

SENATE, No. 505

STATE OF NEW JERSEY 219th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2020 SESSION

Sponsored by:

Senator JOSEPH F. VITALE

District 19 (Middlesex)

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District 3 (Cumberland, Gloucester and Salem)

Co-Sponsored by:

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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).

45 "Emergency medical responder" means a person trained to
46 provide emergency medical first response services in a program

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 recognized by the commissioner and licensed or otherwise
2 authorized by the department to provide those services.

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

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

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

15 "EMSC coordinator" means the person coordinating the EMSC
16 program within the Office of Emergency Medical Services in the
17 department.

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

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

28 "Health care facility" means a health care facility licensed
29 pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.).

30 "Inter-facility care" means those medical services rendered to
31 patients by emergency medical services personnel before and during
32 transportation between medical facilities, and upon arrival at those
33 facilities.

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

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

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

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

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

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

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

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

22

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

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

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

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

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

1 examination **[in the provision of advance life support services]**
2 approved by the department for the applicable licensure, which
3 examination shall be conducted by the department at least twice a
4 year.

5 c. The department shall maintain a register of all applicants for
6 **[certification]** licensure hereunder, which register shall include but
7 not be limited to:

8 (1) The name and residence of the applicant;

9 (2) The date of the application;

10 (3) Information as to whether the applicant was rejected or
11 **[certified]** licensed and the date of that action.

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

16 e. The department shall [annually compile a] maintain a
17 current list of [mobile intensive care] paramedics and EMTs. This
18 list shall be available to the public on the Internet website of the
19 department.

20 (cf: P.L.1984, c.146, s.2)

21

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

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

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

30

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

33 4. A **[mobile intensive care]** paramedic may **[perform]**
34 provide advanced life support services, provided **[they maintain]**
35 that the paramedic:

36 a. maintains direct voice communication with and **[are]** is
37 taking orders from a licensed physician or physician directed
38 registered professional nurse, both of whom are affiliated with a
39 mobile intensive care **[hospital which is approved by the**
40 **commissioner to provide advanced life support services. A**
41 **telemetered electrocardiogram shall be monitored when deemed**
42 **appropriate by the licensed physician or when required by written**
43 **rules and regulations established by the mobile intensive care**
44 **hospital and approved by the commissioner]** program operating
45 pursuant to section 6 of P.L.1984, c.146 (C.26:2K-12); or

1 b. is operating under standing orders from a licensed physician
2 that have been developed or approved by a mobile intensive care
3 program.

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

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

8 6. a. Only a hospital **【authorized by the commissioner with an**
9 **accredited emergency service may develop and maintain a mobile**
10 **intensive care unit, and provide advanced life support services**
11 **utilizing licensed physicians, registered professional nurses trained**
12 **in advanced life support nursing, and mobile intensive care**
13 **paramedics】** licensed by the department to operate a mobile
14 intensive care program may develop or maintain such a program.
15 At a minimum, the hospital shall be required to maintain an
16 emergency department.

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

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

31 d. The commissioner **【may withdraw his authorization】** shall
32 provide by regulation for enforcement of the provisions of chapter
33 2K of Title 26 of the Revised Statutes, up to and including
34 revocation of licensure to operate a mobile intensive care program
35 if the hospital or unit violates any provision **【of this act】** thereof or
36 rules or regulations promulgated pursuant thereto.

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

38
39 6. (New section) a. The commissioner shall not issue an
40 initial license or other authorization to practice as a clinician unless
41 the commissioner first determines that no criminal history record
42 information exists on file in the Federal Bureau of Investigation,
43 Identification Division, or in the State Bureau of Identification in
44 the Division of State Police, which may disqualify the applicant
45 from being licensed or otherwise authorized to practice as a
46 clinician as determined by regulation of the commissioner.

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

8 (2) The commissioner shall revoke a license or other
9 authorization to practice as a clinician if the commissioner
10 determines that criminal history record information exists on file in
11 the Federal Bureau of Investigation, Identification Division, or in
12 the State Bureau of Identification in the Division of State Police,
13 which may provide grounds for the refusal to renew the license or
14 other authorization to practice as a clinician.

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

19 d. The commissioner may, in an emergent circumstance as
20 determined by the commissioner, temporarily waive the
21 requirement for a person to undergo a criminal history record
22 background check as a condition of new or renewed licensure or
23 other authorization to practice as a clinician.

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

34 f. Upon receipt of the criminal history record information for
35 an applicant or licensee from the Federal Bureau of Investigation or
36 the Division of State Police, the commissioner shall immediately
37 notify the applicant or licensee, as applicable.

38 g. If an applicant refuses to consent to, or cooperate in, the
39 securing of a criminal history record background check, the
40 commissioner shall not issue a clinician license and shall notify the
41 applicant of that denial.

42 h. If a licensee refuses to consent to, or cooperate in, the
43 securing of a criminal history record background check as required
44 during the licensure or other authorization renewal process, the
45 commissioner shall refuse to renew the license or other
46 authorization of the licensee, without a hearing, and shall notify the
47 licensee of that denial.

- 1 i. A licensee:
- 2 (1) who has permitted a license or other authorization to lapse,
3 or whose license, other authorization or privilege has been
4 suspended, revoked, or otherwise, and
- 5 (2) who has not already submitted to a criminal history record
6 background check, shall be required to submit fingerprints as part
7 of the licensure or other authorization reinstatement process. If a
8 reinstatement applicant refuses to consent to, or cooperate in, the
9 securing of a criminal history record background check as required
10 during the reinstatement process, the commissioner shall
11 automatically deny reinstatement of the license or other
12 authorization, without a hearing, and shall notify the licensee of that
13 denial.
- 14 j. An applicant for licensure or other authorization to practice
15 as a clinician shall be required to assume the cost of the criminal
16 history record background check conducted pursuant to this section,
17 in accordance with procedures determined by regulation of the
18 commissioner, except that a member of a volunteer first aid,
19 ambulance, or rescue squad shall not be required to assume this
20 cost.
- 21 k. The provisions of this section shall not apply to a health care
22 professional who is subject to a criminal history record background
23 check pursuant to P.L.2002, c.104 (C.45:1-28 et al.)
24
- 25 7. Section 14 of P.L.1997, c.100 (C.53:1-20.9a) is amended to
26 read as follows:
- 27 14. a. In accordance with the provisions of sections 2 through 6
28 and sections 7 through 13 of P.L.1997, c.100 (C.26:2H-83 through
29 87 and C.45:11-24.3 through 24.9) **[and]**, P.L.2002, c.104 (C.45:1-
30 28 et al.), and section 6 of P.L. , c. (C.) (pending before the
31 Legislature as this bill), the Division of State Police in the
32 Department of Law and Public Safety shall conduct a criminal
33 history record background check, including a name and fingerprint
34 identification check, of:
- 35 (1) each applicant for nurse aide or personal care assistant
36 certification submitted to the Department of Health and of each
37 applicant for homemaker-home health aide certification submitted
38 to the New Jersey Board of Nursing in the Division of Consumer
39 Affairs;
- 40 (2) each nurse aide or personal care assistant certified by the
41 Department of Health and each homemaker-home health aide
42 certified by the New Jersey Board of Nursing, as required pursuant
43 to P.L.1997, c.100 (C.26:2H-83 et al.); **[and]**
- 44 (3) each applicant for licensure or other authorization to engage
45 in a health care profession who is required to undergo a criminal
46 history record background check pursuant to P.L.2002, c.104
47 (C.45:1-28 et al.); and

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

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

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

23
24 8. (New section) a. Only an agency as defined in section 1 of
25 P.L.1984, c.146 (C.26:2K-7) may develop or maintain a pre-
26 hospital or inter-facility care ambulance service.

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

38 c. The commissioner shall provide by regulation for
39 enforcement of the provisions of this section, up to and including
40 revocation of licensure to operate a pre-hospital or inter-facility
41 care ambulance service if the agency violates any provision thereof
42 or rules or regulations promulgated pursuant thereto.

43
44 9. Section 7 of P.L.1984, c.146 (C.26:2K-13) is amended to
45 read as follows:

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

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

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

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

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

12

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

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

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

27

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

41

42 12. (New section) The commissioner shall appoint a State
43 Medical Director for Emergency Medical Services, who shall
44 assume responsibility for medical oversight of emergency medical
45 services delivery in the State. The State medical director shall be a
46 physician who is licensed in this State, has experience in the
47 medical oversight of emergency medical services delivery, and is

1 qualified to perform the duties of the position. The State medical
2 director, subject to the commissioner's approval, may appoint up to
3 three regional medical directors to provide medical oversight of
4 emergency medical services delivery in their respective geographic
5 areas as defined by the State medical director.
6

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

15 (2) EMCAB shall recommend standards to be adopted by the
16 commissioner on response time, crew complements, equipment,
17 minimum clinical proficiencies, benchmarking, processes, trending
18 of quality and performance data, and the use of electronic data to
19 support all goals.

20 b. EMCAB shall organize as soon as practicable following the
21 appointment of its members and shall hold its initial meeting no
22 later than the 90th day after the effective date of
23 P.L. , c. (pending before the Legislature as this bill).

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

26 (a) the commissioner, the Director of the Office of Emergency
27 Medical Services in the department, and the State Medical Director
28 for Emergency Medical Services, or their designees, as ex officio,
29 nonvoting members; and

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

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

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

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

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

16 (1) Medical Services Committee;

17 (2) Pre-hospital Care Systems Operations Committee;

18 (3) Inter-facility Care Systems Operations Committee;

19 (4) Funding and Finance Committee;

20 (5) Public Awareness and Prevention Committee;

21 (6) Clinical Education Committee;

22 (7) Research and Data and Performance Improvement
23 Committee;

24 (8) Specialty Care Committee; and

25 (9) Local Government Coordination Committee.

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

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

36 (2) EMCAB shall provide ongoing review of existing
37 regulations governing emergency medical services, and shall
38 recommend to the commissioner such revisions as EMCAB
39 determines are needed to achieve the goals of evidence-based
40 medical care and protecting the public health.

41 (3) EMCAB shall submit an annual report to the commissioner
42 on the state of pre-hospital and inter-facility care in New Jersey,
43 including evaluations and recommendations from each of its
44 standing committees.

45 h. All meetings of EMCAB and its committees shall be open to
46 the public. Prior public notice shall be provided for each meeting,
47 and input and discussion by members of the public shall be
48 encouraged at all such meetings.

1 i. The department shall provide staff support to EMCAB and
2 its committees.

3

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

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

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

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

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

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

21

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

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

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

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

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

46 c. The commissioner shall, no later than December 31 of each
47 year, present a report to the Governor, and to the Legislature
48 pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), on the

1 adequacy of emergency medical services provided pursuant to this
2 section, and shall identify in that report the funding needed for the
3 succeeding fiscal year in order to adequately fund the needed
4 infrastructure and research to encourage the continued improvement
5 of those emergency medical services.

6
7 16. Section 11 of P.L.1984, c.146 (C26:2K-17) is amended to
8 read as follows:

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

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

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

22
23 17. Section 13 of P.L.1984, c.146 (C26:2K-19) is amended to
24 read as follows:

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

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

31
32 18. Section 14 of P.L.1984, c.146 (C.26:2K-20) is amended to
33 read as follows:

34 14. Nothing in this act shall be construed to prevent a licensed
35 and qualified member of the health care profession from performing
36 any **【of the】** duties that require the skills of a **【mobile intensive**
37 care】 paramedic, EMT, or emergency medical responder if the
38 duties are consistent with the accepted standards of the member's
39 profession.

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

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

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

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

8 b. Each emergency medical service helicopter response unit
9 shall be staffed by at least two persons trained in advanced life
10 support and approved by the commissioner. The staff of the
11 emergency medical service helicopter response unit shall render life
12 support services to an accident or trauma victim, as necessary, in
13 the course of providing emergency medical transportation.

14 c. The commissioner shall provide, by regulation, for the
15 licensure of privately operated emergency medical service
16 helicopter response units, in addition to the units designated
17 pursuant to subsection a. of this section.

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

19

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

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

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

34

35 21. Section 3 of P.L.1992, c.96 (C.26:2K-50) is amended to read
36 as follows:

37 3. a. There is established within the Office of Emergency
38 Medical Services in the Department of Health, the Emergency
39 Medical Services for Children program.

40 b. The commissioner shall hire a full-time coordinator for the
41 EMSC program in consultation with, and by the recommendation of
42 the advisory council.

43 c. The coordinator shall implement the EMSC program
44 following consultation with, and at the recommendation of, the
45 advisory council. The coordinator shall serve as a liaison to the
46 advisory council.

1 d. The coordinator may employ professional, technical,
2 research and clerical staff as necessary within the limits of available
3 appropriations. The provisions of Title 11A of the New Jersey
4 Statutes shall apply to all personnel so employed.

5 e. The coordinator may solicit and accept grants of funds from
6 the federal government and from other public and private sources.
7 (cf: P.L.1992, c.96, s.3)

8
9 22. Section 5 of P.L.1992, c.96 (C.26:2K-52) is amended to read
10 as follows:

11 5. a. There is created an Emergency Medical Services for
12 Children Advisory Council to advise the Office of Emergency
13 Medical Services and the coordinator of the EMSC program on all
14 matters concerning emergency medical services for children. The
15 advisory council shall assist in the formulation of policy and
16 regulations to effectuate the purposes of this act.

17 b. The advisory council shall consist of a minimum of ~~14~~ 24
18 public members to be appointed by the ~~Governor, with the advice~~
19 ~~and consent of the Senate~~ commissioner, in consultation with
20 EMCAB, for a term of three years. Membership of the advisory
21 council shall include: one ~~practicing~~ general practice pediatrician,
22 one pediatric critical care physician, one ~~board certified~~ pediatric
23 emergency physician and one pediatric physiatrist, to be appointed
24 upon the recommendation of the New Jersey chapter of the
25 American Academy of Pediatrics; one pediatric surgeon and one
26 trauma surgeon, to be appointed upon the recommendation of the
27 New Jersey chapter of the American College of Surgeons; one
28 general emergency physician, to be appointed upon the
29 recommendation of the New Jersey chapter of the American
30 College of Emergency Physicians; one injury prevention specialist,
31 to be appointed upon the recommendation of the New Jersey State
32 Safe Kids Coalition; ~~one emergency medical technician, to be~~
33 ~~appointed upon the recommendation of the New Jersey State First~~
34 ~~Aid Council;~~ one paramedic, to be appointed upon the
35 recommendation of the ~~State mobile intensive care advisory~~
36 ~~council~~ subcommittee on advanced life support services of the
37 standing committee on Pre-hospital Care Systems Operations of
38 EMCAB; one family practice physician, to be appointed upon the
39 recommendation of the New Jersey chapter of the American
40 Academy of Family ~~Practice~~ Physicians; two registered
41 emergency nurses, one to be appointed upon the recommendation of
42 the New Jersey State Nurses Association and one to be appointed
43 upon the recommendation of the New Jersey Chapter of the
44 Emergency Nurses Association; one school nurse, to be appointed
45 upon the recommendation of the New Jersey State School Nurses
46 Association; one person to be appointed upon the recommendation
47 of the Medical Transportation Association of New Jersey; and three

1 members, each with a non-medical background, two of whom are
2 parents with children under the age of 18【, to be appointed upon the
3 joint recommendation of the Association for Children of New
4 Jersey and the Junior Leagues of New Jersey】.

5 The advisory council shall also include the following members
6 who shall serve ex officio: the President of the New Jersey
7 Hospital Association or his designee; the EMSC coordinator; the
8 Director of the Office of Emergency Medical Services in the
9 department; a representative from the Division of Family Health
10 Services in the department who manages the federal Maternal and
11 Child Health Services Title V Block Grant for children with special
12 health care needs; the Director of the Division of Highway Traffic
13 Safety in the Department of Law and Public Safety or his designee;
14 the Commissioner of Children and Families or his designee; and the
15 Commissioner of Education or his designee.

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

26 d. The council shall meet at least quarterly.

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

28

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

31 1. In the event of an emergency, the chief executive officer of
32 any 【volunteer】 basic life support service first aid, ambulance or
33 rescue squad or the mayor or chief executive officer of any
34 municipality may request assistance from the chief executive officer
35 of any 【volunteer】 basic life support service first aid, ambulance or
36 rescue squad located in and serving another municipality for the
37 protection and preservation of life within the territorial jurisdiction
38 served by the squad requesting the assistance.

39 The chief executive officer of the 【volunteer】 basic life support
40 service first aid, ambulance or rescue squad located in and normally
41 serving a contiguous municipality to whom such a request for
42 assistance is made shall, except as hereinafter otherwise set forth,
43 provide such personnel and equipment as requested to the extent
44 possible without endangering any person or property within the
45 municipality in which the assisting squad is located and which it
46 normally serves.

1 The members of any squad providing assistance shall have, while
2 so acting, the same rights and immunities as they otherwise enjoy in
3 the performance of their normal duties in the municipality, or other
4 territorial jurisdiction, in which the squad is located and which it
5 normally serves.

6 If any member of the assisting basic life support service first aid,
7 ambulance or rescue squad shall, in rendering such assistance,
8 suffer any injury or death, the member or his designee or legal
9 representative shall be entitled to all salary, pension rights, workers
10 compensation and other benefits to which the member would be
11 entitled if the casualty or death had occurred in the performance of
12 the member's duties in the municipality, or other territorial
13 jurisdiction, in which the squad is located and which it normally
14 serves.

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

16

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

19 2. The governing bodies of two or more municipalities may, by
20 enacting reciprocal ordinances, enter into agreements with each
21 other for mutual basic life support service first aid, ambulance or
22 rescue squad assistance in case of emergency, subject to the written
23 approval of the **【volunteer】** basic life support service first aid,
24 ambulance or rescue squad or squads involved. The agreements
25 may provide for:

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

30 b. The reimbursement of the municipality or municipalities
31 rendering assistance for any damage to basic life support service
32 first aid, ambulance or rescue squad equipment or other property
33 and for payment to any member of a basic life support service first
34 aid, ambulance or rescue squad for injuries sustained while serving
35 pursuant to such agreements, or to a surviving spouse or other
36 dependent if death results; and

37 c. A joint meeting of the municipalities entering into such
38 agreements regarding other matters as are mutually deemed
39 necessary.

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

41

42 25. (New section) a. The commissioner shall establish,
43 maintain, and coordinate the activities of the New Jersey
44 Emergency Medical Services Task Force.

45 b. The purpose of the task force shall be to support and
46 enhance the provision of specialized response services, utilizing
47 personnel and equipment to respond as requested, for both pre-
48 planned and emergency events, including natural disasters and mass

1 casualty incidents, including chemical, biological, radiological,
2 nuclear, and explosive events, in order to reduce morbidity and
3 mortality through appropriate triage, incident management, and
4 coordinated pre-hospital care and transportation.

5 c. The membership of the task force shall represent all regions
6 of the State and shall include emergency medical responders,
7 EMTs, paramedics, registered nurses, physicians, communications
8 specialists, hospitals, agencies providing emergency medical
9 responder and other emergency medical services, and
10 communication centers utilized for the purpose of providing
11 emergency medical services.

12

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

15 4. a. The Governor shall coordinate the highway traffic
16 safety activities of State and local agencies, other public and private
17 agencies, nonprofit organizations, and interested organizations and
18 individuals and shall be the official of this State having the ultimate
19 responsibility of dealing with the federal government with respect
20 to the State highway traffic safety program. In order to effectuate
21 the purposes of this act **[he]**, the Governor shall:

22 (1) Prepare for this State, the New Jersey Highway Traffic
23 Safety Program which shall consist of a comprehensive plan in
24 conformity with the laws of this State to reduce traffic accidents
25 and deaths, injuries, and property damage resulting therefrom**[.]**;

26 (2) Promulgate rules and regulations establishing standards and
27 procedures relating to the content, coordination, submission, and
28 approval of local highway traffic safety programs**[.]**;

29 (3) Contract and do all things necessary or convenient on behalf
30 of the State in order to insure that all departments of State
31 government, local political subdivisions and nonprofit
32 organizations, to the extent that nonprofit organizations qualify for
33 highway traffic safety grants pursuant to the provisions of section
34 12 of P.L.1987, c.284 (C.27:5F-29) as amended by section 6 of
35 P.L.2007, c.84, secure the full benefits available under the "U.S.
36 Highway Safety Act of 1966," Pub.L.89-564 (23 U.S.C. ss. 401-
37 404), and any acts amendatory or supplementary thereto**[.]**; and

38 (4) Adopt, through the Commissioner of Health **[and Senior**
39 **Services]**, training programs, guidelines, and standards for
40 members of **[nonvolunteer]** basic life support service first aid,
41 rescue, and ambulance squads and agencies providing emergency
42 medical service programs or pre-hospital or inter-facility care as
43 defined in section 1 of P.L.1984, c.146 (C.26:2K-7).

44 b. The New Jersey Highway Traffic Safety Program, and rules
45 and regulations, training programs, guidelines, and standards shall
46 comply with uniform standards promulgated by the United States
47 Secretary of Transportation in accordance with the "U.S. Highway

1 Safety Act of 1966," Pub.L.89-564 (23 U.S.C. ss. 401-404), and any
2 acts amendatory or supplementary thereto.
3 (cf: P.L.2007, c.84, s.2)
4

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

7 5. The New Jersey Highway Traffic Safety Program shall, in
8 addition to other provisions, include training programs for groups
9 such as, but not limited to, police, teachers, students, and public
10 employees, which programs shall comply with the uniform
11 standards promulgated by the United States Secretary of
12 Transportation in accordance with the "U.S. Highway Safety Act of
13 1966," Pub.L.89-564 (23 U.S.C. s.s.401-404), and any acts
14 amendatory or supplementary thereto.

15 In addition, the New Jersey Highway Traffic Safety Program
16 shall include the training program for **members of volunteer first
17 aid, rescue and ambulance squads, adopted by the New Jersey State
18 First Aid Council** paramedics, emergency medical technicians, and
19 emergency medical responders licensed by the Commissioner of
20 Health, which shall comply with the uniform standards promulgated
21 by the United States Secretary of Transportation in accordance with
22 the "U.S. Highway Safety Act of 1966," Pub.L.89-564 (23 U.S.C.
23 s.s.401-404) and any amendments or supplements to it.
24 (cf: P.L.1987, c.284, s.5)
25

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

28 10. **The officers of each volunteer and nonvolunteer** Each
29 basic life support service first aid, rescue, and ambulance squad
30 **providing emergency medical service** programs shall be
31 responsible for the training of its members and shall notify the
32 governing body of the political subdivision in which the squad is
33 located, or the person designated for this purpose by the governing
34 body, that particular applicants for membership (qualified under
35 sections 5 and 4 of this act respectively), ambulances, and
36 ambulance equipment meet the standards required by this act.
37 Upon receipt of such notification the governing body or person
38 designated shall certify the applicant, ambulances, and ambulance
39 equipment as being qualified for emergency medical service
40 programs, and shall issue a certificate to that effect at no charge.
41 Each member and piece of equipment of a volunteer and
42 nonvolunteer first aid, rescue and ambulance squad shall comply
43 with the requirements for certification annually. Any person who is
44 a member of a volunteer and nonvolunteer first aid, rescue and
45 ambulance squad providing emergency medical service programs
46 on the effective date of this act shall, if application is made to the
47 appropriate municipality within 90 days of the effective date, be
48 certified by the governing body or designated person as being

1 qualified for emergency medical service programs for a period of
2 two years. At the end of that period, the person] shall comply with
3 the requirements for [certification annually] licensure of personnel,
4 ambulances, and ambulance equipment established by the
5 Commissioner of Health and shall staff each ambulance, when it is
6 transporting a patient, with at least one emergency medical
7 technician who shall attend to the patient in the patient
8 compartment. No person or entity shall respond to a 9-1-1 call as
9 defined in section 1 of P.L.1984, c.146 (C.26:2K-7) unless that
10 person or entity is licensed to do so by the Department of Health.

11 (cf: P.L.1987, c.284, s.10)

12

13 29. The following are repealed:

14 Sections 5, 10, and 12 of P.L.1984, c.146 (C.26:2K-11, C.26:2K-
15 16, and C.26:2K-18);

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

17 Sections 1 and 4 of P.L.1986, c.106 (C.26:2K-35 and C.26:2K-
18 38);

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

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

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

23 Sections 2, 4, 5, and 6 of P.L.1992, c.143 (C.26:2K-55, C.26:2K-
24 57, C.26:2K-58, and C.26:2K-59).

25

26 30. This act shall take effect on the first day of the seventh
27 month next following the date of enactment, but the Commissioner
28 of Health may take such anticipatory administrative action in
29 advance thereof as shall be necessary for the implementation of the
30 act.

31

32

33

STATEMENT

34

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

40 The bill provides specifically as follows:

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

45 The commissioner is to appoint a physician with relevant
46 experience as State Medical Director for Emergency Medical
47 Services, and the State Medical Director may appoint up to three

1 regional medical directors to oversee their respective geographic
2 areas.

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

6 Paramedics who staff mobile intensive care units, EMTs who
7 staff licensed ambulances, and emergency medical responders to 9-
8 1-1 calls are to be licensed and to undergo criminal history record
9 background checks; however, an EMT who is a member of a
10 volunteer first aid, ambulance, or rescue squad is exempt from
11 having to assume any costs for licensure or having to undergo a
12 criminal history record background check.

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

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

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

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

33 The commissioner is to establish an Emergency Medical Care
34 Advisory Board (EMCAB), which is to advise the commissioner on
35 all matters of mobile intensive care services, basic life support
36 services, advanced life support services, and pre-hospital and inter-
37 facility care. EMCAB replaces the State mobile intensive care
38 advisory council; and section 10 of P.L.1984, c.146 (C.26:2K-16),
39 which established the council, is repealed. EMCAB is to include 16
40 members, as follows: the commissioner and the Director of the
41 Office of Emergency Medical Services in DOH, and the State
42 Medical Director for Emergency Medical Services, or their
43 designees, as ex officio, nonvoting members; and 13 public
44 members, to be initially appointed by the commissioner and
45 thereafter appointed in a manner specified by regulation of the
46 commissioner, including one representative from each of the
47 following: volunteer basic life support services providers; paid
48 basic life support services providers; emergency medical service

1 helicopter response units; mobile intensive care programs;
2 emergency physicians; general hospitals; emergency care nurses;
3 municipal government; emergency telecommunications services;
4 county offices of emergency management; trauma services or burn
5 treatment providers; the Emergency Medical Services for Children
6 program; and a member of the general public who is not involved
7 with the provision of health care or emergency medical services.
8 EMCAB is to provide ongoing review of regulations governing
9 emergency medical services, recommend to the commissioner such
10 revisions as it determines are needed to achieve the goals of
11 evidence-based medical care and protecting the public health, and
12 submit an annual report to the commissioner on the state of pre-
13 hospital and inter-facility care in New Jersey, including evaluations
14 and recommendations from each of its standing committees.

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

21 The commissioner, in consultation with EMCAB, is to establish
22 minimum standards for training, response times, equipment, and
23 quality of care with respect to basic life support pre-hospital care
24 and advanced life support pre-hospital care.

25 The commissioner is to establish, maintain, and coordinate the
26 activities of a New Jersey Emergency Medical Services Task Force,
27 which will include emergency medical services providers from all
28 regions of the State. The purpose of the task force is to support and
29 enhance the provision of specialized response services for both pre-
30 planned and emergency events in order to reduce morbidity and
31 mortality through appropriate triage, incident management, and
32 coordinated pre-hospital care and transportation.

33 The bill repeals the following sections of law that are obviated
34 by its provisions: section 5 of P.L.1984, c.146 (C.26:2K-11),
35 concerning the performance of advanced life support procedures by
36 a paramedic who is not in direct voice communication with a
37 physician; section 12 of P.L.1984, c.146 (C.26:2K-18), concerning
38 a paramedic performing the duties or filling the position of another
39 health care professional employed by a hospital; and section 4 of
40 P.L.1986, c.106 (C.26:2K-38), concerning immunity from liability
41 for persons training for or rendering advanced life support services.
42 In addition, the bill repeals P.L.1989, c.314 (C.26:2K-39 et seq.),
43 concerning certification of EMT-Ds by the commissioner to
44 perform cardiac defibrillation, which is obviated by the training in
45 cardiac defibrillation provided to EMTs and First Responders to
46 meet American Heart Association CPR certification requirements.

47 The commissioner is to report to the Governor and the
48 Legislature, no later than December 31 of each year, on the

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24

1 adequacy of emergency medical services, and to identify funding
2 needed for the succeeding fiscal year for infrastructure and research
3 to encourage continued improvement of emergency medical
4 services.

5 The bill takes effect on the first day of the seventh month after
6 its enactment, but authorizes the commissioner to take prior
7 administrative action as necessary for its implementation.