Committee Meeting

of

SENATE LEGISLATIVE OVERSIGHT COMMITTEE

"The Committee will receive testimony from invited guests on the current state of the volunteer Emergency Medical Services (EMS) system in New Jersey. Subject-matter experts will discuss challenges related to staffing, volunteer recruitment and retention, funding, training, equipment, municipal support, career pathways, and data and accountability systems"

LOCATION: Committee Room 4
State House Annex
Trenton, New Jersey

DATE: October 8, 2026
1:00 p.m.

MEMBERS OF COMMITTEE PRESENT:

Senator Andrew Zwicker, Chair
Senator John J. Burzichelli
Senator Robert W. Singer

ALSO PRESENT:

Madelynn K. Correnti, Esq.
Sean G. Giblin
Office of Legislative Services
Committee Aides

Michael Horgan
Senate Majority
Committee Aide

John Gorman
Senate Republican
Committee Aide

Meeting Recorded and Transcribed by
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Andrew Zwicker
Chair

M. Teresa Ruiz
Vice-Chair

John J. Burzichelli
Joseph Pennacchio
Robert W. Singer

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COMMITTEE NOTICE

TO: MEMBERS OF THE SENATE LEGISLATIVE OVERSIGHT COMMITTEE

FROM: SENATOR ANDREW ZWICKER, CHAIRMAN

SUBJECT: **COMMITTEE MEETING - OCTOBER 8, 2026**

The public may address comments and questions to Madelynn K. Correnti, Committee Aide, or make bill status and scheduling inquiries to Melissa Berrios, Secretary, at (609)847-3855 or e-mail: OLSAideSLO@njleg.org. Written and electronic comments, questions and testimony submitted to the committee by the public, as well as recordings and transcripts, if any, of oral testimony, are government records and will be available to the public upon request.

The Senate Legislative Oversight Committee will meet on Thursday, October 8, 2026 at 1:00 PM in Committee Room 4, 1st Floor, State House Annex, Trenton, New Jersey.

The committee will receive testimony from invited guests on the current state of the volunteer Emergency Medical Services (EMS) system in New Jersey. Subject-matter experts will discuss challenges related to staffing, volunteer recruitment and retention, funding, training, equipment, municipal support, career pathways, and data and accountability systems.

Issued 10/2/26

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SENATOR ANDREW ZWICKER (Chair): If we could take our seats, I'd like to get started.

I'd like to call this hearing of the Senate Legislative Oversight Committee into session.

And, can we have a roll call?

MS. CORRENTI (Committee Aide): Senator Singer.

SENATOR SINGER: Here.

MS. CORRENTI: Senator Burzichelli.

SENATOR BURZICHELLI: Here.

MS. CORRENTI: Chairman Zwicker.

SENATOR ZWICKER: Present.

First, I want to say thank you. Thank you to my colleagues for being here today; those who are about to testify. Very much appreciate your time coming out.

I also want to begin with a simple thank you to all of our volunteers across the state providing emergency medical care in our communities, but also to our career EMTs; our paramedics; our dispatchers; and all of our other responders who worked alongside them.

Volunteer EMS is a substantial part of New Jersey's emergency response infrastructure. There are more than 190 volunteer EMS organizations across the state. You give your time; you give countless hours to ensure that the health and safety of your local communities is met at a time when often they are in dire need.

I can tell you that within districts I represent-- For instance, Montgomery Township is an all-volunteer EMS service. Last year, in 12 months, they responded to almost 1,700 calls, which accounts for almost 32,000 volunteer hours.

Today, we're here to talk about the serious questions about how volunteer EMS is funded; how it is staffed; the rising cost of ambulances and other infrastructure and supply chain issues. But, the bottom line is that when someone calls 911, they are trusting that help will come. It is our responsibility to make sure that people answering that call have all the support that they need, and we all look forward to the testimony that we are about to hear.

And, again, thank you so much.

So, we are going to do three panels today. I want to begin our first panel and call up three people: Kari Phair, from the EMS Council of New Jersey; Jennifer McCarthy, EMS Task Force; and Corry Van Elsland, Paramedics for the Advancement of New Jersey Emergency Medical Services.

And, we can start from left to right.

Thank you.

K A R I P H A I R: Hi, Kari Phair from the EMS Council of New Jersey.

Good afternoon, Chairman Zwicker, Vice Chair Ruiz, and the members of the Committee.

Thank you for the opportunity to speak about the state of emergency medical services in New Jersey.

I represent volunteer EMS, but I want to be clear that this should not be a debate over volunteer versus paid. Paid and volunteer EMTs receive the same education and meet the same State certification requirements. And, many are the same people. An EMT may work professionally for one agency and volunteer in the town where they live. We all want the same thing: The right patient to the right hospital and the right time.

The question is how New Jersey builds a sustainable system that delivers that in very different communities. New Jersey needs one statewide standard for patient care, but the delivery system may not look the same in Newark and in Hillsboro. Our state includes dense cities; suburbs; shore towns;

and large rural areas. Call volumes, travel distances, and hospital access and staffing resources are very different.

Volunteer EMS remains a substantial part of that system. The EMS Council of New Jersey represents more than 190 volunteer squads who operate approximately 460 ambulances, and who collectively responded to more than 180,000 requests for service last year. Making EMS essential must mean timely access to an ambulance. We welcome what Senate Bill 1421 recognizes -- basic life support is an essential service. EMS *is* essential.

But, compliance on paper is not the same as timely care. We could make sure the law cannot be satisfied merely by a contract on paper. If, hypothetically, a Sussex County municipality could satisfy an obligation by contracting with an agency headquartered in Atlantic County, but that agreement put no staffed ambulance any closer to a patient in Sussex, we would have checked a box but not improved care.

The measures that matter are these: Is an ambulance available? How quickly can it reach the patient? Are trained personnel responding? Is mutual aid available when the first ambulance is committed? Can the system handle multiple calls or a major accident? Toward that end, we support amending the Bill so that a volunteer BLS agency meeting a licensing exemption in NJAC 840-2.4 is expressly among the providers a municipality may rely on. Squads already answering the call should count.

We also need flexibility in staffing. For a 911 BLS ambulance, New Jersey currently requires two EMTs, yet for non-emergency BLS transport, the Office of EMS permits licensed agencies to staff an ambulance with one EMT and one EMR because of the continuing workforce shortage. The Department has expressly found that EMT/EMR model for non-emergency transport does not endanger public health or adversely affect the provision of BLS care.

Today, there are still several agencies operating under this model. A 911 call is not the same as a scheduled transport, and we recognize that distinction. But the real-world choice may not be between EMT/EMR ambulance and no ambulance at all -- an ambulance *will* come. The choice may be between an EMT and EMR ambulance a few minutes away, and waiting 15 or 20 minutes for two-EMT ambulance from farther away. That raises the question we think deserves a very serious consideration: Which option gets care to the patient sooner?

We're not asking for every community to use that EMT/EMR crew. Municipalities could establish higher staffing standards -- and, many would. The EMT would remain responsible for EMT-level patient care, and the EMR would provide trained assistance, and additional resources could be requested when needed. We're asking that communities be allowed to consider that model when doing so could get appropriate care to the patient sooner.

We also must recruit the next generation. The EMT Training Fund Cleanup Bill -- S4070 -- is a practical way to do that. Today, an EMT receiving training fund assistance is generally expected to complete at least one call every month during the initial certification period. Volunteers do not live on an even schedule. They get sick; they travel for work; they attend college. Some sit an entire duty shift and never receive a call. The Cleanup Bill would instead require 12 calls or 150 duty hours per year during the initial three-year certification period. Twelve calls is still 12 calls, and 150 hours on an ambulance, ready to answer your 911 call, is real service whether or not the pager went off. That works in suburban, urban, and rural systems alike. The legislation also expands the training fund can cover, including certain continuing education, and addresses EMTs who leave to attend college, including institutions out of New Jersey.

If New Jersey wants more EMTs, we should not make it unnecessarily difficult for somebody who has already volunteered to become one. Volunteer

squads are a career pipeline; many career EMTs, paramedics, nurses, firefighters, and physicians got their start on the local first aid squad.

We should remember what I said in the beginning -- paid EMTs and volunteer EMTs are the same people. Taking a paid EMS job should not create an incentive to stop volunteering in your hometown. Volunteer does not mean free; new ambulances cost roughly $400,000 -- about twice what they did 10 years ago. And, then you have insurance; radios; medical supplies; facilities; maintenance; and training. If your municipality depends on volunteers to provide essential public service, that service still requires stable financial support.

I don't have to tell you about the increased cost of living, but this has a direct impact on donations to volunteer squads, and people working multiple jobs to make ends meet. Volunteers also provide something that is difficult to replace -- surge capacity. Many career EMTs already work for multiple agencies; moving the same people from one employer to another does not create additional EMTs. This summer's FIFA World Cup coverage at MetLife Stadium demonstrated what volunteer surge capacity means. Without those volunteers, there would not have been enough ambulances to staff the games. Because of these volunteers, day-to-day EMS coverage in our hometowns was not sacrificed to ensure this coverage. Volunteers have provided the same additional capacity during disasters, blackouts, major fires, mass casualty incidences, statewide exercises, and other large public events.

So, I ask you to focus on outcomes. Is a trained crew available? How quickly can an ambulance reach the patient? Do patients receive timely care? Can communities afford the resources necessary to provide that care? Are we recruiting the next generation? Volunteer EMS is not asking to avoid accountability; we welcome appropriate standards, better data, and meaningful oversight. We ask that the people providing EMS in every kind of community and every kind of system have a seat at the table when discussing those standards.

The goal is not preserving one model. It's making sure that when somebody in New Jersey calls 911, appropriate care gets there -- whether that's Hillsboro, Newark, or anywhere in the Garden State.

Thank you.

SENATOR ZWICKER: Thank you; appreciate very much your overview, and also your very specific suggestions.

Have you submitted your testimony in writing?

MS. PHAIR: I will do that; yes.

SENATOR ZWICKER: And, if you would, we'd appreciate that.

MS. PHAIR: Yes.

SENATOR ZWICKER: Thank you.

J E N N I F E R M c C A R T H Y: Chairman Zwicker and members, thank you for this invitation to contribute today in an important conversation.

My name is Jennifer McCarthy, and I serve as the Vice President of the New Jersey EMS Task Force. And, my testimony today is based on over 35 years of service to the State of New Jersey in various roles within the EMS system. I have significant service as a leader who has always been mindful at addressing our complex system problems while maintaining a patient safety focus.

While the invite today specifically identified a focus of volunteer EMS, I believe that parceling out only one portion of the EMS system would result in us having a flawed conversation-- And, in fact, it may actually mislead you down a pathway of solutions that would not address the complexities.

The New Jersey EMS Task Force was conceived before September 11, and the terrorist attacks actually brought us to full fruition. Today, approximately 60 agencies provide us with highly trained EMS providers representing the strength of both career and volunteer EMS throughout New Jersey. We work with emergency managers and public safety agencies statewide, and we respond to large-scale manmade and natural disasters that quickly overwhelm local

community resources. Because we work with virtually every type of EMS and public safety agency, we understand how the system operates from the provider on the front line street response to the agencies and to government partners responsible for planning and policy.

EMS systems nationally are having similar struggles that New Jersey EMS organizations are facing. And, nationally, there's not one single delivery model that's adopted or promoted for EMS structure. The Institutes of Medicine define EMS as part public safety, part public health, and part emergency medicine. This adds a complexity to being response ready, and meeting standards across these three professional industries.

Current retention data reports that EMS clinicians, regardless of being volunteer or paid, are leaving positions in EMS at approximately a 30% rate annually. My belief is that we need to reverse design the system where both volunteers and career personnel can work together to meet the needs of the public. The New Jersey EMS Task Force is actually a success example of this exact reverse design. We have over 250 members -- some are volunteers; some are career paid. All of our members are professional and meet competency standards for their level of certification or specialty. The recent FIFA staffing through the New Jersey EMS Task Force was completed with both career and volunteer members. And, the volunteer contributions should be acknowledged at 50% of our staffing was made possible by volunteers in this state.

Volunteers can assist with workforce development -- that, you already heard about -- but I'd like you to think of me, somebody with a lot of experience who is fulfilling a volunteer role and still contributing to the system with that knowledge. The modernization of EMS service is paramount to New Jersey maintaining national standards of care related to scope of practice and patient and clinician safety. This modernization requires standards and regulatory oversight to ensure that the public receives competent clinicians.

I would ask you to sit right now in your mind's eye and think about calling 911. You'd have three top priorities. The first is that a communication representative answered and triaged that call with competence, and that your call was actually answered when you hit send. The second is that somebody arrived at your address who was appropriate for the triage of that call, and they had the competence to help you in your time of need. At no point in my career has anybody ever asked me if I was a volunteer or if I was paid in a career role. They cared that I was competent, and they cared that I was compassionate.

It would be impossible for any one of us in this short five-minute testimony to literally solve everything that's ailing EMS, so I'd like to offer three starting points to get the ball rolling and the momentum moving forward to solutions.

The first and most important, you already heard about, but I want to underscore the support for the FMBA-initiated Senate Bill 1421, and the companion Assembly Bill A6075, making BLS service in the State of New Jersey an essential service. Essential service recognition can provide the foundation for developing sustainable funding mechanisms, strengthening the workforce that we so desperately need; supporting training and education standards; establishing consistency no matter where you are in the Garden State. Currently, it's important for everybody on this panel to know there is nothing requiring a municipality to actually have EMS services available for the public. It's 2026 -- it's time to make us essential.

Second, we need to have a comprehensive statewide assessment of the entire EMS system. The assessment must go from everything of patient care and clinical standards; response; deployment models; career and volunteer workforce capacity; recruitment; retention; EMS education; continuing competency; exploration; dispatch and communications; thoughts about regionalization; and mutual aid requirements; financial sustainability; emergency

preparedness; disaster response; technology and use of effective data; and the integration with what model makes best sense for New Jersey. We've done many reports before, but we've never acted on the outcomes.

And, the third ask is that this assessment has -- includes -- clear implementation strategy, measurable objectives, responsible parties, and mechanisms for the Legislature to act upon it on behalf of their constituents and the public who need us to be responsive right now.

Thank you so much for allowing me to contribute.

SENATOR ZWICKER: Thank you.

Very much appreciate the three points you brought up at the end. So, we'll be looking at all of that after this hearing.

MS. McCARTHY: Thank you.

C O R R Y V A N E L S L A N D: Chairman Zwicker, members of the Committee, thank you for the invitation to testify today.

My name is Corry Van Elsland. I've been a licensed EMS provider in New Jersey for over 20 years, and I speak on behalf of Paramedics for the Advancement of New Jersey Emergency Medical Services -- or PANJEMS -- representing over 1,000 of the approximately 1,700 licensed paramedics throughout New Jersey.

Today, we are discussing the future of volunteer EMS, but I believe we must begin by asking a more fundamental question: Are we preserving a system because it works, or because it is a system we've always known? Our position is straightforward: Every New Jersey resident deserves a staffed ambulance; qualified clinicians; and an accountable EMS system when they call 911.

For decades, volunteer first aid squads formed the backbone of basic life support, or BLS response. Their contributions deserve our gratitude and respect. But, gratitude for the past cannot substitute for reasonable planning

for the future. Emergency medical services have changed dramatically over the last several decades. EMS today demands significantly more training, equipment, clinical expertise, and continuous availability than traditional volunteer models were designed to sustain. The data underscores this shift -- volunteer agencies reported approximately 180,000 requests for service in 2025, while the New Jersey Office of Emergency Medical Services received approximately 1.8 million patient-care records during that same period. These figures illustrate an important reality: Volunteer EMS now represents a relatively small fraction of statewide EMS activity.

One of the most concerning issues is accountability. An ambulance parked in a building does not establish coverage; neither does an agency roster. Coverage means qualified personnel are available, and ambulances ready. And, response begins without waiting to learn whether enough people will arrive. New Jersey should measure coverage through actual performance; staff hours; dispatch-to-response intervals; missed responses; reliance on mutual aid; and patient-care outcomes. Those measures should apply to every agency, regardless of whether personnel received a paycheck. Agency oversight should follow the same principle.

New Jersey's regulatory framework exempts qualifying volunteer BLS ambulance services from the State licensing requirements supplied to other providers. PANJEMS believes every agency providing emergency ambulance services should meet consistent, enforceable standards for staffing, equipment, clinical oversight, patient-care reporting, and quality improvement. Volunteer status should *never* substitute for demonstrated readiness, and paid status should never serve as proof of quality.

We must also examine how our existing resources are deployed. Dispatch inefficiencies place an enormous strain on New Jersey's EMS system, and compromise emergency preparedness statewide. Paramedics are

frequently dispatched to incidents that ultimately do not require advanced life support. In some systems, paramedics treat or transport patients on only approximately 40% of their dispatches. When an advanced life support unit is dispatched unnecessarily, it may travel a significant distance before being canceled. That unit is now out of position and potentially unavailable for a cardiac arrest; respiratory failure; serious motor vehicle collisions; gunshot victims; or another life-threatening emergency.

A significant contributor to this problem is the lack of mandatory ongoing quality assurance and quality improvement programs for emergency medical dispatching within New Jersey's emergency medical dispatch centers. This Legislature could significantly improve EMS efficiency and emergency preparedness by requiring comprehensive QAQI programs for emergency medical dispatching at every emergency medical dispatch center in New Jersey. However, even when this Legislature takes action to improve emergency medical services, implementation frequently falls behind. On October 24, 2022, the New Jersey ALS Modernization Act was signed into law.

This legislation was intended to fundamentally modernize how advanced life support is delivered throughout New Jersey; improve operational efficiency; expand career opportunities for EMS professionals; and strengthen the long-term sustainability of our EMS system. Yet, nearly four years later, the Department of Health has still not promulgated the updated regulations necessary to fully implement this legislation. Instead, the Department readopted existing regulations through 2030 without incorporating the changes envisioned by the Legislature. Passing legislation is not enough if the agencies responsible for implementation fail to act. However, without meaningful oversight, implementation deadlines, and accountability, even well-intentioned legislation cannot deliver the improvements our patients and providers deserve.

Looking forward, PANJEMS believes New Jersey must transition toward reliable, accountable, professionally delivered emergency medical services with county-based EMS systems serving as the foundation. County-based systems offer opportunities to consolidate resources; reduce unnecessary duplication; coordinate deployment; and distribute personnel and equipment more efficiently across communities. Volunteers who meet appropriate standards and can provide reliable coverage should absolutely have opportunities to serve; however, the availability of volunteers cannot determine whether a resident receives timely emergency medical care.

New Jersey should build its EMS system around patients' needs and demonstrated performance. PANJEMS has developed comprehensive and (indiscernible) proposals to address these challenges. Chairman Zwicker, we welcome a follow-up meeting with you -- with your office -- and the opportunity to work with this Committee on legislation implementation and funding. We also welcome the opportunity to work with any member of this Legislature who shares our commitment to meaningful EMS reform.

Thank you for your time and consideration, and I'll be happy to answer any questions.

SENATOR ZWICKER: Thank you.

Senator Singer.

SENATOR SINGER: Yes, thank you, Mr. Chairman.

You know, I have to share with you-- I live in Lakewood Township, which really has three squads. It has a paid squad from the Township, it has a volunteer squad, and it has Hatzolah. Hatzolah services all of Lakewood, parts of Howell, Jackson, Manchester, Toms River, and Brick. Their response time is under three minutes. Under *three minutes*. And, one thing they have-- I will give them tremendous credit. I mean, majority of their members are paramedics, volunteers. Most of them don't do it for a living; they do it as volunteers. Some do

it as a living. And, in some cases on our squads, we have doctors that ride with us. There is a total Township commitment to providing life-saving services.

But, what they've done -- and, I'm going to draft, and I hope the Committee members will be co-primes with me on this -- they got a waiver to allow them to have additional captains. Each captain has a car fit out with basically what is in an ambulance, so it's-- As you know, better than I do, it's probably $50,000-60,000 or more worth of equipment. That allows them to get to the site faster. Even though the ambulance may be on the way, they're all over the community; they're there right away. Which provides life-saving aspects right away.

And, again, the cars are fit out based on the captain's expertise. He's a paramedic; he has what a paramedic would have, an EMT. But, I think they've done on a waiver, it should become permanent that if squads want to have an additional captain to do this, it's worked out phenomenally; it has saved lives. Deal has just gone through this method in Monmouth County. And, I can tell you, it promulgates volunteerism, because this group is a very close-knit group; they service everyone. But, imagine the fact that most of them are paramedics, how wonderful it is. And, again, it's a lot of hours -- you know better than I do -- and we certainly commend-- My son is an EMT.

But, at the end of the day, we've got to modernize things. And, here's something that works well, that's on a waiver that should become permanent for any squad that wants it. Nobody is forcing on it, but I like the fact that response time in Lakewood is under three minutes. And, I don't think that that is anything but the greatest thing for the residents. Because, remember, we have seven senior communities in there also, as well as a population with the fourth-largest town in the state, fourth largest town in the state. So, our population is probably at 175,000 people.

So, just wanted to share that with you. We'll be introducing-- I'll be introducing that legislation, I hope, with my other prime sponsors; because, I think it's a great thing, and it provides fast service to the public we wish to serve.

Thank you, Mr. Chairman.

SENATOR ZWICKER: Thank you, Senator.

One question from me. Next panel is going to be heads of volunteer squads around the state. I heard two things, and I just wanted to understand them. In terms of modernization, everyone agrees that -- as Senator Singer talked about -- we want to make sure that within minutes, regardless of where you are in this state, there's a response; that person is trained; that person is qualified; the equipment is there. That goes without saying, but I just want to make sure we're saying that.

I heard two things, though. Are you saying that the data is clear? That our volunteer squads are not doing that? Or, is it that we're struggling to get volunteers and that's the foundation of your concern?

MR. VAN ELSLAND: So, I would say it's probably a multi-fold factorial issue when it comes to that, and I think it's a little bit of both. The requirements for being an EMS provider in New Jersey has greatly expanded since the inception of EMS in the state. It's gone from hundreds of hours -- or tens of hours to hundreds of hours to thousands of hours, depending on your licensure level. And, lives become busier, people don't have the amount of time to put into that kind of training or education. And, not to mention the ongoing training and education that you also have to continue in order to maintain your EMS credential.

So, you know, it's very difficult to recruit and retain, and it's also very difficult to keep these agencies operating, because it is difficult to consistently have people in there that are qualified that are able to respond when necessary.

SENATOR ZWICKER: And, I'll ask the same thing to the next panel, too, but is the data saying the outcomes are different?

MR. VAN ELSLAND: So, the data-- It's difficult to say. So, with volunteer agencies, if they're not licensed, they're not required to submit patient care reports; not required to fall under the regulations of OEMS. So, it's often quite difficult to quantify how these patient outcomes are happening, or what they are, because we don't have a full picture of the whole story of what's happening to patients, whether it takes a while for an ambulance to get there, or based off the care that they're receiving while they're in the back of the ambulance, how that is pertaining to patient outcomes.

MS. PHAIR: Yes, I would like to just-- All agencies in the State of New Jersey provide patient-care reports to the State; they're all done. So, that reporting is already being done to the State by everyone who is responding.

There are-- I represent the Council. Right now, we are 190 agencies, but there are-- I'm not sure the exact number, but I would say probably a couple hundred EMS agencies in this state that don't belong to the Department of Health under licensure or under the First Aid Council. The First Aid Council, we make sure that people -- all these squads are being inspected, and that their members are holding up to basic training standards.

And, I disagree about the training. I am-- I do per diem, as a paid EMS person, and I have been a member of my squad EMS for 35 years. I take a lot of pride in that volunteer organization. And, our members are doing it because they want to and they step up to do the required training, and they keep up to date on all the new equipment and all that stuff. So, I disagree that they aren't meeting these training requirements.

MS. McCARTHY: I just wanted to weigh in on an important factor. And, I'm very happy that the Hatzolah waiver works in one community. But, when I was referencing reverse designing, I think non-prescriptive reverse

designing is important for fiscal responsibility of duplication of equipment. And, one solution and one area of New Jersey may not be the exact solution. It may be volunteer in Lakewood, but it may end up actually a career-based in other areas where the volunteer responses are not available.

And, I just don't want us to get pigeonholed again in this format of not looking at the entire system. We also have an extremely robust emergency medical response -- EMR -- level of credential that's part of the EMS system. Those are our police officers -- usually police officers; firefighters -- who are intended to be that first arm. But, the description is called a "fly car response." And, many other states in our country utilize that, and it could be implemented. But, right now, it can't be because of the way the regulations are actually unfolding, which is the limitation that you could find if we were looking across the whole systems and patient-care protocol, to fiscal, to quality assurance, and the list goes on.

And, I just didn't want us to get pigeonholed that that's the solution across all communities. I'm very happy though that it is three-minute response, which is the point -- that we get care to people who need it from competent providers. And, they clearly are.

SENATOR ZWICKER: Thank you.

Thank you to you all; appreciate your testimony.

Our next panel consists of Ross Traphagen, South Branch Emergency Services; Ari Meisel, Princeton First Aid and Rescue Squad; Sidd Saran, Montgomery EMS; Dennis Petrick, Woodbridge Township; and Alfred Low-Beer from Kendall Park EMS.

Sidd, why don't we start with you, and then we'll go across and then to the back.

S I D D H A R T H S A R A N: Is that good? OK; perfect.

Good afternoon, Chairman Zwicker and members of the Committee.

My name is Siddharth Saran. I am President of Montgomery Emergency Medical Services in Somerset County. I also serve as an EMT.

Montgomery EMS has served our community of 23,000 residents since 1972. We are entirely volunteer. Nobody is paid; we do not bill our patients. I would like to show you what a volunteer EMS can look like when it works.

First, staffing. We have 108 active members, including 59 EMTs. Our response model focuses on getting care to the patient quickly. EMTs often respond directly from home in first-response vehicles, and begin patient care while the ambulance is still on its way. In medical emergencies, every minute counts. During 12 months ending September 30, we received 1,618 calls. We generally receive between 1,600 and 1,800 calls a year. After 1,618 calls that we received in the last 12 months, 220 were back-up calls that arrived while our primary crew was already committed. On 12 occasions, we had a second backup, where we had three ambulances and three crews operating simultaneously. We also received 93 mutual aid requests from neighboring communities. We requested mutual aid 41 times. That number was unusually high because one of our ambulances was out of service for several weeks while we replaced it with a new one. In 2025, we requested mutual aid only 10 times.

Recruitment retention requires constant effort. After reaching a low point during COVID, we have been very successful at recruiting. We recruited 13 adult members in 2023; 12 in 2024; 14 in 2025; and seven so far this year. Our biggest recruiting event, our open house, is still three weeks away. The median age of our members is 41. Our retention is high. Forty-two members have served for at least five years; 15 have served for more than 10. People stay because the

work is meaningful. They build friendships, mentor one another, and become part of something larger than themselves.

Funding remains a challenge. Our annual operating budget is approximately $350,000 before capital expenditures. Our major sources of funding are Montgomery households; corporations and small businesses; our endowment; and Montgomery Township. We have also worked very hard to diversify our funding, rather than rely too heavily on any single source. Montgomery Township contributes approximately $80,000 this year, and provides additional support including fuel. We are grateful for that donation, which can vary by year.

Training is central to our culture. And, New Jersey EMT certification is only the beginning. A newly certified EMT may train with us for another three to five months before becoming a full crew member. We rely heavily on the State's EMT training fund for initial EMT training and continuing education. The current law does not fit the volunteer squad model well. I understand that an amendment has already been proposed to address that problem. I urge you to pass it.

Our members also bring experience from a variety of fields such as medicine; finance; technology; engineering; telecommunications; the military; medical devices; and many other fields. We encourage continuing education; attending conferences; teaching; and mentoring. We hold ourselves and one another to high standards. Equipment is where volunteerism meets economic reality. Our volunteers can donate their time; they cannot donate an ambulance; they cannot donate major building renovations. We operate four ambulances. An ambulance that costs approximately $250,000 in 2023 now costs $360,000 in 2025 -- we got one last year with a similar configuration. Equipment, vehicle maintenance, and insurance have all become substantially more expensive.

Municipal support, therefore, matters enormously. Montgomery has a useful model already. Our two fire companies remain volunteer organizations,

but public funding supports the equipment, training, and infrastructure. I believe volunteer EMS deserves the same conversation. We should not confuse volunteer labor with free public safety.

Career pathways. For most of our adult members, EMS is a civic service. They already have careers, and choose to bring their skills to EMS. For younger members and cadets, the experience can be formative. Many go on to careers in medicine and healthcare. Last year, eight former Montgomery EMS members were accepted into medical schools.

Finally, data and accountability are fundamental to how we operate. We built our own internal technology platform. We measure our performance, and give members access to their own statistics so that they can improve. We are continuously innovating. We recently introduced automatic review of patient-care reports, including the use of AI, before a human review. It saves substantial volunteer time while improving quality. We also survey our patients, and that's our real quality check. One recently told us about our crew, "They made a stressful situation much easier with their kindness and professionalism." Another wrote in September, "I am an emergency physician with 40-plus years of experience with EMS professionals. Yours were great." The EMS Council of New Jersey named Montgomery EMS "Squad of the Year" in 2019, and again in 2024.

But, there is something about volunteer EMS that numbers cannot fully capture. Recently, we responded to a serious medical emergency about a 10-minute walk from my own house. Two EMTs, a driver, and one of our cadets -- who is also an EMT -- responded. Their next-door neighbor happens to be one of our EMTs. When he saw what was happening, he came forward to help as well. That is neighbors helping neighbors. That's what builds community. We also provide fire rehabilitation -- something very few EMS organizations in our area do. When there is a fire, we are not only there for the victims, but we are there for our volunteer firefighters -- something that happened last Monday night. The

volunteer firefighters are our friends and neighbors. We care for them while they protect the community.

As you consider the future of EMS in New Jersey, I hope we preserve volunteer systems that work and give them the support that they need to remain strong. I understand that language has been proposed for S1421 to recognize volunteer BLS agencies operating under New Jersey's existing licensing exemption. I strongly urge that that protection be included. Professionalism and volunteerism are not opposites. In Montgomery, they reinforce each other.

I invite you all to see it firsthand at our open house on Sunday, November 1, from 1 p.m. to 4 p.m. at 8 Harlingen Road in Belle Mead. Come meet our members and see what volunteer EMS at Montgomery looks like.

Thank you.

A R I M E I S E L: Chairman Zwicker and members of the Committee, thank you for having us.

I am Ari Meisel, Executive Director of the Princeton First Aid and Rescue Squad.

And, I wanted to start by talking about a man named Michael Kenwood. On the night that Hurricane Irene hit 15 years ago, Michael was not on duty. He made sure that his family was safe, and drove to our squad -- on his own -- because he knew that his swift-water training would be needed. Before dawn, a car was found in the floodwater on Rosedale Road, and nobody could tell if someone was inside, and Michael went in. The current took him, and he died that evening, and the car was empty.

That is what a volunteer in this state looks like. And, under New Jersey law, the ambulance that he rode to the scene, and the ambulance that took him as a patient in cardiac arrest, was optional. When your neighbor dials 911, the law guarantees a police officer; it guarantees a fire truck; and it guarantees that your garbage will be picked up. But, it guarantees nothing about

an ambulance. S1421 fixes that. It doesn't tell a town *how*, it only tells that someone must be responsible. Because, today, nobody is.

We've answered Princeton's calls since 1939 -- more than 3,600 calls in the last several years -- and our average response time is under six minutes. And, I'll be honest, we are fragile. Not in spirit, but in math. Every call costs money. We bill about $1,200 a ride and collect about half. Medicaid pays us roughly 13 cents on the dollar, so we lose money on the people who need us most. S1774 would stop that. And, as a rescue provider, nobody is billed when we cut someone out of a car or pull somebody out of the river. We do it because someone has to.

And, even when a town wants to help, State law cap what it can give at $125,000 a year. And, that cap was written when an ambulance costs $190,000. Today, it cost close to half a million, and takes two years to get here. And, you cannot plan for that on bake sale money. Modernize the cap, and let the towns that want to help, help.

And, then, there's the people. Everyone here has heard that volunteers are disappearing, and the problem is not that people don't care -- it is that we ask them for hundreds of hours of training. And, then, we hand them a pager and hope. We've built a real pipeline to try to combat that, and our applicant pipeline is pretty steady. We're getting applicants, but our pipeline moves at the speed of State paperwork, and every week of delay is a week that we lose a good person.

And, the on-ramp is broken. I've been an EMT for 15 years. I'm certified in New York, Florida, and nationally. New Jersey wanted a letter from my training program from 15 years ago. It doesn't exist anymore, and I had to do the full refresher series. And, I gave up. Today, I ride on my national certification, which means that I'm not allowed to give epinephrine or check blood sugar. I've

been doing those things since some of my New Jersey certified partners were in kindergarten.

A retired physician recently contacted us who wanted to join the squad, and there is a path for him. But, most people don't even know that it exists. So, reciprocity, faster certification, and tuition support would each bring people in.

Finally, you cannot fix what you cannot see. Every service reports differently, so the State can't tell where response times are slipping, or where a town might be going uncovered. A statewide plan with accommodated standard, S1772, would let you find the problem before a family does. I can tell you our response times, because we measure them; a lot of services do not. So, my ask is pass S1421, pass S1774 (*sic*); modernize the municipal funding cap; fund the statewide plan; and make the on-ramp faster.

And, before I finish, let me tell you what optional actually means. A father collapses at the kitchen table in a town where no one was responsible for the ambulance. His daughter calls 911. The police officer arrives in four minutes, because the law says he must. He is trained to do CPR, and he does that, but he cannot give the medications; he cannot manage the airway; and he cannot transport. He is on his knees in that kitchen waiting for an ambulance from two towns over, and the dispatcher has no idea how far away it is because nobody measures it. Eight minutes, 12 minutes, the brain starts to die. And, by the time the rig pulls up, the officer is still doing compressions and the daughter has been standing in the doorway the entire time. That family will never know that the difference was a statute; that the State decided a long time ago that this was optional.

Michael Kenwood went into that water because he believed somebody needed him. Every day, people like him are still going in. And, we are

the people who come when your neighbor calls 911. So, please make sure that we can keep showing up.

Thank you.

R O S S T R A P H A G E N: Thank you, Mr. Chairman, members of the Committee.

My name is Ross Traphagen, and I am here representing South Branch Emergency Services.

First off, Senator Zwicker, Chief Setnicky sends his regards that he couldn't be here today; he wishes to be. He is presently in the middle of the Atlantic Ocean on a pre-booked family cruise.

Today, I wanted to start with a simple point. EMS is an essential public safety service, and New Jersey must start treating it like one. When somebody calls 911 because a loved one is having a heart attack, they don't care whether the ambulance responding is staffed by volunteers, paid EMTs, or a combination of both. They expect someone to show up, and they expect them to show up quickly. But across New Jersey, maintaining that basic promise becomes harder and more expensive. So, my first point is that EMS is being asked to do more with less. Call volumes are increasing; personnel, ambulances, training, et cetera, costs are increasing. At the same time, the volunteer workforce in New Jersey that we've relied upon for generations is shrinking.

At South Branch, our calls have increased from roughly 350 per month in 2025 to approximately 400 per month in 2026. Yet, EMS remains funded through a patchwork of insurance reimbursements, municipal contributions, grants, fundraising, and volunteer support. That is not sustainable. If New Jersey believes EMS is essential, then we should formally designate EMS as an essential service under State law, and establish a framework that allows communities to sustainably fund it.

My second point is that regionalization can work. South Branch is an example of what regionalization can accomplish, and why it should

be a part of several solutions. Clinton First Aid, High Bridge Emergency Squad, and Hampton Emergency Squad ultimately came together to form one regional organization. We consolidated administration, personnel, equipment, and resources. We reduced apparatus by approximately 50% while improving the service provided to our communities. Today, South Branch covers roughly 60 square miles and responds to more than 4,300 calls annually. That is a type of regional cooperation that New Jersey should encourage.

My next point is that we should lift the cap for municipal EMS contributions -- seems to be a common theme today. One immediate step that New Jersey can take is to lift that cap, (indiscernible) EMS agencies providing 911 emergency services. Municipalities should not have to choose between adequately funding ambulance coverage and staying under an artificial spending cap. If a municipality determines that additional funding is necessary to keep ambulances staffed and residents protected, the State should allow that. This doesn't mandate additional spending, it simply gives local governments the ability to fund the level of EMS service that their communities need.

Next point is give communities the tools to fund EMS. At least 20
states have recognized the reality of needing unique funding tools, from California, to New York, to Texas, which have created special districts; ambulance districts; EMS districts; or utility and service fees to support EMS. New Jersey doesn't need to copy any one model, but we should give municipalities and regions the option to create dedicated EMS funding mechanisms with local accountability, transparency, and voter approval where appropriate. This doesn't have to mean a new statewide tax; it doesn't have to mean dictating one model to every municipality. It means giving local governments the tools to solve a local problem.

The next point is on protecting and rebuilding the volunteer pipeline. Volunteers remain an important part of EMS in New Jersey, but we

cannot build a system on the assumption that volunteers alone will always be available. The numbers demonstrate the challenge: In 2023, 2,998 people began initial EMT education in our state, while only 1,953 became certified. The cost of becoming an EMT can be a barrier, even when the service itself is volunteer. While New Jersey does have the EMT training fund, many education training centers don't accept it because the funding doesn't cover the cost in the current reimbursement format. New Jersey should explore practical ways to make it easier for volunteers, including protected training time; paid volunteer leave; and support for employers who accommodate EMS volunteers. The volunteer EMS model is not failing because people can no longer care about their communities; the demands placed on volunteers have changed.

So, in summary, I would urge the Legislature to focus on four immediate priorities. First, designate EMS as an essential service. Second, lift the cap for EMS contributions for municipalities. Third, give municipalities and EMS systems additional options to establish dedicated sustainable funding. And, lastly, four, reform and strengthen EMT training and volunteer recruitment retention programs. A strong, dependable EMS system is an important part of public safety across our state, and the people who provide it -- whether career or volunteer -- need a system that supports them and gives them a reason to stay. Residents don't think about how EMS is structured or funded until the moment they need it, and, when that moment comes, the ambulance needs to show up. It's time New Jersey's laws and our funding system reflect that reality, and I am encouraged by your leadership today in continuing this discussion.

Thank you.

SENATOR ZWICKER: Thank you.

Senator Singer.

SENATOR SINGER: Yes, thank you.

I just want to mention, because we talk about the volunteerism in need. A couple of years ago, the Commissioner Director of Ocean County set up a council that meets every two months. It's -- I happen to be a member of it -- the President of the community college and her staff; the Superintendent of the vocational school and her staff; several of the unions in -- that are in the area; two of the four-year universities that are in the area; as well as representatives from the hospitals; and everything else like that. What we established is that the vocational school now gives the EMT training to students. As you know, until they turn 18, it's conditional, and then when they turn 18 they get a full (indiscernible)-- But, meanwhile, they're able to start to get young people wanting to be EMTs, giving them the training while they're going to school, and then get their full certification when they turn 18.

That linked into re-establishing -- which they had stopped for many years -- the paramedic courses at the college; to the help of the Department of Health, they're recertified. So, now, we can take a vocational student who graduates from high school and put them right into paramedic training if they wish to, right at the community college. Seamlessly. And, we are now finding and producing both EMTs and paramedics within our own county. It's a great thing to do it. I don't know if other counties are doing it; we're doing it, and it really helps with getting the volunteers and encouraging-- And, certainly those young people who are going through that training are going to be members of the squads.

So, you've got to keep working at it, and chipping away at it, but I think that model between voc. school, marriage with community college, with that training and excitement about it is a terrific thing.

Thank you, Mr. Chairman.

SENATOR ZWICKER: Thank you, Senator.

Thank you to the three of you. Maybe I'll ask if you could step back so that we can see the two folks who are behind you.

And, Mr. Petrick, maybe you want to begin.

D E N N I S P E T R I C K: Sure.

Chairman Zwicker, panel, thank you for your time today; I appreciate it.

Just like anybody else, I'd like to echo the fact that we have to make emergency services essential. Definitely a part of what we need to do.

I am on the other side of things right now, where we will receive five -- now four squads within a township; our volunteerism is down, which created the police department to create its own division, which is a career path now where we have a backup to where, if the volunteers weren't getting out -- or they couldn't get out -- we would at least have ambulances available 24/7 on a career path that would allow people to get the service that they need.

With that being said, volunteerism is great; it should be applauded. And, when people devote their own time for a greater cause, there's no better thing that we can do, and I stand by that wholeheartedly. We need to create a system that works together. Because, like we're learning today through the rest of the panel, is they're there; it's great when they're there, but if they're not available, then what do we do?

So, at that point, consistency on education, consistency on career path, you know, I think sometimes what we see is when people become EMTs, what's the next step for them? They feel like sometimes they're stuck, whether they become a paramedic or something else, we have to allow growth and education to move forward. And, if we create an emergency service system that's essential, we can make that part of the bill, make it part of just like the police and the fire unions that we have out there. It creates that program; create a process where they know that it is a career for them, and not just a stopgap once they get to that point.

As somebody that oversees a very busy system, we run about 1,500 calls a month, five ambulances; we provide direct mutual aid for all our surrounding partners. If we made that essential, it would allow them towns themselves to be able to put out their own ambulances, and every resident everywhere would have an ambulance readily available for them in the right amount of time. It's fair to say that when anybody calls for 911, they're not looking for a career or volunteer, they're just looking for somebody competent to help them in a time of need. And, that's what we're trying to get across today. We think that, if we pass this bill, make it essential, and make it an effort where EMS on itself is considered a career path, just like police and fire, the respect, the reputation, and the ongoing commitment to make it better would be beneficial for the State.

Thank you for your time.

SENATOR ZWICKER: Thank you.

A L F R E D L O W - B E E R: Good afternoon, Chairman Zwicker, members of the Committee.

My name is Alfred Low-Beer; I appreciate the opportunity you're giving me to talk about volunteerism in EMS in the State of New Jersey.

By way of quick background, I have been a volunteer EMS for 53 years. I have been an EMT pretty much since there were EMTs in our part of the state. And, I am a nationally registered paramedic. Right now, I serve as Chief of the Kendall Park First Aid and Rescue Squad. We serve Frank -- parts of Frankin and South Brunswick Township.

Generally, I am in favor of EMS being an essential service. It's long overdue that it is made essential service. My problem with the current bill is that it seems to exclude volunteers as agencies that can provide coverage. I think that needs to be changed. The State of New Jersey, through their licensing system, requires two things that most volunteer squads can't do. They can't guarantee two EMTs by the regulations of the EMS Council of New Jersey, of which I am a District

Vice President for the 14th District, which covers Middlesex County, and the volunteer squads that are members in Middlesex County. That removes a major coverage for our community, and would force our towns to spend money that they currently don't have to spend, because our volunteers give up their time and don't expect to be paid.

They do it for a number of reasons. The primary ones are they're looking for something to put on a resume. And, Number 2, community involvement. As a civic -- as a resident of the community; a civic responsibility. We could not, right now, guarantee that we'll have two people on an ambulance. We can guarantee we'll have an ambulance, and we'll get it there within approximately six minutes on average. But, we can't guarantee that there will always be two EMTs. There will always be one EMT, as the EMS Council requires, but the other members of the crew will always be two emergency medical responders -- people that not are untrained, but are trained in CPR and also trained in basic first aid. The majority of our members, however, are EMTs. But, even with that number of EMTs -- and, we have about 34 EMTs on our squad -- they can't cover everything we cover.

So, major problem I have with the bill is it basically removes volunteer first aid squads from the list of agencies that can be used by a town to provide service to the town.

Let me address-- Like I said, the simplest thing to do is to include volunteer EMS as basic life support providers. The current bill changes it from the status quo, which includes basic life support -- EMS volunteers in basic life support, which has been the situation since I can remember, and even before that. And, like I said, there are two reasons. It's very daunting for volunteers to have to deal with paperwork, so-- But, the main reason is that they just-- Not all of them have the time to serve, to take courses. And, I've been an EMT instructor for 40 years. And, it is a daunting course, and it's becoming more daunting all the time.

These people are trained in basic first aid, they are certified as ambulance drivers -- which is one of our requirements, and EMS Council requirements. So, they're good.

The main argument that I've heard for two EMTs is they work better. Well, actually, I did some research. Of the 50 states in the United States, only six required two EMTs on the ambulance. Most require one EMT, and one driver. Because, to be quite honest, most of the time that second person will be driving the ambulance anyway. And, there are only two people. We rarely send out a two-person crew; our crews will have two, on occasion, but mostly three and occasionally four members of the crew. None of-- My crew, for example, I am the only EMT that runs on that crew. Without me, there's no EMT. But, the others are all trained in basic first aid and CPR. They do their job well; most of them do it as well as a EMT-trained individual. I'll be quite honest, some do it better. So, that requirement just doesn't really meet it.

So, I also did a research and looked at-- I've heard a lot of evidence about better outcomes with two EMTs. I looked up, I found, basically, eight studies worldwide comparing training levels. And, you have to remember, some of these are from New Zealand, South Korea, Japan; the rest are from the United States. And, basically, they said that the thing that makes crews better isn't the training levels of the individuals involved, it's the number of people you have on a crew. Ideally, there should be four people responding. Well, in serious cases, hopefully we do have four people responding. We've got our minimum of two EMS providers and two paramedics coming to the scene -- that's four. We determined they're not needed; we can cancel the medics. But, we have the numbers.

We also have a paid service that we supplement our squad with, and the other squad in our township with, during the day when there's not enough manpower to man an ambulance. First of all, they can only exist because they can bill for their services and the township gives them money in order to cover their

costs. And, when I say "cover their costs," we provide the ambulances, we provide the insurance, we provide the equipment. So, really, their only cost is personnel. They get more money than the two volunteer squads in our town. Could we use more money? We certainly could. We could have fancier equipment, provide more training opportunity for our members, because our members don't-- It's not that they don't want the training, it's that the squad can't afford it, and they can't afford it.

So, basically, we could use the money. Unfortunately, there is a cap. Our township doesn't even pay the cap -- $125,000. I would be happy if the township would give our squad $125,000. It's not going to happen. And, I imagine passage of this bill does away with our agency, because we can't be licensed because we can't guarantee two EMTs on the ambulance. We can guarantee one, but we can't guarantee two. I don't think our township is going to go for the top-of-the-line system. They're going to have what we -- our paid agency can afford. Maybe that paid agency, maybe another paid agency will come in. But, it will only be the -- what the State requires: Two EMTs; lowest salary they can pay them. It's not creating your career path. Creating your career path takes a lot more than the number of EMTs on an ambulance. I think the studies indicate it's not the training levels of the individuals. Certainly, other states don't agree, because only 44 require two EMTs. I think if we're insisting on two EMTs, we're barking up the wrong tree. It's improving the training; improving the availability of that training to volunteers; and encouraging people to get more involved in their community.

Like I said, I've been doing this 53 years; 53 years ago, there was much more volunteerism. We could meet all of those requirements. There are too many other things competing. One of those is all those regulations on training and stuff like this. When I took my EMT course, the course was 80 hours. Right now, I teach the course, it's 220 hours. Fortunately for me, my primary training system

takes a training fund. Lots of others-- One of the other agencies in Mercer County doesn't take the training fund.

So, I've taken up my time. I would just encourage you to consider amending that bill. I understand that there is an amendment offered that would include volunteers as people that can provide coverage from the town, because it's going to cost a lot of money, and it's not going to improve service. And, I don't think the Department of Health is ready for all those agencies to put in licensing applications. So, like I said, I encourage you on that specific point to amend S1421 to include volunteers as part of the basic life support ambulance system.

SENATOR ZWICKER: Thank you so much.

And, thank you for more than 50 years of service as a volunteer, greatly appreciate that.

One-- I want to come back to one question, and if anyone who was sitting in the front wants to also respond to this as well, feel free to come back. But, I wanted to really sort of burrow down into the quality of care when it comes to volunteers. So, we heard a lot about dedication and training. So, is-- As I understand it, right, our volunteers or the quality of care established by the Council for most, but not at all-- So, who is overseeing quality?

And, two, are-- I'll ask it very bluntly. Is the quality of care for volunteer squads measurably less than it is for the paid squads?

Come on-- Anyone can answer that.

MR. SARAN: So, I just wanted to address your question. One is quality. And, the first question that you had was with regards to--

SENATOR ZWICKER: Who oversees? Is it the Council? Is it--

MR. SARAN: Who oversees, the Council or the Department of--

SENATOR ZWICKER: Right, for volunteers.

MR. SARAN: OK. So, let me start with the first question: Who oversees the quality of the training?

Volunteers have to adhere to the training status set by the New Jersey Department of State. We have to go to EMT class; we have to pass a national NREMT test. And, that's when we get a New Jersey EMT license. So, that is provided by and tested by the State of New Jersey -- it's not the EMS Council. We have to take continuing education requirements. That's a requirement set by the State of New Jersey; that's not EMS Council. So, the standards for that are the same for everybody. That's point Number one.

And, then, by the way, squads themselves may have additional internal standards. So, in addition to the minimum standards required by the State, our own squad requires higher standards of internal training and measurement, and vetting, which we do in addition. So, we strive to be above the standards that are set by the State. So, that's point Number one.

Point-- Senator Zwicker, your second question--

SENATOR ZWICKER: It was a blunt question, which was, are volunteer squads providing less quality of care than paid squads, for some of the-- We're hearing differences.

MR. SARAN: Yes, so-- Yes. I heard this question, and I heard a statement saying volunteers are providing less quality of care. First of all, I would say, where is the data behind that statement? Let's examine the data, right.

SENATOR ZWICKER: Is there-- That's my question, is there data?

MR. SARAN: As a volunteer squad, we have to provide patient reports to our -- to the State. The State actually has the data, they can evaluate the patient reports. I can only see our squad's reports; the State can see everybody's reports. So, the State is in the best position to do that. The way *we* evaluate, whether we are providing a good service or not, is we directly ask the patients. And, I am the one from our squad who sees the responses. So, I can definitively say for *our* squad that we are providing an excellent service.

But, your question, obviously, is statewide. And, I think the State would be in the best position to do that. And, the State has the data.

SENATOR ZWICKER: Ms. McCarthy.

MS. McCARTHY: The Office of Emergency Medical Services has the regulatory oversight for licensed ambulances in the State of New Jersey, both on a scope of practice; on data collection; and assuring that agencies are meeting the minimum requirements. I think this idea that volunteers are doing things that are not to the scope of practice or carrying the right equipment is an easy way to point fingers elsewhere. There are many career agencies that take shortcuts, and that would need to be evaluated in a neutral setting in that second request that I was talking about. How do we assure quality? How do we make sure the data is coming back out of OEMS from the Department of Health?

And, that's what I meant by measurable outcomes. I don't know that we have data that's saying that anybody volunteers doing something less than anybody who is paid. And, I think it's a disservice in this forum to say that I think the discussion should shift to the regulatory oversight, and assuring that everybody in the public gets a competent clinician who is educated to the scope of practice that they are providing at either an EMT level or a paramedic level.

SENATOR ZWICKER: Thank you; appreciate everyone's-- Oh, yes.

MR. LOW-BEER: If I could just add to that--

SENATOR ZWICKER: Please.

MR. LOW-BEER: Basically, you can't fix what you haven't studied.

SENATOR ZWICKER: Yes.

MR. LOW-BEER: We haven't really studied this. Of the studies I mentioned, the big study was one done by the Federal Government, and basically their conclusion, in a few words, was, "Provider skill level mattered more than simply adding EMTs." Increasing total EMT numbers wasn't independently associated with better outcomes. Basically, they found that more people on the

scene to provide care -- especially in those high-acuity instances -- that's what provided better outcomes. Other than that, we really don't have much information.

You asked a question about the Council versus the State. We basically have the same requirements with regard to training. We don't have the same requirements with regard to staffing, because our state says two EMTS; ours has one EMT minimum, two EMTs preferred. It depends what you can put together. If I could put together a crew of four EMTs -- and, sometimes I do; weekends are great. I can put four EMTs on, no problem. During the week, not so easy, lots of competition.

I don't see any evidence that our quality of care-- When I teach an EMT course, I don't ask, "Are you a volunteer, or are you a paid agency?" I ask, "Do you meet the requirements?" Which, as was indicated, is the same national registry test that everybody else takes. And, from what I know, I haven't seen the latest figures but New Jersey is above average--

SENATOR ZWICKER: Thank you--

MR. LOW-BEER: --in that regard.

SENATOR ZWICKER: --appreciate that.

So, thank you to everybody.

So, last two speakers I'd like to call up. Dr. Scott Pasichow, National Association of EMS Physicians; and Anthony Maneri, Jr., Medical Transportation Association of New Jersey.

Who wants to go first?

J O H N I A Z Z E T T A: Good afternoon, Chairman Zwicker, and members of the Senate Oversight Committee.

Thank you for holding this hearing, and for the opportunity to testify today to the State of New Jersey's volunteer emergency medical services system.

My name is John Iazzetta, and I am the Senior Director of Operations at TriCare Medical Transportation. I am here on behalf of the Medical Transportation Association of New Jersey, which represents the medical transport industry in our state. The members of the MTANJ represent roughly 50% of the New Jersey Department of Health OEMS licensed and operating ambulances in the state. Every day, our members handle hospital discharges; clearing out of the emergency rooms; provide dialysis, radiation, and chemotherapy transports; as well as nursing home and assisted living ambulance services. If we can't maintain sufficient ambulance staffing 24/7, 365, the entire healthcare system backs up very quickly.

There's a limited pool of certified EMTs. The volunteer EMS system cannot be evaluated on its own, because paid and volunteer agencies draw from the same critically limited pool of certified EMTs. Prior to the pandemic, New Jersey had roughly 30,000 EMTs with their up-to-date certifications. Today, there are only about 20,000. According to the New Jersey Department of Occupational Employment and Wage survey, only 5,630 EMTs are currently employed in the State of New Jersey. That figure does not account for full licensing data, and it likely understates the severity of the shortage. Hospitals, volunteer squads, and medical transportation companies are all competing for the same workforce, and that workforce is burned out and dwindling.

There are gaps in workforce tracking. Many volunteer EMTs also work for pay at transport agencies and hospitals. Today, there is no reliable statewide picture of who is actively performing EMS work at any given time, or in what capacity, whether paid or volunteer. Better information would give the State and every part of the EMS community, including our volunteer partners, a shared foundation for effective statewide workforce planning. We cannot solve a problem that we can't measure. The paid and volunteer EMS system are deeply interconnected. When capacity improves in one sector, strain is relieved in the

other. A siloed approach to reform will not work. Volunteers are valued partners and are critical to the overall capacity of the system. And, volunteering is often the first step into a paid EMS career.

The MTANJ is working on several fronts to strengthen the whole system. Emergency medical responders, the MTANJ is working to create statutory framework for the EMRs for non-emergency responses. This would build system capacity and generate interest in EMS careers, including a career path from wheelchair van driver, to emergency medical responder, to EMT. Roughly 22 other states already operate with one EMR and one EMT.

We are grateful to Governor Sherrill's administration and the New Jersey Department of Health for their thoughtful partnership in this effort. Their willingness to work alongside our industry reflects a shared commitment to strengthening EMS in New Jersey, and we look forward to continuing that collaboration.

Medicaid reimbursement. New Jersey has the lowest Medicaid medical transportation reimbursement rate in the country. This keeps the transport industry financially anemic, and undermines its role as a feeder of trained personnel to other EMS agencies. An increase would yield more industry stability and better wages. There's also a mental health crisis in this profession. Mental health challenges among EMTs and paramedics are severe and under-addressed. The emotional and physical toll of this work drives burnout, and burnout drives people out of the profession. Every provider we lose to burnout is one fewer available to staff a volunteer rig or a transport unit.

EMTs are a skilled, life-saving workforce, and EMS can and should be a rewarding long-term career; however, because reimbursement rates have been chronically low, EMT wages are artificially suppressed. As a result, many EMTs leave for higher paying jobs in other fields while others work two or three EMT jobs at the same time just to make ends meet. Addressing reimbursement is

essential to keeping these dedicated professionals in the field, allowing them to build careers within it.

As the scope of medicine expands, so do the expectations placed on volunteer EMTs. Yet, despite adding more new EMTs than ever before, the rate of attrition is outpacing our ability to replace those who leave. The result is a net decline in the workforce, even as demands on it grow particularly as we hit the baby boomer cliff. The cost of EMT certification training is a real financial barrier for many people who want to serve. Opportunities to complete the required coursework are also limited, both geographically and logistically across New Jersey. Building capacity to train and onboard new EMTs takes time, which is why these barriers must be addressed now.

On behalf of the Medical Transportation Association of New Jersey and EMS professionals throughout this state, we thank the Committee for its attention to this critically important issue. We urge you to pursue coordinated, statewide solutions rather than piecemeal fixes. Specifically, we ask this Committee to support better statewide information on EMS workforce, developed collaboratively with paid and volunteer agencies so that planning reflects who is working and in what capacity. Second, ensure adequate funding, beginning with raising New Jersey's Medicaid medical transportation reimbursement rate. Third, study burnout for EMTs and paramedics to create a framework for real support. Strengthen career pathways and retention, including a statutory framework for EMRs and wages that reflect the skill of the workforce. And, finally, make EMT training more affordable and accessible across the state.

We also encourage all members of this Legislature to assess their local EMS community's capabilities and speak with their first responders to better understand the pressures that they are facing in this industry. Thank you again for the opportunity to testify, and I am happy to answer any questions.

SENATOR ZWICKER: Thank you.

S C O T T P A S I C H O W, M.D.: Chairman Zwicker and members of the Committee, thanks so much for inviting me to testify today.

I am Scott Pasichow; I am an EMS physician in Newark, New Jersey. I am a member of the Board of Directors for the New Jersey Chapter of the American College of Emergency Physicians; the current Treasurer for the Medical Society of New Jersey; and a member of the New Jersey Chapter of the National Association of EMS Physicians. As I already stated, I am dual board certified in emergency medicine as an EMS physician, and I work in the state as an EMS Medical -- Assistant EMS Medical Director, and an emergency medicine educator. During my time in training and previous work, I've also worked in the state of Rhode Island and the state of Illinois, but my experience in EMS began long before I became a physician.

Twenty-four years ago, at the age of 16 -- which, I guess with some math, you can figure out the amount of gray hair I have -- I started as a volunteer EMT in New Jersey. I grew up in the system, and it gave me my first opportunity to care for patients. It ultimately shaped the course of my life, and has played a significant role in my decision to go to medical school.

My ask for the Committee today is simple: We can do better, and I believe it starts with consistency. The State has more than 20,000 certified EMTs that participate in 1.5 million incident responses every year, yet, we do not have a complete picture of how those responses -- or how the ambulances that answer those calls are staffed; where our workforce shortages are; and whether 911 agencies are operating under the same level of oversight. Our current regulatory structure does not ensure consistency between volunteer ambulances and career services if those volunteer ambulances are not licensed by the State. At the same time, communities are struggling with staffing; reimbursement; municipal funding; rising expectations for an increasingly sophisticated pre-hospital care environment. Before we can build the future of EMS in New Jersey,

we need to know who is providing it; adequately fund it; measure the care being delivered; and establish minimum standards that every New Jersey resident can expect when they call 911.

Does the ambulance that you receive-- Does the ambulance that answers the call carry albuterol, or respiratory medicine within the basic EMT scope of practice? Does it have CPAP, a device that can help a person with severe respiratory distress more effectively, and prevent -- potentially prevent -- their condition from worsening? EMTs have been trained-- Have the EMTs on that ambulance been trained to use this equipment, and how frequently do they practice those skills, and how are those skills evaluated? As currently designed, our system cannot ensure consistent answers to these questions.

To aid in this consistency, the position of our National Association of EMS Physicians is that every EMS agency needs an actively involved physician serving as the medical director, responsible for the pre-hospital medical care that's provided. Because EMS is not simply transportation; EMTs and paramedics are making medical decisions; evaluating patients; identifying emergencies; administering medicines; and providing treatment before the patient reaches the hospital. Every EMS agency in New Jersey should require physician medical oversight-- My apologies; I have made some adjustments to this, so I'm just scanning a little bit.

Volunteer EMS has been foundational -- a foundational part of New Jersey for generations. I'm a product of it; there are dedicated volunteer EMTs throughout the state who leave their families, jobs, homes, and respond when their neighbors call for help. SB1421 is about giving them and their patients a better system that the citizens of New Jersey deserve. Medicine has changed tremendously since I first became an EMT 24 years ago, and EMS needs to be able to change with it. Physician oversight has been shown nationwide and in New Jersey to be an efficient and effective way to implement these changes. EMS is

medical care delivered before a patient reaches the hospital, so physician expertise is important-- My apologies.

So, I strongly support recognizing EMS as an essential service. But, essential needs to mean something. The care that's provided inside that ambulance is essential, and what appropriate is essential. Training and consistent training -- not just in the classroom, but in quality review -- is also essential. Pediatric readiness is essential; physician medical oversight is essential; data and quality reviews are essential. Communities can decide how they provide EMS, but a patient's minimum standard of care should not depend on their ZIP code or which ambulance happens to arrive. Every EMS agency responding to 911 calls should be registered and tracked by the State; every agency reporting standardized information about the patients they treat, the care that is provided, and the individuals that staff the ambulance. Every agency should meet the same minimum standards for equipment, medications, training, pediatric readiness, and quality review. And, every agency should have meaningful physician medical oversight -- ideally from a board-certified EMS physician or physician with significant EMS training and expertise.

I believe deeply in EMS; I believe in the people who provide it, both volunteer and career. And, I believe New Jersey can preserve what is special about its EMS community while finally creating oversight, accountability, medical leadership, and data systems necessary for modern emergency care. I urge the Committee to support EMS as an essential service, support consistent staffing and supply standards for all response ambulances, and physician oversight of all aspects of emergency response -- from 911 call to definitive care.

Thank you.

SENATOR ZWICKER: Thank you.

Senator Singer, do you have anything? (no response)

Senator Singer, anything? (no response)

I want to thank both of you, everyone who testified today.

We heard some very common themes about consistency, about funding, about access to equipment, about ensuring that the data is there so that every single New Jerseyan who calls 911 is knowing that they're getting high-quality, fast, responsive care. We're all aligned there.

There's clearly some pieces of legislation that have already been introduced that perhaps need a few amendments we need to look at, we need to move on. Other pieces of legislation that we need to write up and get also moving. Because, in the end, we want to capture everything involved with providing that first response to a time when someone is in critical, critical need.

To all the volunteers, all the professional folks, I want to say thank you for what you do. We take you for granted until that time that we need you, and then we are, of course, hoping and insisting that you are going to provide the amazing care that you do each and every day. So, I want to thank you.

This Legislature has some work to do, but I really appreciate everyone's time today.

And, with that, meeting adjourned.

(MEETING CONCLUDED)