

ASSEMBLY, No. 1840

STATE OF NEW JERSEY

219th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2020 SESSION

Sponsored by:

Assemblywoman BRITNEE N. TIMBERLAKE

District 34 (Essex and Passaic)

Assemblywoman VALERIE VAINIERI HUTTLE

District 37 (Bergen)

SYNOPSIS

Revises requirements for emergency medical services delivery.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel.



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Matter underlined thus is new matter.

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

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

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

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

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

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

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

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

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

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

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

1 authorized by the commissioner, under the medical direction of an
2 authorized hospital【;】.

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

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

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

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

20 “Volunteer first aid, ambulance or rescue squad” means a
21 volunteer first aid, ambulance or rescue squad as defined in section
22 3 of P.L.1987, c.284 (C.27:5F-20).

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

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

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

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

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

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

1 training of **mobile intensive care** paramedics, EMTs, or
2 emergency medical responders, as applicable, and who passes an
3 examination **in the provision of advance life support services**
4 approved by the department for the applicable licensure, which
5 examination shall be conducted by the department at least twice a
6 year. The commissioner shall **certify** license a candidate for a
7 **mobile intensive care** paramedic **certification** licensure who
8 has equivalent military training or experience in any branch of the
9 active duty or reserve component of the Armed Forces of the United
10 States or the National Guard of any state if the commissioner
11 determines that the candidate's military training and experience
12 exceed or are equivalent to the **certification** licensure standards
13 established by the commissioner.

14 c. The department shall maintain a register of all applicants for
15 **certification** licensure hereunder, which register shall include but
16 not be limited to:

- 17 (1) The name and residence of the applicant;
18 (2) The date of the application;
19 (3) Information as to whether the applicant was rejected or
20 **certified** licensed and the date of that action.

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

25 e. The department shall annually compile a list of **mobile**
26 **intensive care** paramedics and EMTs. This list shall be available
27 to the public on the Internet website of the department.

28 (cf: P.L.2013, c.101, s.2)

29

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

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

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

38

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

7 i. A licensee:

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

11 (2) who has not already submitted to a criminal history record
12 background check, shall be required to submit fingerprints as part
13 of the licensure or other authorization reinstatement process. If a
14 reinstatement applicant refuses to consent to, or cooperate in, the
15 securing of a criminal history record background check as required
16 during the reinstatement process, the commissioner shall
17 automatically deny reinstatement of the license or other
18 authorization, without a hearing, and shall notify the licensee of that
19 denial.

20 j. An applicant for licensure or other authorization to practice
21 as a clinician shall be required to assume the cost of the criminal
22 history record background check conducted pursuant to this section,
23 in accordance with procedures determined by regulation of the
24 commissioner, except that a member of a volunteer first aid,
25 ambulance, or rescue squad shall not be required to assume this
26 cost.

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

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

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

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

46 (2) each nurse aide or personal care assistant certified by the
47 Department of Health **【and Senior Services】** and each homemaker-

1 home health aide certified by the New Jersey Board of Nursing, as
2 required pursuant to P.L.1997, c.100 (C.26:2H-83 et al.); **and**

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

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

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

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

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

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

45 c. The commissioner shall provide by regulation for
46 enforcement of the provisions of this section, up to and including
47 revocation of licensure to operate a pre-hospital or inter-facility

1 care ambulance service if the agency violates any provision thereof
2 or rules or regulations promulgated pursuant thereto.

3
4 9. Section 7 of P.L.1984, c.146 (C.26:2K-13) is amended to
5 read as follows:

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

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

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

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

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

19
20 10. Section 8 of P.L.1984, c.146 (C.26:2K-14) is amended to
21 read as follows:

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

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

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

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

12

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

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

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

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

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

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

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

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

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

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

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

- 22 (1) Medical Services Committee;
- 23 (2) Pre-hospital Care Systems Operations Committee;
- 24 (3) Inter-facility Care Systems Operations Committee;
- 25 (4) Funding and Finance Committee;
- 26 (5) Public Awareness and Prevention Committee;
- 27 (6) Clinical Education Committee;
- 28 (7) Research and Data and Performance Improvement
29 Committee;
- 30 (8) Specialty Care Committee; and
- 31 (9) Local Government Coordination Committee.

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

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

42 (2) EMCAB shall provide ongoing review of existing
43 regulations governing emergency medical services, and shall
44 recommend to the commissioner such revisions as EMCAB
45 determines are needed to achieve the goals of evidence-based
46 medical care and protecting the public health.

47 (3) EMCAB shall submit an annual report to the commissioner
48 on the state of pre-hospital and inter-facility care in New Jersey,

1 including evaluations and recommendations from each of its
2 standing committees.

3 h. All meetings of EMCAB and its committees shall be open to
4 the public. Prior public notice shall be provided for each meeting,
5 and input and discussion by members of the public shall be
6 encouraged at all such meetings.

7 i. The department shall provide staff support to EMCAB and
8 its committees.

9
10 14. (New section) a. The commissioner, in consultation with
11 EMCAB, shall establish, by regulation, requirements for:

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

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

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

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

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

27
28 15. (New section) a. (1) The commissioner shall ensure or
29 arrange for the provision of advanced life support pre-hospital care
30 in response to 9-1-1 calls within the State.

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

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

39 (2) Any agency licensed to provide 9-1-1 emergency medical
40 services response in New Jersey shall be required to maintain a
41 written agreement with a dispatch agency approved by the
42 commissioner. The commissioner shall establish objective
43 standards to approve and monitor dispatch agencies; and these
44 standards shall be designed to improve response times and
45 appropriate triage of resources to respond to calls for emergency
46 medical services. Any licensed emergency medical services
47 provider shall be permitted to contract with any approved dispatch
48 agency.

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

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

12
13 16. Section 11 of P.L.1984, c.146 (C.26:2K-17) is amended to
14 read as follows:

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

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

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

28
29 17. Section 13 of P.L.1984, c.146 (C.26:2K-19) is amended to
30 read as follows:

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

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

37
38 18. Section 14 of P.L.1984, c.146 (C.26:2K-20) is amended to
39 read as follows:

40 14. Nothing in this act shall be construed to prevent a licensed
41 and qualified member of the health care profession from performing
42 any **of the** duties that require the skills of a **mobile intensive**
43 **care** paramedic, EMT, or emergency medical responder if the
44 duties are consistent with the accepted standards of the member's
45 profession.

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

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

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

14 b. Each emergency medical service helicopter response unit
15 shall be staffed by at least two persons trained in advanced life
16 support and approved by the commissioner. The staff of the
17 emergency medical service helicopter response unit shall render life
18 support services to an accident or trauma victim, as necessary, in
19 the course of providing emergency medical transportation.

20 c. The commissioner shall provide, by regulation, for the
21 licensure of privately operated emergency medical service
22 helicopter response units, in addition to the units designated
23 pursuant to subsection a. of this section.

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

25
26 20. Section 3 of P.L.1986, c.106 (C.26:2K-37) is amended to
27 read as follows:

28 3. The Division of State Police of the Department of Law and
29 Public Safety shall establish an emergency medical transportation
30 service to provide air medical transportation service pursuant to
31 **【this amendatory and supplementary act】** section 2 of P.L.1986,
32 c.106 (C.26:2K-36). The **【superintendent】** Superintendent of the
33 Division of State Police in the Department of Law and Public
34 Safety shall operate and maintain at least one dedicated helicopter,
35 and at least one additional helicopter that provides backup air
36 medical transportation capability, for each emergency medical
37 service helicopter response unit designated by the commissioner
38 pursuant to section 2 of **【this amendatory and supplementary act】**
39 P.L.1986, c.106 (C.26:2K-36).

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

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

44 5. a. There is created an Emergency Medical Services for
45 Children Advisory Council to advise the Office of Emergency
46 Medical Services and the coordinator of the EMSC program on all
47 matters concerning emergency medical services for children. The

1 advisory council shall assist in the formulation of policy and
2 regulations to effectuate the purposes of this act.

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

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

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

11 d. The council shall meet at least quarterly.

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

13

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

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

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

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

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

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

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

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

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

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

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

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

25

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

28 4. a. The Governor shall coordinate the highway traffic safety
29 activities of State and local agencies, other public and private
30 agencies, nonprofit organizations, and interested organizations and
31 individuals and shall be the official of this State having the ultimate
32 responsibility of dealing with the federal government with respect
33 to the State highway traffic safety program. In order to effectuate
34 the purposes of this act **【he】**, the Governor shall:

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

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

42 (3) Contract and do all things necessary or convenient on behalf
43 of the State in order to insure that all departments of State
44 government, local political subdivisions and nonprofit
45 organizations, to the extent that nonprofit organizations qualify for
46 highway traffic safety grants pursuant to the provisions of section
47 12 of P.L.1987, c.284 (C.27:5F-29) as amended by section 6 of
48 P.L.2007, c.84, secure the full benefits available under the "U.S.

1 Highway Safety Act of 1966," Pub.L.89-564 (23 U.S.C. ss. 401-
2 404), and any acts amendatory or supplementary thereto~~[".]; and~~

3 (4) Adopt, through the Commissioner of Health, training
4 programs, guidelines, and standards for members of ~~["nonvolunteer"]~~
5 basic life support service first aid, rescue, and ambulance squads
6 and agencies providing emergency medical service programs or pre-
7 hospital or inter-facility care as defined in section 1 of P.L.1984,
8 c.146 (C.26:2K-7).

9 b. The New Jersey Highway Traffic Safety Program, and rules
10 and regulations, training programs, guidelines, and standards shall
11 comply with uniform standards promulgated by the United States
12 Secretary of Transportation in accordance with the "U.S. Highway
13 Safety Act of 1966," Pub.L.89-564 (23 U.S.C. ss. 401-404), and any
14 acts amendatory or supplementary thereto.
15 (cf: P.L.2007, c.84, s.2)

16
17 25. Section 5 of P.L.1987, c.284 (C.27:5F-22) is amended to
18 read as follows:

19 5. The New Jersey Highway Traffic Safety Program shall, in
20 addition to other provisions, include training programs for groups
21 such as, but not limited to, police, teachers, students, and public
22 employees, which programs shall comply with the uniform
23 standards promulgated by the United States Secretary of
24 Transportation in accordance with the "U.S. Highway Safety Act of
25 1966," Pub.L.89-564 (23 U.S.C. s.s.401-404), and any acts
26 amendatory or supplementary thereto.

27 In addition, the New Jersey Highway Traffic Safety Program
28 shall include the training program for ~~["members of volunteer first~~
29 ~~aid, rescue and ambulance squads, adopted by the New Jersey State~~
30 ~~First Aid Council"]~~ paramedics, emergency medical technicians, and
31 emergency medical responders licensed by the Commissioner of
32 Health, which shall comply with the uniform standards promulgated
33 by the United States Secretary of Transportation in accordance with
34 the "U.S. Highway Safety Act of 1966," Pub.L.89-564 (23 U.S.C.
35 s.s.401-404) and any amendments or supplements to it.
36 (cf: P.L.1987, c.284, s.5)

37
38 26. Section 10 of P.L.1987, c.284 (C.27:5F-27) is amended to
39 read as follows:

40 10. ~~["The officers of each volunteer and nonvolunteer"]~~ Each
41 basic life support service first aid, rescue, and ambulance squad
42 ~~["providing emergency medical service programs shall be~~
43 ~~responsible for the training of its members and shall notify the~~
44 ~~governing body of the political subdivision in which the squad is~~
45 ~~located, or the person designated for this purpose by the governing~~
46 ~~body, that particular applicants for membership (qualified under~~
47 ~~sections 5 and 4 of this act respectively), ambulances, and~~

1 ambulance equipment meet the standards required by this act.
2 Upon receipt of such notification the governing body or person
3 designated shall certify the applicant, ambulances, and ambulance
4 equipment as being qualified for emergency medical service
5 programs, and shall issue a certificate to that effect at no charge.
6 Each member and piece of equipment of a volunteer and
7 nonvolunteer first aid, rescue and ambulance squad shall comply
8 with the requirements for certification annually. Any person who is
9 a member of a volunteer and nonvolunteer first aid, rescue and
10 ambulance squad providing emergency medical service programs
11 on the effective date of this act shall, if application is made to the
12 appropriate municipality within 90 days of the effective date, be
13 certified by the governing body or designated person as being
14 qualified for emergency medical service programs for a period of
15 two years. At the end of that period, the person] shall comply with
16 the requirements for [certification annually] licensure of personnel,
17 ambulances, and ambulance equipment established by the
18 Commissioner of Health and shall staff each ambulance, when it is
19 transporting a patient, with at least one emergency medical
20 technician who shall attend to the patient in the patient
21 compartment. No person or entity shall respond to a 9-1-1 call as
22 defined in section 1 of P.L.1984, c.146 (C.26:2K-7) unless that
23 person or entity is licensed to do so by the Department of Health.
24 (cf: P.L.1987, c.284, s.10)

25

26 27. The following are repealed:

27 Sections 5, 10, and 12 of P.L.1984, c.146 (C.26:2K-11, C.26:2K-
28 16, and C.26:2K-18);

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

30 Sections 1 and 4 of P.L.1986, c.106 (C.26:2K-35 and C.26:2K-
31 38);

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

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

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

36 Sections 2, 4, 5, and 6 of P.L.1992, c.143 (C.26:2K-55, C.26:2K-
37 57, C.26:2K-58, and C.26:2K-59).

38

39 28. This act shall take effect on the first day of the seventh
40 month next following the date of enactment, but the Commissioner
41 of Health may take such anticipatory administrative action in
42 advance thereof as shall be necessary for the implementation of the
43 act.

STATEMENT

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

The bill provides specifically as follows:

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

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

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

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

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

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

A paramedic is authorized to perform advanced life support services if the paramedic: maintains direct voice communication with and is taking orders from a licensed physician or physician-directed registered professional nurse, both of whom are affiliated with a mobile intensive care program; or is operating under standing orders from a licensed physician that were developed or approved by a mobile intensive care program.

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

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

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

37 The commissioner, in consultation with EMCAB, is to establish
38 minimum standards for training, response times, equipment, and
39 quality of care with respect to basic life support pre-hospital care
40 and advanced life support pre-hospital care.

41 The bill repeals the following sections of law that are obviated
42 by its provisions: section 5 of P.L.1984, c.146 (C.26:2K-11),
43 concerning the performance of advanced life support procedures by
44 a paramedic who is not in direct voice communication with a
45 physician; section 12 of P.L.1984, c.146 (C.26:2K-18), concerning
46 a paramedic performing the duties or filling the position of another
47 health care professional employed by a hospital; and section 4 of
48 P.L.1986, c.106 (C.26:2K-38), concerning immunity from liability

1 for persons training for or rendering advanced life support services.
2 In addition, the bill repeals P.L.1989, c.314 (C.26:2K-39 et seq.),
3 concerning certification of EMT-Ds by the commissioner to
4 perform cardiac defibrillation, which is obviated by the training in
5 cardiac defibrillation provided to EMTs and First Responders to
6 meet American Heart Association CPR certification requirements.
7 The commissioner is to report to the Governor and the
8 Legislature, no later than December 31 of each year, on the
9 adequacy of emergency medical services, and to identify funding
10 needed for the succeeding fiscal year for infrastructure and research
11 to encourage continued improvement of emergency medical
12 services.
13 The bill takes effect on the first day of the seventh month after
14 its enactment, but authorizes the commissioner to take prior
15 administrative action as necessary for its implementation.