

ASSEMBLY, No. 5891

STATE OF NEW JERSEY 218th LEGISLATURE

INTRODUCED NOVEMBER 14, 2019

Sponsored by:

Assemblywoman HOLLY T. SCHEPISI

District 39 (Bergen and Passaic)

SYNOPSIS

Revises requirements for operation of mobile intensive care programs and paramedic licensure.

CURRENT VERSION OF TEXT

As introduced.



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2

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

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

7
8 1. Section 2 of P.L.2008, c.80 (C.26:2-190) is amended to read
9 as follows:

10 2. a. The Commissioner of Health and the Commissioner of
11 Human Services, in consultation with the New Jersey Fire and
12 Emergency Medical Services Institute and the New Jersey State First
13 Aid Council, shall develop a training curriculum with the purpose of
14 informing emergency responders of the risks associated with autism
15 or an intellectual or other developmental disability, as well as
16 providing instruction in appropriate recognition and response
17 techniques concerning these disabilities. The curriculum shall be
18 incorporated into existing time requirements for training and
19 continuing education of emergency responders.

20 b. Prior to certification by the Department of Health, each
21 emergency medical technician trained in basic life support services
22 as defined in section **[1 of P.L.1985, c.351 (C.26:2K-21)]**
23 13 of P.L. , c. (C.) (pending before the Legislature as this
24 bill) shall be required to satisfactorily complete the training
25 developed under subsection a. of this section. Every emergency
26 medical technician certified prior to the effective date of this act
27 shall, within 36 months of the effective date of this act, satisfactorily
28 complete the training in recognition and response techniques
29 concerning these disabilities, through existing continuing education
30 requirements.

31 c. The Commissioner of Health shall adopt rules and
32 regulations, pursuant to the "Administrative Procedure Act,"
33 P.L.1968, c.410 (C.52:14B-1 et seq.), to effectuate the purposes of
34 this act.

35 (cf: P.L.2012, c.17, s.143)

36

37 2. Section 1 of P.L.1986, c.106 (C.26:2K-35) is amended to read
38 as follows:

39 1. As used in this act:

40 a. "Commissioner" means the Commissioner of Health.

41 b. "Dispatch" means the coordinated request for and dispatch of
42 the emergency medical service helicopter response unit by a central
43 communications center located in the service area, following
44 protocols developed by the mobile intensive care hospital, the
45 regional trauma or critical care center, the commissioner, and the
46 superintendent.

EXPLANATION – Matter enclosed in bold-faced brackets **[thus]** in the above bill is
not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

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1 c. "Emergency medical service helicopter response unit" means
2 a specially equipped hospital-based emergency medical service
3 helicopter staffed by advanced life support personnel and operated
4 for the provision of advanced life support services under the medical
5 direction of a mobile intensive care program and the regional trauma
6 or critical care center authorized by the commissioner.

7 d. "Emergency medical transportation" means the prehospital or
8 interhospital transportation of an acutely ill or injured patient by a
9 dedicated emergency medical service helicopter response unit
10 operated, maintained and piloted by the Division of State Police of
11 the Department of Law and Public Safety, pursuant to regulations
12 adopted by the commissioner under chapter 40 of Title 8 of the New
13 Jersey Administrative Code.

14 e. "Medical direction" means the medical control and medical
15 orders transmitted from the physician of the mobile intensive care
16 hospital or from the physician at the regional trauma or critical care
17 center to the staff of the helicopter. The mobile intensive care unit
18 coordinating center and regional trauma or critical care center shall
19 have the ability to cross patch and consult with each other as
20 approved by the commissioner.

21 f. "Mobile intensive care hospital" means a hospital authorized
22 by the commissioner to develop and maintain a mobile intensive care
23 unit to provide advanced life support services in accordance with
24 **[P.L.1984, c.146 (C.26:2K-7 et al.)]** section 16 of
25 P.L. , c. (C.) (pending before the Legislature as this bill).

26 g. "Regional trauma center" means a State designated level one
27 hospital-based trauma center equipped and staffed to provide
28 emergency medical services to an accident or trauma victim,
29 including, but not limited to, the level one trauma centers at
30 University Hospital in Newark, known as the "Eric Munoz Trauma
31 Center," and at the Cooper Hospital/University Medical Center in
32 Camden.

33 h. "Critical care center" means a hospital authorized by the
34 commissioner to provide regional critical care services, such as
35 trauma, burn, spinal cord, cardiac, poison, or neonatal care.

36 i. "Superintendent" means the Superintendent of the Division of
37 State Police of the Department of Law and Public Safety.
38 (cf: P.L.2012, c.45, s.113)

39

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

42 2. a. There is established the New Jersey Emergency Medical
43 Service Helicopter Response Program in the **[Division of Local and**
44 **Community Health Services]** Office of Emergency Medical Services
45 of the Department of Health. The commissioner shall designate a
46 mobile intensive care hospital and a regional trauma or critical care
47 center which shall develop and maintain a hospital-based emergency
48 medical service helicopter response unit. The commissioner shall

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1 designate at least two units in the State, of which no less than one
2 unit each shall be designated for the northern and southern portions
3 of the State, respectively.

4 b. Each emergency medical service helicopter response unit
5 shall be staffed by at least two persons **【trained in advanced life**
6 **support】** holding licensure as a paramedic, advanced paramedic, or
7 mobile intensive care nurse and who are approved by the
8 commissioner. The staff of the emergency medical service helicopter
9 response unit shall render life support services to an accident or
10 trauma victim, as necessary, in the course of providing emergency
11 medical transportation.

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

13

14 4. Section 4 of P.L.1986, c.106 (C.26:2K-38) is amended to read
15 as follows:

16 4. No **【mobile intensive care】** paramedic, advanced paramedic,
17 mobile intensive care nurse, licensed physician, hospital or its board
18 of trustees, officers and members of the medical staff, nurses or other
19 employees of the hospital, first aid, ambulance or rescue squad
20 members or officers is liable for any civil damages as the result of an
21 act or the omission of an act committed while training for or in
22 rendering advanced life support services in good faith and in
23 accordance with this amendatory and supplementary act.

24 (cf: P.L.1986, c.106, s.4)

25

26 5. Section 1 of P.L.1989, c.314 (C.26:2K-39) is amended to read
27 as follows:

28 1. As used in this act:

29 "Commissioner" means the Commissioner of Health.

30 "Emergency medical service" means a program in a hospital
31 staffed 24 hours-a-day by a licensed physician trained in emergency
32 medicine.

33 "Emergency medical technician" means a person trained in basic
34 life support services as defined in section **【1 of P.L.1985, c.351**
35 **(C.26:2K-21)】** 13 of P.L. , c. (C.) (pending before the
36 Legislature as this bill) and who is certified by the Department of
37 Health to perform these services.

38 "EMT-D" means an emergency medical technician who is
39 certified by the commissioner to perform cardiac defibrillation.

40 "First Responder" means a police officer, firefighter or other
41 person who has been trained to provide emergency medical first
42 response services in a program recognized by the commissioner.

43 "First Responder-D" means a First Responder who is certified by
44 the commissioner to perform cardiac defibrillation.

45 "Pre-hospital care" means those emergency medical services
46 rendered to emergency patients at the scene of a traffic accident or

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1 other emergency and during transportation to emergency treatment
2 facilities, and upon arrival within those facilities.

3 (cf: P.L.1996, c.136, s.1)

4

5 6. Section 5 of P.L.1989, c.314 (C.26:2K-43) is amended to read
6 as follows:

7 5. An EMT-D, First Responder-D, **[EMT-intermediate,]**
8 licensed physician, hospital or its board of trustees, officers and
9 members of the medical staff, nurses, paramedics or other employees
10 of the hospital, or officers and members of a first aid, ambulance or
11 rescue squad shall not be liable for any civil damages as the result of
12 an act or the omission of an act committed while in training to
13 perform, or in the performance of, cardiac defibrillation in good faith
14 and in accordance with this act.

15 (cf: P.L.1996, c.136, s.5)

16

17 7. Section 1 of P.L.2003, c.1 (C.26:2K-47.1) is amended to read
18 as follows:

19 1. As used in this act:

20 "Commissioner" means the Commissioner of Health;

21 "Emergency medical service" means a program in a hospital
22 staffed 24 hours-a-day by a licensed physician trained in emergency
23 medicine;

24 "Emergency medical technician" means a person trained in basic
25 life support services as defined in section **[1** of P.L.1985, c.351
26 (C.26:2K-21)**]** 13 of P.L. , c. (C.) (pending before the
27 Legislature as this bill) and who is certified by the Department of
28 Health to provide that level of care.

29 (cf: P.L.2012, c.17, s.279)

30

31 8. Section 2 of P.L.1992, c.96 (C.26:2K-49) is amended to read
32 as follows:

33 2. As used in this act:

34 "Advanced life support" means **[**an advanced level of pre-
35 hospital, interhospital, and emergency service care which includes
36 basic life support functions, cardiac monitoring, cardiac
37 defibrillation, telemetered electrocardiography, administration of
38 antiarrhythmic agents, intravenous therapy, administration of
39 specific medications, drugs and solutions, use of adjunctive
40 ventilation devices, trauma care and other techniques and procedures
41 authorized in writing by the commissioner pursuant to department
42 regulations and P.L.1984, c.146 (C.26:2K-7 et seq.)**]** the same as that
43 term is defined in section 13 of P.L. , c. (C.) (pending before
44 the Legislature as this bill).

45 "Advisory council" means the Emergency Medical Services for
46 Children Advisory Council established pursuant to section 5 of this
47 act.

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1 "Basic life support" means a basic level of pre-hospital care which
2 includes patient stabilization, airway clearance, cardiopulmonary
3 resuscitation, hemorrhage control, initial wound care and fracture
4 stabilization, and other techniques and procedures authorized by the
5 commissioner.

6 "Commissioner" means the Commissioner of Health.

7 "Coordinator" means the person coordinating the EMSC program
8 within the Office of Emergency Medical Services in the Department
9 of Health.

10 "Department" means the Department of Health.

11 "EMSC program" means the Emergency Medical Services for
12 Children program established pursuant to section 3 of this act, and
13 other relevant programmatic activities conducted by the Office of
14 Emergency Medical Services in the Department of Health in support
15 of appropriate treatment, transport, and triage of ill or injured
16 children in New Jersey.

17 "Emergency medical services personnel" means persons trained
18 and certified or licensed to provide emergency medical care, whether
19 on a paid or volunteer basis, as part of a basic life support or advanced
20 life support pre-hospital emergency care service or in an emergency
21 department or pediatric critical care or specialty unit in a licensed
22 hospital.

23 "Pre-hospital care" means the provision of emergency medical
24 care or transportation by trained and certified or licensed emergency
25 medical services personnel at the scene of an emergency and while
26 transporting sick or injured persons to a medical care facility or
27 provider.

28 (cf: P.L.1992, c.96, s.2)

29

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

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

38 b. The advisory council shall consist of a minimum of **[14]** 15
39 public members to be appointed by the Governor, with the advice and
40 consent of the Senate, for a term of three years. Membership of the
41 advisory council shall include: one practicing pediatrician, one
42 pediatric critical care physician, one board certified pediatric
43 emergency physician and one pediatric physiatrist, to be appointed
44 upon the recommendation of the New Jersey chapter of the American
45 Academy of Pediatrics; one pediatric surgeon, to be appointed upon
46 the recommendation of the New Jersey chapter of the American
47 College of Surgeons; one emergency physician, to be appointed upon
48 the recommendation of the New Jersey chapter of the American

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1 College of Emergency Physicians; one career emergency medical
2 technician to be appointed upon by the recommendation of the New
3 Jersey Firefighters Mutual Benevolent Association, one emergency
4 medical technician, to be appointed upon the recommendation of the
5 **【New Jersey State First Aid Council】** EMS Council of New Jersey;
6 one paramedic, to be appointed upon the recommendation of the
7 **【State mobile intensive care advisory council】** ALS Oversight
8 Board; one family practice physician, to be appointed upon the
9 recommendation of the New Jersey chapter of the Academy of
10 Family Practice; two registered emergency nurses, one to be
11 appointed upon the recommendation of the New Jersey State Nurses
12 Association and one to be appointed upon the recommendation of the
13 New Jersey Chapter of the Emergency Nurses Association; and three
14 members, each with a non-medical background, two of whom are
15 parents with children under the age of 18, to be appointed upon the
16 joint recommendation of the **【Association】** Advocates for Children
17 of New Jersey and the Junior Leagues of New Jersey.

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

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

28

29 10. Section 6 of P.L.1993, c.143 (C.26:2K-59) is amended to read
30 as follows:

31 6. a. The commissioner shall establish a State advisory council
32 for basic **【and intermediate】** life support services training. The
33 council shall be responsible for: (1) establishing guidelines and
34 making recommendations regarding reimbursement from the fund to
35 entities providing EMT-A or EMT-D testing and training activities,
36 (2) making recommendations for changes in emergency medical
37 services testing and training activities or the creation of new
38 programs as necessary to conform with federal standards, or to
39 improve the quality of emergency medical services delivery, (3)
40 establishing guidelines for the purchase of emergency medical
41 services training equipment, and (4) developing recommendations
42 for the most effective means to recruit emergency medical services
43 volunteers.

44 b. The council shall consist of 13 members, as follows: the
45 Commissioner of Health, the Superintendent of the Division of State
46 Police in the Department of Law and Public Safety, the **【Director of**
47 **the Governor's Office on Volunteerism】** Secretary of Volunteer and

1 National Service in the Department of State, the President of the
2 **【New Jersey State First Aid Council】** EMS Council of New Jersey,
3 the chairman of the State **【mobile intensive care advisory council】**
4 ALS Oversight Board, and the President of the Medical **【Transport】**
5 Transportation Association of New Jersey, or their designees, as ex
6 officio members; and seven public members, of which two shall be
7 **【persons with a demonstrated interest or expertise in emergency**
8 **medical services who are not health care professionals】** career
9 emergency medical technicians to be appointed upon by the
10 recommendation of the New Jersey Firefighters Mutual Benevolent
11 Association, and two shall be physicians who are medical specialists
12 in areas relating to basic life support services, to be appointed by the
13 Governor, one shall be a representative of the New Jersey Hospital
14 Association, to be appointed by the President thereof, one shall be a
15 representative of the Medical Society of New Jersey, to be appointed
16 by the President thereof, and one shall be a representative of the New
17 Jersey State Nurses Association, to be appointed by the President
18 thereof.

19 c. Of the public members first appointed, three shall serve for a
20 term of two years, three shall serve for a term of three years and one
21 shall serve for a term of four years. Following the expiration of the
22 original terms, the public members shall serve for a term of four years
23 and are eligible for reappointment. Any vacancy shall be filled in the
24 same manner as the original appointment, for the unexpired term.
25 Public members shall continue to serve until their successors are
26 appointed.

27 d. The council shall meet at its discretion, but at least quarterly.
28 The public members of the council shall serve without compensation
29 but shall be reimbursed for the reasonable expenses incurred in the
30 performance of their duties, within the limits of funds available to the
31 council.

32 e. The council shall organize no later than the 60th day after the
33 effective date of this act. The members shall choose a **【chairman】**
34 chairperson from among themselves and a secretary who need not be
35 a member of the council. The Department of Health shall provide
36 such technical, clerical and administrative support as the council
37 requires to carry out its responsibilities.

38 (cf: P.L.1992, c.143, s.6)

39

40 11. Section 1 of P.L.1973, c.307 (C.39:3C-1) is amended to read
41 as follows:

42 1. As used in P.L.1973, c.307 (C.39:3C-1 et seq.):

43 "All-terrain vehicle" means a motor vehicle, designed and
44 manufactured for off-road use only, of a type possessing between
45 three and six non-highway tires, but shall not include golf carts or an
46 all-terrain vehicle operated by an employee or agent of the State, a
47 county, a municipality, or a fire district, or a member of an

1 emergency service organization or an emergency medical technician
2 which is used while in the performance of the employee's, agent's,
3 member's or technician's official duties.

4 "Chief administrator" means the Chief Administrator of the New
5 Jersey Motor Vehicle Commission.

6 "Commission" means the New Jersey Motor Vehicle Commission
7 established by section 4 of P.L.2003, c.13 (C.39:2A-4).

8 "Commissioner" means the Commissioner of Environmental
9 Protection.

10 "Department" means the Department of Environmental
11 Protection.

12 "Dirt bike" means any two-wheeled motorcycle that is designed
13 and manufactured for off-road use only and that does not comply with
14 Federal Motor Vehicle Safety Standards or United States
15 Environmental Protection Agency on-road emissions standards.

16 "Emergency medical technician" means a person trained in basic
17 life support services as defined in section **1** of P.L.1985, c.351
18 (C.26:2K-21) **13** of P.L. , c. (C.) (pending before the
19 Legislature as this bill) and who is certified by the Department of
20 Health to perform these services.

21 "Emergency service organization" means a fire or first aid
22 organization, whether organized as a volunteer fire company,
23 volunteer fire department, fire district, or duly incorporated volunteer
24 first aid, emergency, or volunteer ambulance or rescue squad
25 association.

26 "Natural resource" means all land, fish, shellfish, wildlife, biota,
27 air, waters, and other such resources owned, managed, held in trust,
28 or otherwise controlled by the State.

29 "Public land" means all land owned, operated, managed,
30 maintained, or under the jurisdiction of the Department of
31 Environmental Protection, including any and all land owned,
32 operated, managed, maintained, or purchased jointly by the
33 Department of Environmental Protection with any other party and
34 any land so designated by municipal or county ordinance. Public
35 land shall also mean any land used for conservation purposes,
36 including, but not limited to, beaches, forests, greenways, natural
37 areas, water resources, wildlife preserves, land used for watershed
38 protection, or biological or ecological studies, and land exempted
39 from taxation pursuant to section 2 of P.L.1974, c.167 (C.54:4-3.64).

40 "Snowmobile" means any motor vehicle, designed primarily to
41 travel over ice or snow, of a type which uses sled type runners, skis,
42 an endless belt tread, cleats, or any combination of these or other
43 similar means of contact with the surface upon which it is operated,
44 but does not include any farm tractor, highway or other construction
45 equipment, or any military vehicle.

46 "Special event" means an organized race, exhibition, or
47 demonstration of limited duration which is conducted according to a

1 prearranged schedule and in which general public interest is
2 manifested.

3 (cf: P.L.2015, c.155, s.3)

4

5 12. Section 2 of P.L.1993, c.249 (C.52:27D-407) is amended to
6 read as follows:

7 2. As used in this act:

8 "Abuse" means the willful infliction of physical pain, injury or
9 mental anguish, unreasonable confinement, or the willful deprivation
10 of services which are necessary to maintain a person's physical and
11 mental health.

12 "Caretaker" means a person who has assumed the responsibility
13 for the care of a vulnerable adult as a result of family relationship or
14 who has assumed responsibility for the care of a vulnerable adult
15 voluntarily, by contract, or by order of a court of competent
16 jurisdiction, whether or not they reside together.

17 "Commissioner" means the Commissioner of Human Services.

18 "Community setting" means a private residence or any
19 noninstitutional setting in which a person may reside alone or with
20 others, but shall not include residential health care facilities, rooming
21 houses or boarding homes or any other facility or living arrangement
22 subject to licensure by, operated by, or under contract with, a State
23 department or agency.

24 "County adult protective services provider" means a county Board
25 of Social Services or other public or nonprofit agency with
26 experience as a New Jersey provider of protective services for adults,
27 designated by the county and approved by the commissioner. The
28 county adult protective services provider receives reports made
29 pursuant to this act, maintains pertinent records and provides,
30 arranges, or recommends protective services.

31 "County director" means the director of a county adult protective
32 services provider.

33 "Department" means the Department of Human Services.

34 "Emergency medical technician" means a person trained in basic
35 life support services as defined in section **1** of P.L.1985, c.351
36 (C.26:2K-21) **13** of P.L. , c. (C.) (pending before the
37 Legislature as this bill) and who is certified by the Department of
38 Health to provide that level of care.

39 "Exploitation" means the act or process of illegally or improperly
40 using a person or his resources for another person's profit or
41 advantage.

42 "Firefighter" means a paid or volunteer firefighter.

43 "Health care professional" means a health care professional who
44 is licensed or otherwise authorized, pursuant to Title 45 or Title 52
45 of the Revised Statutes, to practice a health care profession that is
46 regulated by one of the following boards or by the Director of the
47 Division of Consumer Affairs: the State Board of Medical
48 Examiners, the New Jersey Board of Nursing, the New Jersey State

1 Board of Dentistry, the New Jersey State Board of Optometrists, the
2 New Jersey State Board of Pharmacy, the State Board of Chiropractic
3 Examiners, the Acupuncture Examining Board, the State Board of
4 Physical Therapy, the State Board of Respiratory Care, the Orthotics
5 and Prosthetics Board of Examiners, the State Board of
6 Psychological Examiners, the State Board of Social Work
7 Examiners, the State Board of Examiners of Ophthalmic Dispensers
8 and Ophthalmic Technicians, the Audiology and Speech-Language
9 Pathology Advisory Committee, the State Board of Marriage and
10 Family Therapy Examiners, the Occupational Therapy Advisory
11 Council, the Certified Psychoanalysts Advisory Committee, and the
12 State Board of Polysomnography. "Health care professional" also
13 means a nurse aide or personal care assistant who is certified by the
14 Department of Health.

15 "Neglect" means an act or failure to act by a vulnerable adult or
16 his caretaker which results in the inadequate provision of care or
17 services necessary to maintain the physical and mental health of the
18 vulnerable adult, and which places the vulnerable adult in a situation
19 which can result in serious injury or which is life-threatening.

20 "Protective services" means voluntary or court-ordered social,
21 legal, financial, medical or psychiatric services necessary to
22 safeguard a vulnerable adult's rights and resources, and to protect a
23 vulnerable adult from abuse, neglect or exploitation. Protective
24 services include, but are not limited to: evaluating the need for
25 services, providing or arranging for appropriate services, obtaining
26 financial benefits to which a person is entitled, and arranging for
27 guardianship and other legal actions.

28 "Vulnerable adult" means a person 18 years of age or older who
29 resides in a community setting and who, because of a physical or
30 mental illness, disability or deficiency, lacks sufficient understanding
31 or capacity to make, communicate, or carry out decisions concerning
32 his well-being and is the subject of abuse, neglect or exploitation. A
33 person shall not be deemed to be the subject of abuse, neglect or
34 exploitation or in need of protective services for the sole reason that
35 the person is being furnished nonmedical remedial treatment by
36 spiritual means through prayer alone or in accordance with a
37 recognized religious method of healing in lieu of medical treatment,
38 and in accordance with the tenets and practices of the person's
39 established religious tradition.

40 (cf: P.L.2012, c.17, s.424)

41

42 13. (New section) As used in sections 13 through 23 of
43 P.L. , c. (C.) (pending before the Legislature as this bill):

44 "Advanced life support" means an advanced level of prehospital,
45 inter-facility, and emergency medical care which includes basic life
46 support functions and other techniques and procedures as shall be
47 authorized in writing by the agency medical director for each mobile
48 intensive care unit and approved by the ALS Oversight Board.

1 “Advanced Life Support Oversight Board” or “ALS Oversight
2 Board” means the ALS Oversight Board established pursuant to
3 section 20 of P.L. , c. (C.) (pending before the Legislature
4 as this bill).

5 “Advanced paramedic” means a licensed paramedic who meets
6 the training requirements and any other requirements for licensure by
7 the commissioner as an advanced paramedic as provided in section
8 14 of P.L. , c. (C.) (pending before the Legislature as this
9 bill).

10 “Agency director” means the individual who is responsible for
11 oversight and administration of a hospital’s mobile intensive care
12 units, paramedic support units, mobile integrated health units, and
13 specialty care transport units. The agency director shall have such
14 education and experience as is necessary to assume responsibility for
15 the delivery of prehospital care, and shall be an individual who is
16 either: a paramedic licensed in this State; eligible for licensure as a
17 paramedic in the State within six months of appointment; or a
18 licensed professional nurse in this State who is also certified as an
19 emergency medical technician in this State.

20 “Agency medical director” means a physician licensed in this
21 State who is board certified in emergency medicine or emergency
22 medical services and is responsible for the medical oversight of a
23 hospital mobile intensive care program approved pursuant to section
24 16 of P.L. , c. (C.) (pending before the Legislature as this
25 bill). A person serving as an agency medical director, or in an
26 equivalent capacity, for a hospital mobile intensive care program on
27 the effective date of P.L. , c. (C.) (pending before the
28 Legislature as this bill) who does not possess the board certification
29 required pursuant to this paragraph may continue to serve as agency
30 medical director for the hospital for up to two years after the effective
31 date of P.L. , c. (C.) (pending before the Legislature as this
32 bill), at which time no person may serve as agency medical director
33 without meeting the board certification requirements set forth in this
34 paragraph.

35 "Basic life support" means a basic level of prehospital care which
36 includes patient stabilization, airway clearance, cardiopulmonary
37 resuscitation, hemorrhage control, initial wound care and fracture
38 stabilization, and other techniques and procedures authorized by the
39 commissioner.

40 “Commissioner” means the Commissioner of Health.

41 “Department” means the Department of Health.

42 "Inter-facility care" means those pre-hospital medical services
43 rendered by basic life support units or specialty care transport units
44 to patients before and during transportation to or between emergency
45 treatment facilities, and upon arrival within those facilities.

46 "Intermediate life support services" means an intermediate level
47 of prehospital and emergency service care which, at a minimum, shall
48 meet the national standard curriculum for advanced emergency

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1 medical technicians promulgated by the National Highway Traffic
2 Safety Administration of the United States Department of
3 Transportation. The term shall include such additional services,
4 techniques, and procedures as shall be authorized in writing by the
5 agency medical director for each mobile intensive care unit and
6 approved by the ALS Oversight Board.

7 “Mobile integrated health” means the provision of non-emergent
8 health care services by an advanced paramedic or registered nurse
9 under a mobile intensive care program using patient-centered, mobile
10 resources in the prehospital care environment. The authorized
11 services provided under a mobile integrated health program shall be
12 determined by the agency medical director overseeing the program,
13 subject to approval by the ALS Oversight Board, and may include,
14 but shall not be limited to: providing telephone advice to 9-1-1 callers
15 instead of resource dispatch; providing community paramedicine
16 care, chronic disease management, preventive care, and post-
17 discharge follow-up visits; or providing referrals and transportation
18 assistance to appropriate care and services to patients requiring
19 health care services that do not require hospital-based treatment.

20 “Mobile intensive care program” means a program operated by a
21 hospital authorized pursuant to section 16 of P.L. , c. (C.)
22 (pending before the Legislature as this bill), which includes the
23 provision of advanced life support services and may additionally
24 include mobile integrated health services, specialty care transport
25 services, or both, consistent with the requirements of
26 P.L. , c. (C.) (pending before the Legislature as this bill).

27 “Mobile intensive care nurse” means a registered professional
28 nurse who has completed the requirements established by the ALS
29 Oversight Board to be acknowledged to provide advanced life
30 support at the level of a paramedic in accordance with the
31 requirements of P.L. , c. (C.) (pending before the Legislature
32 as this bill). A mobile intensive care nurse shall be authorized for
33 the same scope of practice as is authorized for a licensed paramedic.

34 “Mobile intensive care unit” or “paramedic unit” means a
35 specialized emergency medical service vehicle staffed by
36 paramedics, advanced paramedics, mobile intensive care nurses, or
37 paramedic assistants, as provided in section 17 of
38 P.L. , c. (C.) (pending before the Legislature as this bill),
39 which is operated for the provision of advanced life support services
40 by an authorized hospital.

41 “Paramedic” means a person trained in advanced life support
42 services and licensed by the commissioner to render advanced life
43 support services pursuant to section 14 of P.L. , c. (C.)
44 (pending before the Legislature as this bill).

45 “Paramedic assistant” means a person trained in intermediate life
46 support services and licensed by the commissioner to render
47 intermediate life support services pursuant to section 14 of
48 P.L. , c. (C.) (pending before the Legislature as this bill).

1 “Paramedic support unit” means a specialized non-transport
2 emergency medical service vehicle staffed by at least one advanced
3 paramedic, which shall be authorized to respond to an emergency
4 dispatch call to provide support services to a mobile intensive care
5 unit, including rendering advanced life support services to patients,
6 and may additionally be authorized to provide mobile integrated
7 health care, consistent with requirements established by the ALS
8 Oversight Board and written protocols established by the unit’s
9 agency medical director.

10 “Prehospital care” means the diagnosis and treatment of patients
11 before and during transportation to treatment facilities, and upon
12 arrival within those facilities, as well as mobile integrated health care
13 services.

14 “Primary response area” means the area in which a hospital is
15 expressly authorized to provide advanced life support pursuant to a
16 certificate of need grant.

17 “Specialty care transport” means the inter-facility transportation
18 by a specialty care transport unit of a patient in need of advanced life
19 support care or medical monitoring that exceeds the scope of practice
20 for a basic life support unit. The term shall include inter-facility
21 transport by an emergency medical service helicopter response unit
22 operating pursuant to section 3 of P.L.1986, c.106 (C.26:2K-37).

23 “Specialty care transport nurse” means a registered professional
24 nurse who has completed the requirements established by the ALS
25 Oversight Board to be endorsed to provide specialty care transport
26 services in accordance with section 14 of P.L. , c. (C.)
27 (pending before the Legislature as this bill).

28 “Specialty care transport unit” means an ambulance used for the
29 inter-facility transportation of a patient in need of advanced life
30 support care or medical monitoring that exceeds the scope of practice
31 for a basic life support unit. The term shall include inter-facility
32 transport by an emergency medical service helicopter response unit
33 operating pursuant to section 3 of P.L.1986, c.106 (C.26:2K-37).
34 Specialty care transport units shall be staffed by a specialty care
35 transport nurse and two licensed emergency medical technicians, one
36 of whom may be the specialty care transport nurse. Helicopter
37 response units must be staffed by a specialty care transport nurse and
38 a paramedic.

39
40 14. (New section) a. The commissioner shall have the authority
41 to license paramedics, advanced paramedics, and paramedic
42 assistants, and to acknowledge mobile intensive care nurses and
43 specialty care transport nurses, who meet the requirements for
44 licensure or endorsement as established by the ALS Oversight Board
45 pursuant to subsection b. of this section. Applications for licensure
46 or acknowledgement shall be submitted to the commissioner on
47 forms and in a manner as shall be prescribed by the commissioner by
48 regulation. The commissioner shall license or endorse an applicant

1 who meets the requirements for issuance of the requested license or
2 endorsement.

3 b. (1) The ALS Oversight Board shall establish written
4 standards for the licensure of paramedics, paramedic assistants, and
5 advanced paramedics, and for the endorsement of mobile intensive
6 care nurses and specialty care transport nurses, and shall make
7 recommendations to the commissioner concerning the issuance of
8 licenses and acknowledgements pursuant to subsection a. of this
9 section.

10 (2) The written standards for licensure as a paramedic or
11 paramedic assistant established pursuant to paragraph (1) of this
12 section shall include standards and procedures to issue a license to:

13 (a) an applicant holding licensure issued by another state or
14 territory of the United States, when the commissioner determines that
15 the licensure requirements of the other state or territory are at least
16 equivalent to the requirements established by the ALS Oversight
17 Board for the requested license; and

18 (b) an applicant who possesses military training or experience in
19 any branch of the active duty or reserve component of the Armed
20 Forces of the United States or the National Guard that the
21 commissioner deems is at least equivalent to the requirements
22 established by the ALS Oversight Board for the requested license.

23 c. The commissioner shall permit federal law enforcement
24 officers and members of the Armed Forces of the United States to
25 operate under their existing certification or licensure for training
26 purposes, and to provide prehospital care up to the individual's level
27 of training on a mobile intensive care unit, specialty transport unit,
28 or paramedic support unit, subject to approval by the unit's agency
29 medical director. Military and law enforcement personnel may apply
30 to the commissioner for approval to participate in training pursuant
31 to this subsection on forms and in a manner as shall be prescribed by
32 the commissioner by regulation.

33 d. The ALS Oversight Board shall be responsible for
34 recommending individuals to the commissioner for licensure as
35 advanced paramedics. At a minimum, each licensed advanced
36 paramedic shall have a bachelor's degree in paramedicine or an
37 equivalent clinical degree, along with such demonstrated education,
38 training, and experience as may be required by the ALS Oversight
39 Board; provided that, until such time as at least one accredited
40 bachelor's degree program in paramedicine is available in the State,
41 the ALS Oversight Board shall establish the minimum education,
42 training, and experience requirements for advanced paramedic
43 licensure, which shall, at a minimum, include licensure as a
44 paramedic. The accreditation of an in-State bachelor's degree
45 program in paramedicine shall not be construed to abrogate the
46 authority of the ALS Oversight Board to continue to establish the
47 minimum education, training, and experience requirements for
48 licensure as an advanced paramedic, or the responsibility of the ALS

1 Oversight Board to review applications for licensure as an advanced
2 paramedic and provide recommendations to the department
3 concerning licensure.

4 e. The department shall maintain a register of applicants for
5 licensure as paramedics, advanced paramedics, and paramedic
6 assistants and applicants for acknowledgement as mobile intensive
7 care nurses and specialty care transport nurses pursuant to this
8 section, which register shall include, but shall not be limited to:

9 (1) the name and residence of the applicant;

10 (2) the date of the application; and

11 (3) information as to whether the application was rejected or if
12 licensure or endorsement was granted.

13 The department shall annually compile a list of individuals
14 authorized to provide advanced life support pursuant to this section.
15 This list shall be available to the public, without the applicant's or
16 professional's home address made public.

17

18 15. (New section) The commissioner, after notice and hearing,
19 may revoke the license of a paramedic, advanced paramedic, or
20 paramedic assistant for a violation of any provision of
21 P.L. , c. (C.) (pending before the Legislature as this bill).
22 The commissioner may withdraw the acknowledgement of any
23 mobile intensive care nurse or specialty care transport nurse on a
24 summary basis to protect the public health, safety, and welfare, and
25 shall report such summary withdrawal to the board of nursing for
26 joint investigation and action. The department and the board of
27 nursing shall establish joint regulations to govern such investigations
28 and further actions.

29

30 16. (New section) a. Only a hospital authorized by the
31 commissioner with an accredited emergency service may develop
32 and maintain a mobile intensive care unit or paramedic support unit
33 and provide advanced life support services and mobile integrated
34 health care utilizing licensed physicians, paramedics, advanced
35 paramedics, paramedic assistants, mobile intensive care nurses, and
36 specialty care transport nurses.

37 b. A hospital authorized by the commissioner pursuant to
38 subsection a. of this section shall provide mobile intensive care unit
39 services on a 24-hour-per-day basis.

40 c. The commissioner shall establish, in writing, criteria which a
41 hospital shall meet in order to qualify for the authorization.

42 d. Any hospital that is authorized to develop and maintain a
43 mobile intensive care unit on the effective date of
44 P.L. , c. (C.) (pending before the Legislature as this bill)
45 shall be permitted to operate paramedic support units, provide mobile
46 integrated health services, and provide specialty care transport
47 services.

1 e. No hospital authorized by the commissioner pursuant to
2 subsection a. of this section may provide advanced life support
3 services, mobile integrated health services, or specialty
4 transportation services unless the hospital has appointed an agency
5 medical director to oversee the program's medical services and an
6 agency director to oversee and administer the hospital's mobile
7 intensive care units, paramedic support units, mobile integrated care
8 units, and specialty care transport units.

9 f. The commissioner may withdraw authorization if the hospital
10 or unit violates any provision of P.L. , c. (C.) (pending
11 before the Legislature as this bill) or rules or regulations promulgated
12 pursuant thereto.

13 g. Nothing in P.L. , c. (C.) (pending before the
14 Legislature as this bill) shall be construed to:

15 (1) revise the primary response areas for authorized hospitals that
16 are in place on the effective date of P.L. , c. (C.) (pending
17 before the Legislature as this bill);

18 (2) restrict the authority of the commissioner to revise any
19 hospital's primary response area consistent with the certificate of
20 need process; or

21 (3) prohibit hospitals or other entities that are not authorized by
22 the commissioner pursuant to subsection a. of this section from
23 providing specialty care transport services.

24
25 17. (New section) a. A paramedic assistant may provide
26 intermediate life support services only when operating on a mobile
27 intensive care unit while under the supervision of an advanced
28 paramedic. The ALS Oversight Board shall establish, in writing, the
29 authorized scope of practice for paramedic assistants, which shall, at
30 a minimum, include the provision of intermediate life support
31 services.

32 b. A paramedic may provide advanced life support services only
33 when operating on a mobile intensive care unit with a second
34 paramedic, an advanced paramedic, or a mobile intensive care nurse.
35 The ALS Oversight Board shall establish, in writing, the authorized
36 scope of practice for paramedics, which shall, at a minimum, include
37 the provision of advanced life support services.

38 c. (1) An advanced paramedic may provide advanced life
39 support services when operating on a mobile intensive care unit with
40 a paramedic assistant, another paramedic, or a mobile intensive care
41 nurse, or when operating alone on a paramedic support unit. The
42 advanced paramedic's agency medical director shall establish the
43 scope of practice for advanced paramedics operating through that
44 hospital's mobile intensive care program, including the scope of
45 practice authorized for paramedic support units, which scopes of
46 practice shall be subject to approval by the ALS Oversight Board.

47 (2) In order to transport a patient requiring advanced life support,
48 an advanced paramedic operating on a paramedic support unit shall

1 be accompanied by a mobile intensive care unit. Should exceptional
2 circumstances exist in which a paramedic support unit provides
3 transport to a patient without an accompanying mobile intensive care
4 unit, the agency medical director shall review the patient care report
5 from the incident and submit a report concerning the incident to the
6 department on a form and in a manner as shall be prescribed by the
7 commissioner.

8 d. (1) The ALS Oversight Board shall have exclusive authority
9 for approval of medical protocols for all mobile intensive care units
10 and personnel operating on these units, including, but not limited to,
11 the procedures, services, equipment, medications, and standing
12 orders approved for that unit.

13 (2) Medical protocols for advanced paramedics operating on
14 paramedic support units or providing mobile integrated health care
15 shall be established by the unit's agency medical director, subject to
16 approval by the ALS Oversight Board. Any medical protocols
17 established pursuant to this section shall be consistent with the
18 standards established by the ALS Oversight Board.

19 (3) The ALS Oversight Board shall review protocol requests no
20 less frequently than every quarter, and requests shall be submitted for
21 consideration a minimum of 30 days prior to review.

22 e. A mobile intensive care nurse may provide advanced life
23 support services only when operating on a mobile intensive care unit
24 that is additionally staffed by a paramedic or an advanced paramedic.

25 f. A specialty care transport nurse may provide advanced life
26 support services when operating on a specialty care transport unit.
27 The permitted practice for personnel operating on a specialty care
28 transport unit shall be established by the unit's agency medical
29 director, subject to approval by the ALS Oversight Board.

30
31 18. (New section) a. The commissioner shall establish by
32 regulation the requirements for licensure of paramedic support units,
33 mobile integrated health units, and specialty care transport units, and
34 shall establish joint regulations with the Board of Nursing for mobile
35 integrated health units. Each unit shall carry such devices,
36 medications, and equipment as shall be required by the ALS
37 Oversight Board pursuant to written standards concerning the
38 provision of prehospital care by units of each licensure type, and may
39 carry any additional devices, medications, and equipment as may be
40 authorized by the ALS Oversight Board pursuant to written
41 standards, if the unit's agency medical director approves the
42 additional devices, medications, or equipment.

43 b. A mobile intensive care unit shall be authorized to respond to
44 prehospital emergency calls for advanced life support services in the
45 hospital's primary response area, and in other areas upon request or
46 need. The agency medical director of each authorized hospital shall
47 be permitted to establish the standards for mobile intensive care unit
48 dispatch within the hospital's primary response area.

1 c. A paramedic support unit shall not substitute for a mobile
2 intensive care unit in order to meet minimum deployment standards
3 for a hospital mobile intensive care program.

4 d. A unit shall be authorized to concurrently hold licensure as a
5 mobile intensive care unit, paramedic support unit, mobile integrated
6 health unit, and specialty care transport unit, provided that it meets
7 requirements for each type of licensure and, when acting in the
8 capacity of a particular license, is in compliance with the staffing and
9 operational requirements for that license type. A specialty care
10 transport unit that is also licensed as a mobile intensive care unit shall
11 not operate as a specialty care transport unit if the unit is being
12 counted towards minimum deployment standards for a hospital
13 mobile intensive care program.

14

15 19. (New section) No volunteer or non-volunteer first aid,
16 ambulance or rescue squad, board of trustees, officers, or members
17 of a volunteer or non-volunteer first aid, ambulance or rescue squad,
18 emergency medical technician, paramedic, advanced paramedic,
19 paramedic assistant, mobile intensive care nurse, specialty care
20 transport nurse, licensed physician, nurse, or other hospital
21 employee, or a hospital authorized by the commissioner, shall be
22 liable for any civil damages as the result of an act or the omission of
23 an act committed while in training for, when rendering, or when
24 supervising, prehospital care in good faith and in accordance with the
25 provisions P.L. , c. (C.) (pending before the Legislature as
26 this bill).

27

28 20. (New section) a. There is established in, but not of, the
29 department the ALS Oversight Board. The ALS Oversight Board
30 shall be responsible for:

31 (1) establishing and maintaining written standards for the
32 licensure of paramedics, advanced paramedics, and paramedic
33 assistants;

34 (2) establishing education or equivalency standards for advanced
35 paramedics and standards for the approval of advanced paramedic
36 training programs;

37 (3) establishing and maintaining written standards for the
38 endorsement of mobile intensive care nurses and specialty care
39 transport nurses;

40 (4) establishing the scope of practice and medical protocols for
41 paramedic assistants and paramedics;

42 (5) approving medical protocols for advanced paramedics;

43 (6) establishing equivalency standards for approving out-of-State
44 health care professionals, members of the military, and federal law
45 enforcement officers to train or practice in the State pursuant to
46 section 14 of P.L. , c. (C.) (pending before the Legislature
47 as this bill);

1 (7) providing advice to the commissioner concerning the
2 adoption of rules and regulations and on topics concerning advanced
3 life support, mobile integrated health, specialty care transport, and
4 other aspects of prehospital care; and

5 (8) such other duties as are provided under P.L. , c. (C.)
6 (pending before the Legislature as this bill).

7 b. The ALS Oversight Board shall be comprised of the agency
8 directors and agency medical directors of each mobile intensive care
9 program authorized pursuant to section 16 of P.L. , c. (C.)
10 (pending before the Legislature as this bill), two currently practicing
11 line paramedics, one currently practicing line mobile intensive care
12 nurse, and one currently practicing line specialty care transport unit
13 nurse, as well as other individuals with knowledge or experience as
14 the ALS Oversight Board determines necessary to carry out its
15 purposes. The ALS Oversight Board may establish its bylaws,
16 determine its membership, elect its officers, and conduct meetings
17 and business as shall be necessary to carry out its duties. The line
18 paramedics and nurses shall be voting members of the ALS Oversight
19 Board.

20 c. The commissioner shall appoint the chairperson of the ALS
21 Oversight Board, who shall be a physician licensed to practice
22 medicine or surgery in this State who is board certified in emergency
23 medicine or emergency medical services. The chairperson of the
24 ALS Oversight Board shall serve at the pleasure of the commissioner.

25 d. The chairperson shall establish standing committees to advise
26 the ALS Oversight Board on agency licensure, provider licensure,
27 scope of practice and medical protocols, communications and
28 dispatch, air medical services, regulations, nursing licensure and
29 practice, and other specialties. Membership on each standing
30 committee shall be comprised of individuals with the necessary
31 education and expertise to advise the ALS Oversight Board on the
32 specific areas with which the standing committee is tasked.

33 e. The ALS Oversight Board shall organize no later than 60 days
34 after the effective date of P.L. , c. (C.) (pending before the
35 Legislature as this bill), and, no later than 60 days after the date of
36 organization, shall establish standards for training and licensure of
37 paramedic assistants and advanced paramedics.

38 f. Paramedic education programs operating in the State on the
39 effective date of P.L. , c. (C.) (pending before the Legislature
40 as this bill) that are accredited by the Commission on Accreditation
41 of Allied Health Education Programs shall be authorized to conduct
42 training for paramedic assistants until such time as the commission,
43 in consultation with the ALS Oversight Board, establishes by
44 regulation standards for approval of paramedic education programs.
45 Thereafter, all paramedic education programs shall be subject to
46 approval by the commissioner consistent with those standards.

1 21. (New section) a. Nothing in P.L. , c. (C.) (pending
2 before the Legislature as this bill) shall be construed to prevent a
3 licensed and qualified health care professional from performing any
4 of the duties of a paramedic, advanced paramedic, paramedic
5 assistant, mobile intensive care nurse, or specialty transport nurse if
6 the duties are consistent with the professional's scope of practice.

7 b. A paramedic, advanced paramedic, paramedic assistant,
8 mobile intensive care nurse, or specialty care transport nurse shall be
9 authorized to act in the scope of a certified emergency medical
10 technician.

11
12 22. (New section) a. No person or entity shall advertise or
13 disseminate information to the public that the person or entity
14 provides advanced life support services or mobile integrated health
15 services unless the person is authorized to do so pursuant to P.L. ,
16 c. (C.) (pending before the Legislature as this bill).

17 b. No person shall impersonate or refer to himself or herself as
18 a paramedic, advanced paramedic, paramedic assistant, mobile
19 intensive care nurse, or specialty care transport nurse unless that
20 person holds the requisite licensure or endorsement.

21
22 23. (New section) An individual who violates the provisions of
23 P.L. , c. (C.) (pending before the Legislature as this bill) is
24 liable to a civil penalty of \$200 for the first offense and \$500 for a
25 second or subsequent offense. If a violation of P.L. , c. (C.)
26 (pending before the Legislature as this bill) is of a continuing nature,
27 each day during which the violation continues shall constitute a
28 separate offense for the purposes of this section. The civil penalty
29 shall be collected by summary proceedings pursuant to the "Penalty
30 Enforcement Law of 1999," P.L.1999, c.274 (C.2A:58-10 et seq.).

31
32 24. The Commissioner of Health shall, pursuant to the
33 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-
34 1 et seq.), adopt rules and regulations as are necessary to effectuate
35 the purposes of this act. In adopting rules and regulations, the
36 Commissioner shall broadly interpret the provisions of this act to
37 promote and ensure access to quality prehospital care.

38
39 25. Sections 1 through 14 of P.L.1984, c.146 (C.26:2K-7 et seq.)
40 and P.L.1985, c.351 (C.26:2K-21 et seq.) are repealed

41
42 26. This act shall take effect 90 days following enactment.

43
44
45 STATEMENT

46
47 This bill revises the requirements for the licensure and operation
48 of mobile intensive care units and personnel operating on those units.

1 The bill identifies several new categories of licensure with regard
2 to prehospital care: advanced paramedics; paramedic assistants;
3 mobile intensive care nurses; specialty care transport nurses;
4 paramedic support units; and mobile integrated care units. The bill
5 additionally revises the requirements for paramedic licensure and for
6 licensure of mobile intensive care units.

7 Under the bill, mobile intensive care programs operated by a
8 hospital may provide, in addition to advanced life support services
9 through a mobile intensive care unit, mobile integrated health care
10 and specialty care transport services. Mobile integrated health care
11 is the provision of non-emergent health care services by an advanced
12 paramedic or registered nurse using patient-centered, mobile
13 resources, including alternative treatment modalities in response to
14 non-emergent 9-1-1 calls; providing community paramedicine care,
15 chronic disease management, preventative care, and post-discharge
16 follow-up visits; and providing referrals and transportation assistance
17 to patients who do not require hospital-based treatment. Specialty
18 care transport is the inter-facility transportation of a patient in need
19 of care that exceeds the scope of practice for a basic life support unit,
20 which would ordinarily provide transportation services.

21 The bill authorizes a mobile intensive care unit to be operated by
22 a paramedic operating with another paramedic, a mobile intensive
23 care nurse, or an advanced paramedic, or by an advanced paramedic
24 and a paramedic assistant, which, under the bill, is a professional
25 licensed to provide intermediate life support. Specialty care transport
26 units would be staffed by a specialty care transport nurse and at least
27 one other professional certified as an emergency medical technician
28 (EMT). The bill additionally authorizes paramedic support units,
29 which would be staffed by at least one advanced paramedic and used
30 to provide both mobile integrated health care and support to mobile
31 intensive care units responding to an emergency call. Units may hold
32 multiple licenses at one time, provided that they meet the
33 qualification requirements for each type of license held.

34 The bill will not revise the current requirements for a hospital to
35 be authorized to develop and provide a mobile intensive care program
36 or the primary response areas in which hospitals are authorized to
37 provide services.

38 The bill establishes in, but not of, the Department of Health, the
39 Advanced Life Support (ALS) Oversight Board. The ALS Oversight
40 Board will be responsible for: (1) establishing and maintaining
41 written standards for the licensure of paramedics, advanced
42 paramedics, and paramedic assistants; (2) establishing education or
43 equivalency standards for advanced paramedics and standards for the
44 approval of advanced paramedic training programs; (3) establishing
45 and maintaining written standards for the acknowledgement of
46 mobile intensive care nurses and specialty care transport nurses; (4)
47 establishing the scope of practice and medical protocols for
48 paramedic assistants and paramedics; (5) approving medical

1 protocols for advanced paramedics; (6) establishing equivalency
2 standards for approval of out-of-State health care professionals,
3 including paramedics, other emergency medical services personnel,
4 members of the military, and federal law enforcement officers to train
5 and practice in the State; (7) providing advice to the Commissioner
6 of Health concerning the promulgation of regulations and on other
7 aspects concerning advanced life support, mobile integrated health
8 care, specialty care transport, and other aspects of prehospital care;
9 and (8) such other duties as are expressly provided under the bill.

10 The membership of the board will comprise the agency directors
11 and agency medical directors of mobile intensive care programs
12 authorized to operate in the State, as well as two paramedics, one
13 mobile intensive care nurse, and one specialty care transport unit
14 nurse. Agency medical directors are board-certified emergency
15 physicians who provide medical oversight for a hospital mobile
16 intensive care program, while agency operational directors are
17 paramedics, or nurses holding a valid EMT certification, who are
18 responsible for oversight and administration of the program's mobile
19 intensive care units, mobile integrated care units, and specialty care
20 transport units. Each mobile intensive care program is required to
21 have both an agency director and an agency medical director. The
22 chair of the board, who will be appointed by the Commissioner of
23 Health and will serve at the commissioner's pleasure, is required to
24 be a licensed physician who is board certified in emergency medicine
25 or emergency medical services.

26 In general, the scope of practice and protocols authorized for a
27 given paramedic, advanced paramedic, paramedic assistant, mobile
28 intensive care nurse, specialty care transport nurse, mobile intensive
29 care unit, paramedic support unit, mobile integrated care unit, or
30 specialty care transport unit will be authorized by that professional's
31 or unit's agency medical director, consistent with standards
32 established by the ALS Oversight Board and subject to board
33 approval. However, the ALS Oversight Board will have exclusive
34 authority to determine the scope of practice for advanced paramedics.

35 Advanced paramedics will be required, at a minimum, to hold a
36 bachelor's degree in paramedicine; however, until bachelor's degree
37 programs in paramedicine become available in New Jersey, the ALS
38 Oversight Board will have the authority to establish the minimum
39 education, training, and experience requirements for licensure. The
40 board will continue to have the authority to establish these
41 requirements even after an accredited paramedicine degree program
42 becomes available in the State and the degree becomes a minimum
43 requirement for advanced paramedic licensure.

44 The bill repeals sections 1 through 14 of P.L.1984, c.146
45 (C.26:2K-7 et seq.), which set forth the current licensing and
46 operational requirements for mobile intensive care units, and
47 P.L.1985, c.351 (C.26:2K-21 et seq.), which established the now
48 obsolete EMT-intermediate pilot program.

1 It is the sponsor's belief that this bill will foster an enhanced and
2 more dynamic system of prehospital care in the State through the use
3 of a diversified licensing structure, community-based mobile
4 integrated health care designed to prevent unnecessary hospital
5 utilization, and additional types of mobile care units, including
6 mobile integrated care units and paramedic support units. It is the
7 sponsor's hope that this new system of prehospital care will increase
8 access to care by improving paramedic distribution and allowing
9 faster response times, improve the efficiency and effectiveness of the
10 State emergency medical services system, and that this reformed
11 system of prehospital care may lead to other innovative healthcare
12 solutions that may become available and prudent as the healthcare
13 care delivery system evolves.