

9 3. The Division of State Police of the Department of Law and  
10 Public Safety shall establish an emergency medical transportation  
11 service to provide air medical transportation service pursuant to  
12 **【this amendatory and supplementary act】** section 2 of P.L.1986,  
13 c.106 (C.26:2K-36). The superintendent shall operate and maintain  
14 at least one dedicated helicopter, and at least one additional  
15 helicopter that provides backup air medical transportation  
16 capability, for each emergency medical service helicopter response  
17 unit designated by the commissioner pursuant to section 2 of **【this**  
18 **amendatory and supplementary act】** P.L.1986, c.106 (C.26:2K-36).

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

20  
21 21. Section 3 of P.L.1992, c.96 (C.26:2K-50) is amended to read  
22 as follows:

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

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

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

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

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

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

40  
41 22. Section 5 of P.L.1992, c.96 (C.26:2K-52) is amended to read  
42 as follows:

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

1       b. The advisory council shall consist of a minimum of ~~14~~ 24  
2 public members to be appointed by the ~~Governor, with the advice~~  
3 ~~and consent of the Senate~~ commissioner, in consultation with  
4 EMCAB, for a term of three years. Membership of the advisory  
5 council shall include: one ~~practicing~~ general practice pediatrician,  
6 one pediatric critical care physician, one ~~board certified~~ pediatric  
7 emergency physician and one pediatric physiatrist, to be appointed  
8 upon the recommendation of the New Jersey chapter of the  
9 American Academy of Pediatrics; one pediatric surgeon and one  
10 trauma surgeon, to be appointed upon the recommendation of the  
11 New Jersey chapter of the American College of Surgeons; one  
12 general emergency physician, to be appointed upon the  
13 recommendation of the New Jersey chapter of the American  
14 College of Emergency Physicians; one injury prevention specialist,  
15 to be appointed upon the recommendation of the New Jersey State  
16 Safe Kids Coalition; ~~one emergency medical technician, to be~~  
17 ~~appointed upon the recommendation of the New Jersey State First~~  
18 ~~Aid Council;~~ one paramedic, to be appointed upon the  
19 recommendation of the ~~State mobile intensive care advisory~~  
20 ~~council~~ subcommittee on advanced life support services of the  
21 standing committee on Pre-hospital Care Systems Operations of  
22 EMCAB; one family practice physician, to be appointed upon the  
23 recommendation of the New Jersey chapter of the American  
24 Academy of Family Practice Physicians; two registered  
25 emergency nurses, one to be appointed upon the recommendation of  
26 the New Jersey State Nurses Association and one to be appointed  
27 upon the recommendation of the New Jersey Chapter of the  
28 Emergency Nurses Association; one school nurse, to be appointed  
29 upon the recommendation of the New Jersey State School Nurses  
30 Association; one person to be appointed upon the recommendation  
31 of the Medical Transportation Association of New Jersey; and three  
32 members, each with a non-medical background, two of whom are  
33 parents with children under the age of 18, to be appointed upon the  
34 joint recommendation of the Association for Children of New  
35 Jersey and the Junior Leagues of New Jersey].

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

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

11 d. The council shall meet at least quarterly.

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

13

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

16 1. In the event of an emergency, the chief executive officer of  
17 any **【volunteer】** basic life support service first aid, ambulance or  
18 rescue squad or the mayor or chief executive officer of any  
19 municipality may request assistance from the chief executive officer  
20 of any **【volunteer】** basic life support service first aid, ambulance or  
21 rescue squad located in and serving another municipality for the  
22 protection and preservation of life within the territorial jurisdiction  
23 served by the squad requesting the assistance.

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

32 The members of any squad providing assistance shall have, while  
33 so acting, the same rights and immunities as they otherwise enjoy in  
34 the performance of their normal duties in the municipality, or other  
35 territorial jurisdiction, in which the squad is located and which it  
36 normally serves.

37 If any member of the assisting basic life support service first aid,  
38 ambulance or rescue squad shall, in rendering such assistance,  
39 suffer any injury or death, the member or his designee or legal  
40 representative shall be entitled to all salary, pension rights, workers  
41 compensation and other benefits to which the member would be  
42 entitled if the casualty or death had occurred in the performance of  
43 the member's duties in the municipality, or other territorial  
44 jurisdiction, in which the squad is located and which it normally  
45 serves.

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

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

3       2. The governing bodies of two or more municipalities may, by  
4 enacting reciprocal ordinances, enter into agreements with each  
5 other for mutual basic life support service first aid, ambulance or  
6 rescue squad assistance in case of emergency, subject to the written  
7 approval of the **【volunteer】** basic life support service first aid,  
8 ambulance or rescue squad or squads involved. The agreements  
9 may provide for:

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

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

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

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

25

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

29       b. The purpose of the task force shall be to support and  
30 enhance the provision of specialized response services, utilizing  
31 personnel and equipment to respond as requested, for both pre-  
32 planned and emergency events, including natural disasters and mass  
33 casualty incidents, including chemical, biological, radiological,  
34 nuclear, and explosive events, in order to reduce morbidity and  
35 mortality through appropriate triage, incident management, and  
36 coordinated pre-hospital care and transportation.

37       c. The membership of the task force shall represent all regions  
38 of the State and shall include emergency medical responders,  
39 EMTs, paramedics, registered nurses, physicians, communications  
40 specialists, hospitals, agencies providing emergency medical  
41 responder and other emergency medical services, and  
42 communication centers utilized for the purpose of providing  
43 emergency medical services.

44

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

47       4. a. The Governor shall coordinate the highway traffic safety  
48 activities of State and local agencies, other public and private  
49 agencies, nonprofit organizations, and interested organizations and

1 individuals and shall be the official of this State having the ultimate  
2 responsibility of dealing with the federal government with respect  
3 to the State highway traffic safety program. In order to effectuate  
4 the purposes of this act **【he】**, the Governor shall:

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

9 (2) Promulgate rules and regulations establishing standards and  
10 procedures relating to the content, coordination, submission, and  
11 approval of local highway traffic safety programs**【.】**;

12 (3) Contract and do all things necessary or convenient on behalf  
13 of the State in order to insure that all departments of State  
14 government, local political subdivisions and nonprofit  
15 organizations, to the extent that nonprofit organizations qualify for  
16 highway traffic safety grants pursuant to the provisions of section  
17 12 of P.L.1987, c.284 (C.27:5F-29) as amended by section 6 of  
18 P.L.2007, c.84, secure the full benefits available under the "U.S.  
19 Highway Safety Act of 1966," Pub.L.89-564 (23 U.S.C. ss. 401-  
20 404), and any acts amendatory or supplementary thereto**【.】**; and

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

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

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

34

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

37 5. The New Jersey Highway Traffic Safety Program shall, in  
38 addition to other provisions, include training programs for groups  
39 such as, but not limited to, police, teachers, students, and public  
40 employees, which programs shall comply with the uniform  
41 standards promulgated by the United States Secretary of  
42 Transportation in accordance with the "U.S. Highway Safety Act of  
43 1966," Pub.L.89-564 (23 U.S.C. s.s.401-404), and any acts  
44 amendatory or supplementary thereto.

45 In addition, the New Jersey Highway Traffic Safety Program  
46 shall include the training program for **【members of volunteer first**  
47 **aid, rescue and ambulance squads, adopted by the New Jersey State**  
48 **First Aid Council】** paramedics, emergency medical technicians, and

1 emergency medical responders licensed by the Commissioner of  
2 Health, which shall comply with the uniform standards promulgated  
3 by the United States Secretary of Transportation in accordance with  
4 the "U.S. Highway Safety Act of 1966," Pub.L.89-564 (23 U.S.C.  
5 s.s.401-404) and any amendments or supplements to it.  
6 (cf: P.L.1987, c.284, s.5)

7  
8 28. Section 10 of P.L.1987, c.284 (C.27:5F-27) is amended to  
9 read as follows:

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

42  
43 29. The following are repealed:

44 Sections 5, 10, and 12 of P.L.1984, c.146 (C.26:2K-11, C.26:2K-  
45 16, and C.26:2K-18);

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

47 Sections 1 and 4 of P.L.1986, c.106 (C.26:2K-35 and C.26:2K-  
48 38);

1 P.L.1989, c.314 (C.26:2K-39 et seq.);  
2 Sections 1, 2, 3, and 10 of P.L.2003, c.1 (C.26:2K-47.1,  
3 C.26:2K-47.2, C.26:2K-47.3, and C.26:2K-47.9);  
4 Section 2 of P.L.1992, c.96 (C.26:2K-49); and  
5 Sections 2, 4, 5, and 6 of P.L.1992, c.143 (C.26:2K-55, C.26:2K-  
6 57, C.26:2K-58, and C.26:2K-59).

7  
8 30. This act shall take effect on the first day of the seventh  
9 month next following the date of enactment, but the Commissioner  
10 of Health may take such anticipatory administrative action in  
11 advance thereof as shall be necessary for the implementation of the  
12 act.

13  
14  
15 STATEMENT

16  
17 This bill provides a new statutory approach to the regulation of  
18 emergency medical services that encompasses basic and advanced  
19 life support services, and governs the qualifications, training, and  
20 operations of paramedics, emergency medical technicians (EMTs),  
21 and emergency medical responders.

22 The bill provides specifically as follows:

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

27 The commissioner is to appoint a physician with relevant  
28 experience as State Medical Director for Emergency Medical  
29 Services, and the State Medical Director may appoint up to three  
30 regional medical directors to oversee their respective geographic  
31 areas.

32 The commissioner is to ensure or arrange for the provision of  
33 advanced life support pre-hospital care in response to 9-1-1 calls  
34 within the State.

35 Paramedics who staff mobile intensive care units, EMTs who  
36 staff licensed ambulances, and emergency medical responders to 9-  
37 1-1 calls are to be licensed and to undergo criminal history record  
38 background checks; however, an EMT who is a member of a  
39 volunteer first aid, ambulance, or rescue squad is exempt from  
40 having to assume any costs for licensure or having to undergo a  
41 criminal history record background check.

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

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

48 A paramedic is authorized to perform advanced life support  
49 services if the paramedic: maintains direct voice communication

1 with and is taking orders from a licensed physician or physician-  
2 directed registered professional nurse, both of whom are affiliated  
3 with a mobile intensive care program; or is operating under  
4 standing orders from a licensed physician that were developed or  
5 approved by a mobile intensive care program.

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

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

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

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

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

13       The bill repeals the following sections of law that are obviated  
14 by its provisions: section 5 of P.L.1984, c.146 (C.26:2K-11),  
15 concerning the performance of advanced life support procedures by  
16 a paramedic who is not in direct voice communication with a  
17 physician; section 12 of P.L.1984, c.146 (C.26:2K-18), concerning  
18 a paramedic performing the duties or filling the position of another  
19 health care professional employed by a hospital; and section 4 of  
20 P.L.1986, c.106 (C.26:2K-38), concerning immunity from liability  
21 for persons training for or rendering advanced life support services.  
22 In addition, the bill repeals P.L.1989, c.314 (C.26:2K-39 et seq.),  
23 concerning certification of EMT-Ds by the commissioner to  
24 perform cardiac defibrillation, which is obviated by the training in  
25 cardiac defibrillation provided to EMTs and First Responders to  
26 meet American Heart Association CPR certification requirements.

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

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