

# ASSEMBLY, No. 1885

## STATE OF NEW JERSEY 219th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2020 SESSION

**Sponsored by:**

**Assemblywoman NANCY F. MUNOZ**

**District 21 (Morris, Somerset and Union)**

**SYNOPSIS**

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

**CURRENT VERSION OF TEXT**

Introduced Pending Technical Review by Legislative Counsel.



**(Sponsorship Updated As Of: 3/17/2021)**

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  
13 First Aid Council, shall develop a training curriculum with the  
14 purpose of informing emergency responders of the risks associated  
15 with autism or an intellectual or other developmental disability, as  
16 well as providing instruction in appropriate recognition and  
17 response techniques concerning these disabilities. The curriculum  
18 shall be incorporated into existing time requirements for training  
19 and 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,  
28 satisfactorily complete the training in recognition and response  
29 techniques concerning these disabilities, through existing  
30 continuing education 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  
38 read 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  
42 of the emergency medical service helicopter response unit by a  
43 central communications center located in the service area, following  
44 protocols developed by the mobile intensive care hospital, the

**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 regional trauma or critical care center, the commissioner, and the  
2 superintendent.

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

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

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

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

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

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

39 i. "Superintendent" means the Superintendent of the Division  
40 of State Police of the Department of Law and Public Safety.

41 (cf: P.L.2012, c.45, s.113)

42

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

45 2. a. There is established the New Jersey Emergency Medical  
46 Service Helicopter Response Program in the **【Division of Local and**  
47 **Community Health Services】** Office of Emergency Medical  
48 Services of the Department of Health. The commissioner shall

1 designate a mobile intensive care hospital and a regional trauma or  
2 critical care center which shall develop and maintain a hospital-  
3 based emergency medical service helicopter response unit. The  
4 commissioner shall designate at least two units in the State, of  
5 which no less than one unit each shall be designated for the  
6 northern and southern portions of the State, respectively.

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

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

16

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

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

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

28

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

31 1. As used in this act:

32 "Commissioner" means the Commissioner of Health.

33 "Emergency medical service" means a program in a hospital  
34 staffed 24 hours-a-day by a licensed physician trained in emergency  
35 medicine.

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

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

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

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

1 "Pre-hospital care" means those emergency medical services  
2 rendered to emergency patients at the scene of a traffic accident or  
3 other emergency and during transportation to emergency treatment  
4 facilities, and upon arrival within those facilities.

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

6

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

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

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

18

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

21 1. As used in this act:

22 "Commissioner" means the Commissioner of Health;

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

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

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

32

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

35 2. As used in this act:

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

1 "Advisory council" means the Emergency Medical Services for  
2 Children Advisory Council established pursuant to section 5 of this  
3 act.

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

9 "Commissioner" means the Commissioner of Health.

10 "Coordinator" means the person coordinating the EMSC program  
11 within the Office of Emergency Medical Services in the Department  
12 of Health.

13 "Department" means the Department of Health.

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

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

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

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

32

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

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

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

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

22 c. Vacancies on the advisory council shall be filled for the  
23 unexpired term by appointment of the Governor in the same manner  
24 as originally filled. The members of the advisory council shall serve  
25 without compensation. The advisory council shall elect a  
26 chairperson, who may select from among the members a vice-  
27 chairperson and other officers or subcommittees which are deemed  
28 necessary or appropriate. The council may further organize itself in  
29 any manner it deems appropriate and enact bylaws as deemed  
30 necessary to carry out the responsibilities of the council.  
31 (cf: P.L.1992, c.96, s.5)

32

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

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

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

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

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

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

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

43

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

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



1 "All-terrain vehicle" means a motor vehicle, designed and  
2 manufactured for off-road use only, of a type possessing between  
3 three and six non-highway tires, but shall not include golf carts or  
4 an all-terrain vehicle operated by an employee or agent of the State,  
5 a county, a municipality, or a fire district, or a member of an  
6 emergency service organization or an emergency medical technician  
7 which is used while in the performance of the employee's, agent's,  
8 member's or technician's official duties.

9 "Chief administrator" means the Chief Administrator of the New  
10 Jersey Motor Vehicle Commission.

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

14 "Commissioner" means the Commissioner of Environmental  
15 Protection.

16 "Department" means the Department of Environmental  
17 Protection.

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

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

27 "Emergency service organization" means a fire or first aid  
28 organization, whether organized as a volunteer fire company,  
29 volunteer fire department, fire district, or duly incorporated  
30 volunteer first aid, emergency, or volunteer ambulance or rescue  
31 squad association.

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

35 "Public land" means all land owned, operated, managed,  
36 maintained, or under the jurisdiction of the Department of  
37 Environmental Protection, including any and all land owned,  
38 operated, managed, maintained, or purchased jointly by the  
39 Department of Environmental Protection with any other party and  
40 any land so designated by municipal or county ordinance. Public  
41 land shall also mean any land used for conservation purposes,  
42 including, but not limited to, beaches, forests, greenways, natural  
43 areas, water resources, wildlife preserves, land used for watershed  
44 protection, or biological or ecological studies, and land exempted  
45 from taxation pursuant to section 2 of P.L.1974, c.167 (C.54:4-  
46 3.64).

47 "Snowmobile" means any motor vehicle, designed primarily to  
48 travel over ice or snow, of a type which uses sled type runners, skis,

1 an endless belt tread, cleats, or any combination of these or other  
2 similar means of contact with the surface upon which it is operated,  
3 but does not include any farm tractor, highway or other construction  
4 equipment, or any military vehicle.

5 "Special event" means an organized race, exhibition, or  
6 demonstration of limited duration which is conducted according to a  
7 prearranged schedule and in which general public interest is  
8 manifested.

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

10

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

13 2. As used in this act:

14 "Abuse" means the willful infliction of physical pain, injury or  
15 mental anguish, unreasonable confinement, or the willful  
16 deprivation of services which are necessary to maintain a person's  
17 physical and mental health.

18 "Caretaker" means a person who has assumed the responsibility  
19 for the care of a vulnerable adult as a result of family relationship or  
20 who has assumed responsibility for the care of a vulnerable adult  
21 voluntarily, by contract, or by order of a court of competent  
22 jurisdiction, whether or not they reside together.

23 "Commissioner" means the Commissioner of Human Services.

24 "Community setting" means a private residence or any  
25 noninstitutional setting in which a person may reside alone or with  
26 others, but shall not include residential health care facilities,  
27 rooming houses or boarding homes or any other facility or living  
28 arrangement subject to licensure by, operated by, or under contract  
29 with, a State department or agency.

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

37 "County director" means the director of a county adult protective  
38 services provider.

39 "Department" means the Department of Human Services.

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

45 "Exploitation" means the act or process of illegally or improperly  
46 using a person or his resources for another person's profit or  
47 advantage.

48 "Firefighter" means a paid or volunteer firefighter.

1 "Health care professional" means a health care professional who  
2 is licensed or otherwise authorized, pursuant to Title 45 or Title 52  
3 of the Revised Statutes, to practice a health care profession that is  
4 regulated by one of the following boards or by the Director of the  
5 Division of Consumer Affairs: the State Board of Medical  
6 Examiners, the New Jersey Board of Nursing, the New Jersey State  
7 Board of Dentistry, the New Jersey State Board of Optometrists, the  
8 New Jersey State Board of Pharmacy, the State Board of  
9 Chiropractic Examiners, the Acupuncture Examining Board, the  
10 State Board of Physical Therapy, the State Board of Respiratory  
11 Care, the Orthotics and Prosthetics Board of Examiners, the State  
12 Board of Psychological Examiners, the State Board of Social Work  
13 Examiners, the State Board of Examiners of Ophthalmic Dispensers  
14 and Ophthalmic Technicians, the Audiology and Speech-Language  
15 Pathology Advisory Committee, the State Board of Marriage and  
16 Family Therapy Examiners, the Occupational Therapy Advisory  
17 Council, the Certified Psychoanalysts Advisory Committee, and the  
18 State Board of Polysomnography. "Health care professional" also  
19 means a nurse aide or personal care assistant who is certified by the  
20 Department of Health.

21 "Neglect" means an act or failure to act by a vulnerable adult or  
22 his caretaker which results in the inadequate provision of care or  
23 services necessary to maintain the physical and mental health of the  
24 vulnerable adult, and which places the vulnerable adult in a  
25 situation which can result in serious injury or which is life-  
26 threatening.

27 "Protective services" means voluntary or court-ordered social,  
28 legal, financial, medical or psychiatric services necessary to  
29 safeguard a vulnerable adult's rights and resources, and to protect a  
30 vulnerable adult from abuse, neglect or exploitation. Protective  
31 services include, but are not limited to: evaluating the need for  
32 services, providing or arranging for appropriate services, obtaining  
33 financial benefits to which a person is entitled, and arranging for  
34 guardianship and other legal actions.

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

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

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

3 “Advanced life support” means an advanced level of prehospital,  
4 inter-facility, and emergency medical care which includes basic life  
5 support functions and other techniques and procedures as shall be  
6 authorized in writing by the agency medical director for each  
7 mobile intensive care unit and approved by the ALS Oversight  
8 Board.

9 “Advanced Life Support Oversight Board” or “ALS Oversight  
10 Board” means the ALS Oversight Board established pursuant to  
11 section 20 of P.L. , c. (C. ) (pending before the Legislature  
12 as this bill).

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

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

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

43 “Basic life support” means a basic level of prehospital care  
44 which includes patient stabilization, airway clearance,  
45 cardiopulmonary resuscitation, hemorrhage control, initial wound  
46 care and fracture stabilization, and other techniques and procedures  
47 authorized by the commissioner.

48 “Commissioner” means the Commissioner of Health.

1       “Department” means the Department of Health.

2       "Inter-facility care" means those pre-hospital medical services  
3 rendered by basic life support units or specialty care transport units  
4 to patients before and during transportation to or between  
5 emergency treatment facilities, and upon arrival within those  
6 facilities.

7       "Intermediate life support services" means an intermediate level  
8 of prehospital and emergency service care which, at a minimum,  
9 shall meet the national standard curriculum for advanced emergency  
10 medical technicians promulgated by the National Highway Traffic  
11 Safety Administration of the United States Department of  
12 Transportation. The term shall include such additional services,  
13 techniques, and procedures as shall be authorized in writing by the  
14 agency medical director for each mobile intensive care unit and  
15 approved by the ALS Oversight Board.

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

30       “Mobile intensive care program” means a program operated by a  
31 hospital authorized pursuant to section 16 of P.L. , c. (C. )  
32 (pending before the Legislature as this bill), which includes the  
33 provision of advanced life support services and may additionally  
34 include mobile integrated health services, specialty care transport  
35 services, or both, consistent with the requirements of  
36 P.L. , c. (C. ) (pending before the Legislature as this bill).

37       “Mobile intensive care nurse” means a registered professional  
38 nurse who has completed the requirements established by the ALS  
39 Oversight Board to be acknowledged to provide advanced life  
40 support at the level of a paramedic in accordance with the  
41 requirements of P.L. , c. (C. ) (pending before the  
42 Legislature as this bill). A mobile intensive care nurse shall be  
43 authorized for the same scope of practice as is authorized for a  
44 licensed paramedic.

45       “Mobile intensive care unit” or “paramedic unit” means a  
46 specialized emergency medical service vehicle staffed by  
47 paramedics, advanced paramedics, mobile intensive care nurses, or  
48 paramedic assistants, as provided in section 17 of

1 P.L. , c. (C. ) (pending before the Legislature as this bill),  
2 which is operated for the provision of advanced life support  
3 services by an authorized hospital.

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

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

12 “Paramedic support unit” means a specialized non-transport  
13 emergency medical service vehicle staffed by at least one advanced  
14 paramedic, which shall be authorized to respond to an emergency  
15 dispatch call to provide support services to a mobile intensive care  
16 unit, including rendering advanced life support services to patients,  
17 and may additionally be authorized to provide mobile integrated  
18 health care, consistent with requirements established by the ALS  
19 Oversight Board and written protocols established by the unit’s  
20 agency medical director.

21 “Prehospital care” means the diagnosis and treatment of patients  
22 before and during transportation to treatment facilities, and upon  
23 arrival within those facilities, as well as mobile integrated health  
24 care services.

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

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

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

40 “Specialty care transport unit” means an ambulance used for the  
41 inter-facility transportation of a patient in need of advanced life  
42 support care or medical monitoring that exceeds the scope of  
43 practice for a basic life support unit. The term shall include inter-  
44 facility transport by an emergency medical service helicopter  
45 response unit operating pursuant to section 3 of P.L.1986, c.106  
46 (C.26:2K-37). Specialty care transport units shall be staffed by a  
47 specialty care transport nurse and two licensed emergency medical  
48 technicians, one of whom may be the specialty care transport nurse.

1 Helicopter response units must be staffed by a specialty care  
2 transport nurse and a paramedic.

3

4 14. (New section) a. The commissioner shall have the authority  
5 to license paramedics, advanced paramedics, and paramedic  
6 assistants, and to acknowledge mobile intensive care nurses and  
7 specialty care transport nurses, who meet the requirements for  
8 licensure or endorsement as established by the ALS Oversight  
9 Board pursuant to subsection b. of this section. Applications for  
10 licensure or acknowledgement shall be submitted to the  
11 commissioner on forms and in a manner as shall be prescribed by  
12 the commissioner by regulation. The commissioner shall license or  
13 endorse an applicant who meets the requirements for issuance of the  
14 requested license or endorsement.

15 b. (1) The ALS Oversight Board shall establish written  
16 standards for the licensure of paramedics, paramedic assistants, and  
17 advanced paramedics, and for the endorsement of mobile intensive  
18 care nurses and specialty care transport nurses, and shall make  
19 recommendations to the commissioner concerning the issuance of  
20 licenses and acknowledgements pursuant to subsection a. of this  
21 section.

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

25 (a) an applicant holding licensure issued by another state or  
26 territory of the United States, when the commissioner determines  
27 that the licensure requirements of the other state or territory are at  
28 least equivalent to the requirements established by the ALS  
29 Oversight Board for the requested license; and

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

35 c. The commissioner shall permit federal law enforcement  
36 officers and members of the Armed Forces of the United States to  
37 operate under their existing certification or licensure for training  
38 purposes, and to provide prehospital care up to the individual's  
39 level of training on a mobile intensive care unit, specialty transport  
40 unit, or paramedic support unit, subject to approval by the unit's  
41 agency medical director. Military and law enforcement personnel  
42 may apply to the commissioner for approval to participate in  
43 training pursuant to this subsection on forms and in a manner as  
44 shall be prescribed by the commissioner by regulation.

45 d. The ALS Oversight Board shall be responsible for  
46 recommending individuals to the commissioner for licensure as  
47 advanced paramedics. At a minimum, each licensed advanced  
48 paramedic shall have a bachelor's degree in paramedicine or an

1 equivalent clinical degree, along with such demonstrated education,  
2 training, and experience as may be required by the ALS Oversight  
3 Board; provided that, until such time as at least one accredited  
4 bachelor's degree program in paramedicine is available in the State,  
5 the ALS Oversight Board shall establish the minimum education,  
6 training, and experience requirements for advanced paramedic  
7 licensure, which shall, at a minimum, include licensure as a  
8 paramedic. The accreditation of an in-State bachelor's degree  
9 program in paramedicine shall not be construed to abrogate the  
10 authority of the ALS Oversight Board to continue to establish the  
11 minimum education, training, and experience requirements for  
12 licensure as an advanced paramedic, or the responsibility of the  
13 ALS Oversight Board to review applications for licensure as an  
14 advanced paramedic and provide recommendations to the  
15 department concerning licensure.

16 e. The department shall maintain a register of applicants for  
17 licensure as paramedics, advanced paramedics, and paramedic  
18 assistants and applicants for acknowledgement as mobile intensive  
19 care nurses and specialty care transport nurses pursuant to this  
20 section, which register shall include, but shall not be limited to:

- 21 (1) the name and residence of the applicant;
- 22 (2) the date of the application; and
- 23 (3) information as to whether the application was rejected or if  
24 licensure or endorsement was granted.

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

29

30 15. (New section) The commissioner, after notice and hearing,  
31 may revoke the license of a paramedic, advanced paramedic, or  
32 paramedic assistant for a violation of any provision of  
33 P.L. , c. (C. ) (pending before the Legislature as this bill).  
34 The commissioner may withdraw the acknowledgement of any  
35 mobile intensive care nurse or specialty care transport nurse on a  
36 summary basis to protect the public health, safety, and welfare, and  
37 shall report such summary withdrawal to the board of nursing for  
38 joint investigation and action. The department and the board of  
39 nursing shall establish joint regulations to govern such  
40 investigations and further actions.

41

42 16. (New section) a. Only a hospital authorized by the  
43 commissioner with an accredited emergency service may develop  
44 and maintain a mobile intensive care unit or paramedic support unit  
45 and provide advanced life support services and mobile integrated  
46 health care utilizing licensed physicians, paramedics, advanced  
47 paramedics, paramedic assistants, mobile intensive care nurses, and  
48 specialty care transport nurses.



- 1       b. A hospital authorized by the commissioner pursuant to  
2 subsection a. of this section shall provide mobile intensive care unit  
3 services on a 24-hour-per-day basis.
- 4       c. The commissioner shall establish, in writing, criteria which a  
5 hospital shall meet in order to qualify for the authorization.
- 6       d. Any hospital that is authorized to develop and maintain a  
7 mobile intensive care unit on the effective date of  
8 P.L. , c. (C. ) (pending before the Legislature as this bill)  
9 shall be permitted to operate paramedic support units, provide  
10 mobile integrated health services, and provide specialty care  
11 transport services.
- 12       e. No hospital authorized by the commissioner pursuant to  
13 subsection a. of this section may provide advanced life support  
14 services, mobile integrated health services, or specialty  
15 transportation services unless the hospital has appointed an agency  
16 medical director to oversee the program's medical services and an  
17 agency director to oversee and administer the hospital's mobile  
18 intensive care units, paramedic support units, mobile integrated care  
19 units, and specialty care transport units.
- 20       f. The commissioner may withdraw authorization if the  
21 hospital or unit violates any provision of P.L. , c. (C. )  
22 (pending before the Legislature as this bill) or rules or regulations  
23 promulgated pursuant thereto.
- 24       g. Nothing in P.L. , c. (C. ) (pending before the  
25 Legislature as this bill) shall be construed to:
- 26       (1) revise the primary response areas for authorized hospitals  
27 that are in place on the effective date of P.L. , c. (C. )  
28 (pending before the Legislature as this bill);
- 29       (2) restrict the authority of the commissioner to revise any  
30 hospital's primary response area consistent with the certificate of  
31 need process; or
- 32       (3) prohibit hospitals or other entities that are not authorized by  
33 the commissioner pursuant to subsection a. of this section from  
34 providing specialty care transport services.
- 35
- 36       17. (New section) a. A paramedic assistant may provide  
37 intermediate life support services only when operating on a mobile  
38 intensive care unit while under the supervision of an advanced  
39 paramedic. The ALS Oversight Board shall establish, in writing,  
40 the authorized scope of practice for paramedic assistants, which  
41 shall, at a minimum, include the provision of intermediate life  
42 support services.
- 43       b. A paramedic may provide advanced life support services  
44 only when operating on a mobile intensive care unit with a second  
45 paramedic, an advanced paramedic, or a mobile intensive care  
46 nurse. The ALS Oversight Board shall establish, in writing, the  
47 authorized scope of practice for paramedics, which shall, at a  
48 minimum, include the provision of advanced life support services.

1 c. (1) An advanced paramedic may provide advanced life  
2 support services when operating on a mobile intensive care unit  
3 with a paramedic assistant, another paramedic, or a mobile intensive  
4 care nurse, or when operating alone on a paramedic support unit.  
5 The advanced paramedic's agency medical director shall establish  
6 the scope of practice for advanced paramedics operating through  
7 that hospital's mobile intensive care program, including the scope  
8 of practice authorized for paramedic support units, which scopes of  
9 practice shall be subject to approval by the ALS Oversight Board.

10 (2) In order to transport a patient requiring advanced life  
11 support, an advanced paramedic operating on a paramedic support  
12 unit shall be accompanied by a mobile intensive care unit. Should  
13 exceptional circumstances exist in which a paramedic support unit  
14 provides transport to a patient without an accompanying mobile  
15 intensive care unit, the agency medical director shall review the  
16 patient care report from the incident and submit a report concerning  
17 the incident to the department on a form and in a manner as shall be  
18 prescribed by the commissioner.

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

24 (2) Medical protocols for advanced paramedics operating on  
25 paramedic support units or providing mobile integrated health care  
26 shall be established by the unit's agency medical director, subject to  
27 approval by the ALS Oversight Board. Any medical protocols  
28 established pursuant to this section shall be consistent with the  
29 standards established by the ALS Oversight Board.

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

33 e. A mobile intensive care nurse may provide advanced life  
34 support services only when operating on a mobile intensive care  
35 unit that is additionally staffed by a paramedic or an advanced  
36 paramedic.

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

42

43 18. (New section) a. The commissioner shall establish by  
44 regulation the requirements for licensure of paramedic support  
45 units, mobile integrated health units, and specialty care transport  
46 units, and shall establish joint regulations with the Board of Nursing  
47 for mobile integrated health units. Each unit shall carry such  
48 devices, medications, and equipment as shall be required by the

1 ALS Oversight Board pursuant to written standards concerning the  
2 provision of prehospital care by units of each licensure type, and  
3 may carry any additional devices, medications, and equipment as  
4 may be authorized by the ALS Oversight Board pursuant to written  
5 standards, if the unit's agency medical director approves the  
6 additional devices, medications, or equipment.

7 b. A mobile intensive care unit shall be authorized to respond  
8 to prehospital emergency calls for advanced life support services in  
9 the hospital's primary response area, and in other areas upon  
10 request or need. The agency medical director of each authorized  
11 hospital shall be permitted to establish the standards for mobile  
12 intensive care unit dispatch within the hospital's primary response  
13 area.

14 c. A paramedic support unit shall not substitute for a mobile  
15 intensive care unit in order to meet minimum deployment standards  
16 for a hospital mobile intensive care program.

17 d. A unit shall be authorized to concurrently hold licensure as a  
18 mobile intensive care unit, paramedic support unit, mobile  
19 integrated health unit, and specialty care transport unit, provided  
20 that it meets requirements for each type of licensure and, when  
21 acting in the capacity of a particular license, is in compliance with  
22 the staffing and operational requirements for that license type. A  
23 specialty care transport unit that is also licensed as a mobile  
24 intensive care unit shall not operate as a specialty care transport unit  
25 if the unit is being counted towards minimum deployment standards  
26 for a hospital mobile intensive care program.

27  
28 19. (New section) No volunteer or non-volunteer first aid,  
29 ambulance or rescue squad, board of trustees, officers, or members  
30 of a volunteer or non-volunteer first aid, ambulance or rescue  
31 squad, emergency medical technician, paramedic, advanced  
32 paramedic, paramedic assistant, mobile intensive care nurse,  
33 specialty care transport nurse, licensed physician, nurse, or other  
34 hospital employee, or a hospital authorized by the commissioner,  
35 shall be liable for any civil damages as the result of an act or the  
36 omission of an act committed while in training for, when rendering,  
37 or when supervising, prehospital care in good faith and in  
38 accordance with the provisions P.L. , c. (C. ) (pending  
39 before the Legislature as this bill).

40  
41 20. (New section) a. There is established in, but not of, the  
42 department the ALS Oversight Board. The ALS Oversight Board  
43 shall be responsible for:

44 (1) establishing and maintaining written standards for the  
45 licensure of paramedics, advanced paramedics, and paramedic  
46 assistants;

- 1 (2) establishing education or equivalency standards for  
2 advanced paramedics and standards for the approval of advanced  
3 paramedic training programs;
- 4 (3) establishing and maintaining written standards for the  
5 endorsement of mobile intensive care nurses and specialty care  
6 transport nurses;
- 7 (4) establishing the scope of practice and medical protocols for  
8 paramedic assistants and paramedics;
- 9 (5) approving medical protocols for advanced paramedics;
- 10 (6) establishing equivalency standards for approving out-of-  
11 State health care professionals, members of the military, and federal  
12 law enforcement officers to train or practice in the State pursuant to  
13 section 14 of P.L. , c. (C. ) (pending before the Legislature  
14 as this bill);
- 15 (7) providing advice to the commissioner concerning the  
16 adoption of rules and regulations and on topics concerning  
17 advanced life support, mobile integrated health, specialty care  
18 transport, and other aspects of prehospital care; and
- 19 (8) such other duties as are provided under P.L. , c. (C. )  
20 (pending before the Legislature as this bill).
- 21 b. The ALS Oversight Board shall be comprised of the agency  
22 directors and agency medical directors of each mobile intensive  
23 care program authorized pursuant to section 16 of P.L. ,  
24 c. (C. ) (pending before the Legislature as this bill), two  
25 currently practicing line paramedics, one currently practicing line  
26 mobile intensive care nurse, and one currently practicing line  
27 specialty care transport unit nurse, as well as other individuals with  
28 knowledge or experience as the ALS Oversight Board determines  
29 necessary to carry out its purposes. The ALS Oversight Board may  
30 establish its bylaws, determine its membership, elect its officers,  
31 and conduct meetings and business as shall be necessary to carry  
32 out its duties. The line paramedics and nurses shall be voting  
33 members of the ALS Oversight Board.
- 34 c. The commissioner shall appoint the chairperson of the ALS  
35 Oversight Board, who shall be a physician licensed to practice  
36 medicine or surgery in this State who is board certified in  
37 emergency medicine or emergency medical services. The  
38 chairperson of the ALS Oversight Board shall serve at the pleasure  
39 of the commissioner.
- 40 d. The chairperson shall establish standing committees to  
41 advise the ALS Oversight Board on agency licensure, provider  
42 licensure, scope of practice and medical protocols, communications  
43 and dispatch, air medical services, regulations, nursing licensure  
44 and practice, and other specialties. Membership on each standing  
45 committee shall be comprised of individuals with the necessary  
46 education and expertise to advise the ALS Oversight Board on the  
47 specific areas with which the standing committee is tasked.

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

6 f. Paramedic education programs operating in the State on the  
7 effective date of P.L. , c. (C. ) (pending before the  
8 Legislature as this bill) that are accredited by the Commission on  
9 Accreditation of Allied Health Education Programs shall be  
10 authorized to conduct training for paramedic assistants until such  
11 time as the commission, in consultation with the ALS Oversight  
12 Board, establishes by regulation standards for approval of  
13 paramedic education programs. Thereafter, all paramedic education  
14 programs shall be subject to approval by the commissioner  
15 consistent with those standards.

16

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

23 b. A paramedic, advanced paramedic, paramedic assistant,  
24 mobile intensive care nurse, or specialty care transport nurse shall  
25 be authorized to act in the scope of a certified emergency medical  
26 technician.

27

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

33 b. No person shall impersonate or refer to himself or herself as  
34 a paramedic, advanced paramedic, paramedic assistant, mobile  
35 intensive care nurse, or specialty care transport nurse unless that  
36 person holds the requisite licensure or endorsement.

37

38 23. (New section) An individual who violates the provisions of  
39 P.L. , c. (C. ) (pending before the Legislature as this bill) is  
40 liable to a civil penalty of \$200 for the first offense and \$500 for a  
41 second or subsequent offense. If a violation of P.L. ,  
42 c. (C. ) (pending before the Legislature as this bill) is of a  
43 continuing nature, each day during which the violation continues  
44 shall constitute a separate offense for the purposes of this section.  
45 The civil penalty shall be collected by summary proceedings  
46 pursuant to the "Penalty Enforcement Law of 1999," P.L.1999,  
47 c.274 (C.2A:58-10 et seq.).

1 24. The Commissioner of Health shall, pursuant to the  
2 “Administrative Procedure Act,” P.L.1968, c.410 (C.52:14B-  
3 1 et seq.), adopt rules and regulations as are necessary to effectuate  
4 the purposes of this act. In adopting rules and regulations, the  
5 Commissioner shall broadly interpret the provisions of this act to  
6 promote and ensure access to quality prehospital care.  
7

8 25. Sections 1 through 14 of P.L.1984, c.146 (C.26:2K-7 et seq.)  
9 and P.L.1985, c.351 (C.26:2K-21 et seq.) are repealed  
10

11 26. This act shall take effect 90 days following enactment.  
12  
13

14 STATEMENT  
15

16 This bill revises the requirements for the licensure and operation  
17 of mobile intensive care units and personnel operating on those  
18 units.

19 The bill identifies several new categories of licensure with  
20 regard to prehospital care: advanced paramedics; paramedic  
21 assistants; mobile intensive care nurses; specialty care transport  
22 nurses; paramedic support units; and mobile integrated care units.  
23 The bill additionally revises the requirements for paramedic  
24 licensure and for licensure of mobile intensive care units.

25 Under the bill, mobile intensive care programs operated by a  
26 hospital may provide, in addition to advanced life support services  
27 through a mobile intensive care unit, mobile integrated health care  
28 and specialty care transport services. Mobile integrated health care  
29 is the provision of non-emergent health care services by an  
30 advanced paramedic or registered nurse using patient-centered,  
31 mobile resources, including alternative treatment modalities in  
32 response to non-emergent 9-1-1 calls; providing community  
33 paramedicine care, chronic disease management, preventative care,  
34 and post-discharge follow-up visits; and providing referrals and  
35 transportation assistance to patients who do not require hospital-  
36 based treatment. Specialty care transport is the inter-facility  
37 transportation of a patient in need of care that exceeds the scope of  
38 practice for a basic life support unit, which would ordinarily  
39 provide transportation services.

40 The bill authorizes a mobile intensive care unit to be operated by  
41 a paramedic operating with another paramedic, a mobile intensive  
42 care nurse, or an advanced paramedic, or by an advanced paramedic  
43 and a paramedic assistant, which, under the bill, is a professional  
44 licensed to provide intermediate life support. Specialty care  
45 transport units would be staffed by a specialty care transport nurse  
46 and at least one other professional certified as an emergency  
47 medical technician (EMT). The bill additionally authorizes  
48 paramedic support units, which would be staffed by at least one

1 advanced paramedic and used to provide both mobile integrated  
2 health care and support to mobile intensive care units responding to  
3 an emergency call. Units may hold multiple licenses at one time,  
4 provided that they meet the qualification requirements for each type  
5 of license held.

6 The bill will not revise the current requirements for a hospital to  
7 be authorized to develop and provide a mobile intensive care  
8 program or the primary response areas in which hospitals are  
9 authorized to provide services.

10 The bill establishes in, but not of, the Department of Health, the  
11 Advanced Life Support (ALS) Oversight Board. The ALS  
12 Oversight Board will be responsible for: (1) establishing and  
13 maintaining written standards for the licensure of paramedics,  
14 advanced paramedics, and paramedic assistants; (2) establishing  
15 education or equivalency standards for advanced paramedics and  
16 standards for the approval of advanced paramedic training  
17 programs; (3) establishing and maintaining written standards for the  
18 acknowledgement of mobile intensive care nurses and specialty care  
19 transport nurses; (4) establishing the scope of practice and medical  
20 protocols for paramedic assistants and paramedics; (5) approving  
21 medical protocols for advanced paramedics; (6) establishing  
22 equivalency standards for approval of out-of-State health care  
23 professionals, including paramedics, other emergency medical  
24 services personnel, members of the military, and federal law  
25 enforcement officers to train and practice in the State; (7) providing  
26 advice to the Commissioner of Health concerning the promulgation  
27 of regulations and on other aspects concerning advanced life  
28 support, mobile integrated health care, specialty care transport, and  
29 other aspects of prehospital care; and (8) such other duties as are  
30 expressly provided under the bill.

31 The membership of the board will comprise the agency directors  
32 and agency medical directors of mobile intensive care programs  
33 authorized to operate in the State, as well as two paramedics, one  
34 mobile intensive care nurse, and one specialty care transport unit  
35 nurse. Agency medical directors are board-certified emergency  
36 physicians who provide medical oversight for a hospital mobile  
37 intensive care program, while agency operational directors are  
38 paramedics, or nurses holding a valid EMT certification, who are  
39 responsible for oversight and administration of the program's  
40 mobile intensive care units, mobile integrated care units, and  
41 specialty care transport units. Each mobile intensive care program  
42 is required to have both an agency director and an agency medical  
43 director. The chair of the board, who will be appointed by the  
44 Commissioner of Health and will serve at the commissioner's  
45 pleasure, is required to be a licensed physician who is board  
46 certified in emergency medicine or emergency medical services.

47 In general, the scope of practice and protocols authorized for a  
48 given paramedic, advanced paramedic, paramedic assistant, mobile

1 intensive care nurse, specialty care transport nurse, mobile intensive  
2 care unit, paramedic support unit, mobile integrated care unit, or  
3 specialty care transport unit will be authorized by that  
4 professional's or unit's agency medical director, consistent with  
5 standards established by the ALS Oversight Board and subject to  
6 board approval. However, the ALS Oversight Board will have  
7 exclusive authority to determine the scope of practice for advanced  
8 paramedics.

9 Advanced paramedics will be required, at a minimum, to hold a  
10 bachelor's degree in paramedicine; however, until bachelor's degree  
11 programs in paramedicine become available in New Jersey, the  
12 ALS Oversight Board will have the authority to establish the  
13 minimum education, training, and experience requirements for  
14 licensure. The board will continue to have the authority to establish  
15 these requirements even after an accredited paramedicine degree  
16 program becomes available in the State and the degree becomes a  
17 minimum requirement for advanced paramedic licensure.

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

23 It is the sponsor's belief that this bill will foster an enhanced and  
24 more dynamic system of prehospital care in the State through the  
25 use of a diversified licensing structure, community-based mobile  
26 integrated health care designed to prevent unnecessary hospital  
27 utilization, and additional types of mobile care units, including  
28 mobile integrated care units and paramedic support units. It is the  
29 sponsor's hope that this new system of prehospital care will  
30 increase access to care by improving paramedic distribution and  
31 allowing faster response times, improve the efficiency and  
32 effectiveness of the State emergency medical services system, and  
33 that this reformed system of prehospital care may lead to other  
34 innovative healthcare solutions that may become available and  
35 prudent as the healthcare care delivery system evolves.