

SENATE, No. 4825

STATE OF NEW JERSEY
222nd LEGISLATURE

INTRODUCED OCTOBER 15, 2026

Sponsored by:
Senator ANDREW ZWICKER
District 16 (Hunterdon, Mercer, Middlesex and Somerset)

SYNOPSIS

Requires DOH to collect, analyze, and report information concerning active volunteer emergency medical services workforce and capacity and reliability of volunteer emergency medical services.

CURRENT VERSION OF TEXT

As introduced.



1 AN ACT concerning the emergency medical services workforce and
2 emergency medical services system capacity, and supplementing
3 Title 26 of the Revised Statutes.

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

7
8 1. As used in this act:

9 "Active volunteer emergency medical services personnel" means
10 an individual who:

11 (1) holds a current certification, license, endorsement, or other
12 credential issued or recognized by the department that authorizes
13 the individual to provide emergency medical services or pre-
14 hospital emergency medical care;

15 (2) is affiliated with a volunteer emergency medical services
16 agency in a volunteer capacity; and

17 (3) during a period established by the commissioner, has actively
18 participated in the provision of emergency medical services,
19 including by staffing an emergency medical services unit,
20 responding to or being available for emergency medical services
21 calls, providing pre-hospital emergency medical care, or performing
22 such other operational emergency medical services activities as the
23 commissioner determines appropriate.

24 "Commissioner" means the Commissioner of Health.

25 "Credentialed emergency medical services personnel" means
26 individuals holding a current certification, license, endorsement, or
27 other credential issued or recognized by the department that
28 authorizes the individual to provide emergency medical services or
29 pre-hospital emergency medical care.

30 "Department" means the Department of Health.

31 "Emergency medical services agency" means an emergency
32 medical services provider, as that term is defined in section 1 of
33 P.L.2017, c.116 (C.26:2K-66), that provides basic life support
34 ambulance services or other pre-hospital emergency medical
35 services.

36 "Volunteer emergency medical services agency" means an
37 emergency medical services agency that provides emergency
38 medical services wholly or in substantial part through personnel
39 who provide such services on a volunteer basis, and shall include an
40 agency that utilizes both volunteer and paid personnel.

41 "Volunteer emergency medical services personnel" means
42 credentialed emergency medical services personnel affiliated with a
43 volunteer emergency medical services agency who provide, or are
44 available to provide, emergency medical services on a volunteer
45 basis.

46
47 2. a. The department shall establish and maintain a system for
48 determining the number of credentialed emergency medical services

1 personnel in the State who are actively participating in the provision
2 of emergency medical services through volunteer emergency
3 medical services agencies.

4 b. In implementing the provisions of this section, the department
5 shall distinguish, to the extent practicable, among:

6 (1) the total number of individuals holding a current emergency
7 medical services certification, license, endorsement, or other
8 credential;

9 (2) the number of credentialed individuals affiliated with one or
10 more volunteer emergency medical services agencies; and

11 (3) the number of credentialed individuals who meet the
12 department's criteria for active participation in the provision of
13 emergency medical services through a volunteer emergency medical
14 services agency.

15 c. The department shall establish objective criteria and a
16 methodology for determining whether an individual is actively
17 participating in the provision of emergency medical services. The
18 methodology may consider, as appropriate:

19 (1) participation in emergency medical services responses;

20 (2) staffing of ambulances or other emergency medical services
21 units;

22 (3) scheduled or documented periods of operational availability;

23 (4) patient care reports or other records indicating participation in
24 the provision of emergency medical services;

25 (5) agency membership, affiliation, duty, or staffing records;

26 (6) information provided in connection with the issuance or
27 renewal of an emergency medical services certification, license,
28 endorsement, or other credential;

29 (7) attestations by an emergency medical services agency or
30 credentialed individual; and

31 (8) any other reliable indicator of active participation determined
32 appropriate by the commissioner.

33 d. The methodology established pursuant to this section shall, to
34 the extent practicable, permit the department to identify and account
35 for individuals affiliated with more than one emergency medical
36 services agency without duplicating those individuals in Statewide
37 workforce totals.

38 e. Nothing in this section shall require the department to make
39 publicly available the name, credential number, employment or
40 volunteer status, schedule, response history, or other personally
41 identifiable information of an individual emergency medical
42 services provider.

43

44 3. a. In addition to the workforce information required pursuant
45 to section 2 of this act, the department shall, to the extent
46 practicable, collect, analyze, or derive information sufficient to
47 evaluate the operational capacity and reliability of volunteer
48 emergency medical services in the State.

1 b. The information evaluated pursuant to this section may
2 include, but shall not be limited to:

3 (1) scheduled, available, or actual staffing coverage;

4 (2) the number of staffed ambulance unit-hours or other
5 appropriate measures of staffed emergency medical services unit
6 availability;

7 (3) the frequency and duration of periods during which an
8 emergency medical services agency lacks a crew or emergency
9 medical services unit available to respond;

10 (4) the number and percentage of requests for emergency medical
11 services answered by the emergency medical services agency
12 primarily responsible for responding to the request;

13 (5) the number and percentage of requests for emergency medical
14 services that are declined, unanswered, unable to be staffed,
15 referred, reassigned, or otherwise handled by another emergency
16 medical services provider, and the cause or circumstances thereof;

17 (6) the frequency and extent of reliance on mutual aid, automatic
18 aid, contracted services, supplemental coverage, or other emergency
19 medical services providers;

20 (7) emergency medical services response times;

21 (8) emergency medical services call volume;

22 (9) variations in staffing, unit availability, response capability, or
23 response times by time of day, day of week, geographic area, or
24 other relevant factor; and

25 (10) any other measure of emergency medical services capacity,
26 availability, reliability, or performance determined appropriate by
27 the commissioner.

28 c. Nothing in this section shall be construed to require the
29 department to collect information specified in subsection b. of this
30 section if the commissioner determines that reliable information is
31 not reasonably available, cannot reasonably be collected without
32 imposing a disproportionate administrative burden, or would not
33 materially assist the department in evaluating emergency medical
34 services capacity and reliability.

35
36 4. a. In implementing sections 2 and 3 of this act, the department
37 shall, to the maximum extent practicable, use, integrate, match, or
38 derive information from data already reported to or otherwise
39 available to the State or a political subdivision thereof.

40 b. Sources utilized pursuant to subsection a. of this section may
41 include, but shall not be limited to:

42 (1) information reported pursuant to sections 2 and 3 of P.L.2017,
43 c.116 (C.26:2K-67 and C.26:2K-68);

44 (2) electronic patient care reports;

45 (3) information collected in accordance with the National
46 Emergency Medical Services Information System or any successor
47 national emergency medical services data standard;

- 1 (4) computer-aided dispatch records and other emergency
2 medical services dispatch information;
- 3 (5) department certification, licensing, registration, and
4 credentialing systems;
- 5 (6) emergency medical services agency licensing, registration,
6 roster, or operational records;
- 7 (7) State and local mutual aid, dispatch, and emergency
8 communications records; and
- 9 (8) any other State or local data source determined by the
10 commissioner to contain reliable information relevant to the
11 purposes of this act.
- 12 c. An emergency medical services agency, emergency medical
13 services dispatch center, municipality, county, or other entity shall
14 not be required to separately report information that is already
15 reported to, maintained by, or reasonably accessible to the
16 department or another State agency in a form that permits the
17 department to use the information for the purposes of this act.
- 18 d. The department may require supplemental reporting only to the
19 extent the commissioner determines that information necessary to
20 implement this act cannot reasonably be obtained, matched, or
21 derived from existing data sources.
- 22 e. Any supplemental reporting requirement established pursuant
23 to this act shall be designed to minimize administrative burdens on
24 volunteer emergency medical services agencies and other reporting
25 entities. The commissioner may establish simplified reporting
26 procedures, reduced reporting frequency, exemptions, alternative
27 reporting methods, or other accommodations for smaller volunteer
28 emergency medical services agencies, agencies with low call
29 volumes, or other classes of agencies for which the commissioner
30 determines such accommodations are appropriate.
- 31 f. The department may utilize statistical sampling, data matching,
32 automated data extraction, audits, periodic attestations, credential
33 renewal information, or other reasonable methods to verify or
34 improve the reliability of information collected or derived pursuant
35 to this act.
- 36
- 37 5. a. The department shall establish and maintain on its Internet
38 website a publicly accessible, searchable repository of volunteer
39 emergency medical services agencies operating in the State.
- 40 b. The repository shall, to the extent the information is available
41 to the department, identify each volunteer emergency medical
42 services agency and may include:
- 43 (1) the name and principal business address of the agency;
- 44 (2) the municipality, municipalities, geographic area, or other
45 service area served by the agency;
- 46 (3) publicly available agency contact information;

- 1 (4) the name or title and publicly available contact information of
- 2 the agency's chief, president, captain, director, or other principal
- 3 officer;
- 4 (5) whether the agency operates as an all-volunteer or
- 5 combination volunteer and paid agency;
- 6 (6) the type or types of emergency medical services provided by
- 7 the agency;
- 8 (7) the level or levels of emergency medical services provided;
- 9 (8) whether the agency provides primary, mutual aid,
- 10 supplemental, or other emergency medical services coverage;
- 11 (9) the municipalities or other governmental entities with which
- 12 the agency has an agreement to provide emergency medical
- 13 services, to the extent such information is available; and
- 14 (10) any other non-confidential information the commissioner
- 15 determines would assist the public, State and local officials,
- 16 emergency medical services agencies, or policymakers in
- 17 understanding the availability and organization of volunteer
- 18 emergency medical services in the State.
- 19 c. In developing and maintaining the repository, the department
- 20 shall seek to identify all volunteer emergency medical services
- 21 agencies operating in the State, including volunteer first aid, rescue,
- 22 and ambulance squads and organizations affiliated with or
- 23 represented by the EMS Council of New Jersey.
- 24 d. The department may obtain information for the repository from
- 25 existing department records, emergency medical services agency
- 26 registrations and licenses, municipal and county records,
- 27 information submitted pursuant to P.L.2017, c.116 (C.26:2K-66 et
- 28 seq.), publicly available sources, or periodic agency attestations or
- 29 updates.
- 30 e. The department shall establish a process through which an
- 31 emergency medical services agency may review and request
- 32 correction of information concerning the agency contained in the
- 33 repository.
- 34
- 35 6. a. No later than 24 months following the effective date of this
- 36 act, and at least annually thereafter, the department shall prepare
- 37 and publish on its Internet website a report concerning the
- 38 emergency medical services workforce and emergency medical
- 39 services system capacity in the State.
- 40 b. Each report shall include, to the extent practicable:
- 41 (1) the total number of credentialed emergency medical services
- 42 personnel in the State, categorized by credential type;
- 43 (2) the number of credentialed emergency medical services
- 44 personnel identified as affiliated with volunteer emergency medical
- 45 services agencies;
- 46 (3) the number and percentage of credentialed emergency
- 47 medical services personnel determined to be actively participating

1 in the provision of emergency medical services through volunteer
2 emergency medical services agencies;

3 (4) an explanation of the methodology and criteria used to
4 determine active participation;

5 (5) information concerning the operational capacity and
6 reliability of volunteer emergency medical services developed
7 pursuant to section 3 of this act;

8 (6) Statewide and regional trends in emergency medical services
9 workforce participation, staffing, capacity, reliability, call volume,
10 mutual aid utilization, and response performance, as appropriate;

11 (7) comparisons with prior reporting periods sufficient to identify
12 significant changes or trends;

13 (8) any significant limitations in the data or methodology used in
14 preparing the report; and

15 (9) recommendations, if any, for improving the collection of
16 emergency medical services workforce and capacity information or
17 addressing significant workforce or capacity issues identified by the
18 department.

19 c. The department shall present information in the report on a
20 Statewide basis and, where practicable and statistically appropriate,
21 by county, region, or other geographic area determined appropriate
22 by the commissioner.

23 d. The department may publish agency-level information
24 concerning system capacity or performance when the commissioner
25 determines such information to be reliable, appropriate for public
26 reporting, and consistent with applicable State and federal privacy
27 laws. Nothing in this act shall require the public disclosure of
28 personally identifiable information, protected health information,
29 confidential personnel information, or information otherwise
30 protected from disclosure by State or federal law.

31 e. The department shall transmit an electronic copy of each report
32 prepared pursuant to this section to the Governor and, pursuant to
33 section 2 of P.L.1991, c.164 (C.52:14-19.1), to the Legislature.

34

35 7. a. The department may implement the requirements of this act
36 in phases and may establish pilot programs or transitional reporting
37 periods as necessary to develop, validate, and improve the
38 methodology used to measure active emergency medical services
39 workforce participation and system capacity.

40 b. In implementing this act, the department shall seek to:

41 (1) minimize duplicative reporting and administrative burdens;

42 (2) maximize the use of automated reporting and existing data
43 systems;

44 (3) establish consistent definitions and technical standards;

45 (4) ensure the reliability and comparability of information
46 reported across agencies and geographic regions;

1 (5) account for differences among volunteer, combination,
2 municipal, nonprofit, and other emergency medical services
3 delivery models; and

4 (6) protect patient privacy and the confidentiality of personally
5 identifiable information in accordance with applicable State and
6 federal law.

7 c. The commissioner may establish definitions, reporting
8 methods, reporting intervals, data standards, validation procedures,
9 exemptions, alternative reporting requirements, reasonable phase-in
10 periods, and other requirements necessary to implement this act.

11 d. The department may issue guidance, directives, technical
12 specifications, or other administrative materials necessary to
13 implement this act prior to the adoption of rules and regulations.

14
15 8. The Commissioner of Health shall adopt rules and regulations,
16 pursuant to the "Administrative Procedure Act," P.L.1968, c.410
17 (C.52:14B-1 et seq.), as the commissioner deems necessary to
18 effectuate the purposes of this act.

19
20 9. This act shall take effect on the first day of the seventh month
21 next following the date of enactment, except that the Commissioner
22 of Health may take any anticipatory administrative action in
23 advance thereof as shall be necessary for the implementation of this
24 act.

25
26
27 STATEMENT

28
29 This bill requires the Department of Health (DOH) to collect,
30 analyze, and report information concerning the active volunteer
31 emergency medical services (EMS) workforce and the capacity and
32 reliability of volunteer EMS services in the State.

33 Under the bill, DOH is required to distinguish between the total
34 number of individuals holding current EMS credentials, the number
35 of credentialed individuals affiliated with volunteer EMS agencies,
36 and the number of credentialed individuals who are actively
37 participating in the provision of volunteer EMS services. DOH is to
38 establish objective criteria and a methodology for determining
39 active participation, which may consider participation in EMS
40 responses, ambulance staffing, periods of operational availability,
41 patient care reports, agency records, credentialing information, and
42 agency or individual attestations.

43 The bill additionally authorizes DOH, to the extent practicable, to
44 evaluate measures of volunteer EMS capacity and reliability,
45 including staffing coverage; staffed ambulance unit-hours; periods
46 when an agency lacks an available crew or unit; calls answered by
47 the primary agency; calls declined, unanswered, referred,
48 reassigned, or handled by another provider; reliance on mutual aid

1 or supplemental coverage; response times; call volume; and other
2 appropriate performance measures.

3 The bill requires DOH, to the maximum extent practicable, to use
4 information already available to the State or local governments,
5 including information reported under the existing EMS data law,
6 electronic patient care reports, National Emergency Medical
7 Services Information System data, dispatch records, credentialing
8 systems, and agency records. Supplemental reporting may be
9 required only when necessary information cannot reasonably be
10 obtained from existing sources. DOH is authorized to establish
11 simplified or alternative reporting requirements for certain
12 volunteer EMS agencies.

13 The bill also requires DOH to establish a publicly accessible,
14 searchable online repository of volunteer EMS agencies operating
15 in New Jersey. The repository may include information concerning
16 an agency's service area, contact information, leadership, volunteer
17 or combination status, services provided, and other non-confidential
18 information.

19 Finally, the bill requires DOH, within 24 months after the bill's
20 effective date and at least annually thereafter, to publish a report
21 concerning the EMS workforce and system capacity. The report is
22 to include statewide and, where practicable, regional information
23 concerning credentialed EMS personnel, active volunteer EMS
24 personnel, workforce participation, staffing, capacity, reliability,
25 mutual aid utilization, and response performance. The bill
26 authorizes DOH to phase in its requirements and establish
27 definitions, reporting methods, technical standards, exemptions, and
28 other implementation requirements.