

# ASSEMBLY, No. 798

## STATE OF NEW JERSEY 220th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2022 SESSION

**Sponsored by:**

**Assemblywoman BRITNEE N. TIMBERLAKE**

**District 34 (Essex and Passaic)**

**SYNOPSIS**

Revises requirements for emergency medical services delivery.

**CURRENT VERSION OF TEXT**

Introduced Pending Technical Review by Legislative Counsel.



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2

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Matter underlined thus is new matter.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

24

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

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

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

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

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

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

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

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

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

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

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

28  
29 3. Section 3 of P.L.1984, c.146 (C.26:2K-9) is amended to read  
30 as follows:

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

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

37  
38 4. Section 4 of P.L.1984, c.146 (C.26:2K-10) is amended to  
39 read as follows:

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

43 a. maintains direct voice communication with and **【are】** is  
44 taking orders from a licensed physician or physician directed  
45 registered professional nurse, both of whom are affiliated with a  
46 mobile intensive care **【hospital which is approved by the**  
47 commissioner to provide advanced life support services. A

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

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

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

10

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

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

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

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

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

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

43

44 6. (New section) a. The commissioner shall not issue an initial  
45 license or other authorization to practice as a clinician unless the  
46 commissioner first determines that no criminal history record  
47 information exists on file in the Federal Bureau of Investigation,

1 Identification Division, or in the State Bureau of Identification in  
2 the Division of State Police, which may disqualify the applicant  
3 from being licensed or otherwise authorized to practice as a  
4 clinician as determined by regulation of the commissioner.

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

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

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

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

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

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

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

46 h. If a licensee refuses to consent to, or cooperate in, the  
47 securing of a criminal history record background check as required  
48 during the licensure or other authorization renewal process, the

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1 commissioner shall refuse to renew the license or other  
2 authorization of the licensee, without a hearing, and shall notify the  
3 licensee of that denial.

4 i. A licensee:

5 (1) who has permitted a license or other authorization to lapse,  
6 or whose license, other authorization or privilege has been  
7 suspended, revoked, or otherwise, and

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

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

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

27

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

30 14. a. In accordance with the provisions of sections 2 through 6  
31 and sections 7 through 13 of P.L.1997, c.100 (C.26:2H-83 through  
32 87 and C.45:11-24.3 through 24.9) **[and]**, P.L.2002, c.104 (C.45:1-  
33 28 et al.), and section 6 of P.L. , c. (C. ) (pending before the  
34 Legislature as this bill), the Division of State Police in the  
35 Department of Law and Public Safety shall conduct a criminal  
36 history record background check, including a name and fingerprint  
37 identification check, of:

38 (1) each applicant for nurse aide or personal care assistant  
39 certification submitted to the Department of Health **[and Senior**  
40 **Services]** and of each applicant for homemaker-home health aide  
41 certification submitted to the New Jersey Board of Nursing in the  
42 Division of Consumer Affairs;

43 (2) each nurse aide or personal care assistant certified by the  
44 Department of Health **[and Senior Services]** and each homemaker-  
45 home health aide certified by the New Jersey Board of Nursing, as  
46 required pursuant to P.L.1997, c.100 (C.26:2H-83 et al.); **[and]**

47 (3) each applicant for licensure or other authorization to engage  
48 in a health care profession who is required to undergo a criminal



1 history record background check pursuant to P.L.2002, c.104  
2 (C.45:1-28 et al.); and

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

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

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

26

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

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

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

46

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

44 (2) Each public member of EMCAB shall serve for a term of  
45 three years and may be reappointed to one or more subsequent  
46 terms; except that of the members first appointed, five shall serve  
47 for a term of three years, five for a term of two years, and three for

- 1 a term of one year. Vacancies in the membership of EMCAB shall  
2 be filled in the same manner provided for the original appointments.
- 3 (3) The members of EMCAB shall serve without compensation,  
4 but shall be reimbursed for necessary expenses incurred in the  
5 performance of their duties and within the limits of funds available  
6 to EMCAB.
- 7 d. The members of EMCAB shall select a chairman biennially  
8 to chair the meetings and coordinate the activities of EMCAB.
- 9 e. EMCAB shall establish standing committees, as well as any  
10 additional committees that it determines appropriate, which in each  
11 case shall include the number of members, utilize the criteria for  
12 appointment, and provide for the manner of appointment and term  
13 of service prescribed by regulation of the commissioner. The  
14 standing committees shall research, review, assess, and recommend  
15 policy, and analyze data as applicable, as specified by the  
16 commissioner. The standing committees shall include the  
17 following:
- 18 (1) Medical Services Committee;
  - 19 (2) Pre-hospital Care Systems Operations Committee;
  - 20 (3) Inter-facility Care Systems Operations Committee;
  - 21 (4) Funding and Finance Committee;
  - 22 (5) Public Awareness and Prevention Committee;
  - 23 (6) Clinical Education Committee;
  - 24 (7) Research and Data and Performance Improvement  
25 Committee;
  - 26 (8) Specialty Care Committee; and
  - 27 (9) Local Government Coordination Committee.
- 28 f. Each committee shall address how its specific purpose can  
29 add to the discussion on the establishment of standards pursuant to  
30 paragraph (2) of subsection a. of this section.
- 31 g. (1) EMCAB shall, no later than the 120th day after its initial  
32 meeting, submit written recommendations to the commissioner for  
33 new or revised regulations to be adopted by the commissioner  
34 pursuant to P.L. , c. (pending before the Legislature as this bill),  
35 which shall be designed to improve emergency medical services in  
36 this State consistent with standards adopted by the National  
37 Highway Traffic Safety Administration.
- 38 (2) EMCAB shall provide ongoing review of existing  
39 regulations governing emergency medical services, and shall  
40 recommend to the commissioner such revisions as EMCAB  
41 determines are needed to achieve the goals of evidence-based  
42 medical care and protecting the public health.
- 43 (3) EMCAB shall submit an annual report to the commissioner  
44 on the state of pre-hospital and inter-facility care in New Jersey,  
45 including evaluations and recommendations from each of its  
46 standing committees.
- 47 h. All meetings of EMCAB and its committees shall be open to  
48 the public. Prior public notice shall be provided for each meeting,

1 and input and discussion by members of the public shall be  
2 encouraged at all such meetings.

3 i. The department shall provide staff support to EMCAB and  
4 its committees.

5

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

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

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

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

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

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

23

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

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

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

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

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

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

9  
10 16. Section 11 of P.L.1984, c.146 (C.26:2K-17) is amended to  
11 read as follows:

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

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

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

25  
26 17. Section 13 of P.L.1984, c.146 (C26:2K-19) is amended to  
27 read as follows:

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

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

34  
35 18. Section 14 of P.L.1984, c.146 (C.26:2K-20) is amended to  
36 read as follows:

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

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

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

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

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

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

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

23

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

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

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

39

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

42       5. a. There is created an Emergency Medical Services for  
43 Children Advisory Council to advise the Office of Emergency  
44 Medical Services and the coordinator of the EMSC program on all  
45 matters concerning emergency medical services for children. The  
46 advisory council shall assist in the formulation of policy and  
47 regulations to effectuate the purposes of this act.

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

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

46       c. Vacancies on the advisory council shall be filled for the  
47 unexpired term by appointment of the ~~Governor~~ commissioner, in



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1 consultation with EMCAB, in the same manner as originally filled.  
2 The members of the advisory council shall serve without  
3 compensation. The advisory council shall elect a chairperson, who  
4 may select from among the members a vice-chairperson and other  
5 officers or subcommittees which are deemed necessary or  
6 appropriate. The council may further organize itself in any manner  
7 it deems appropriate and enact bylaws as deemed necessary to carry  
8 out the responsibilities of the council.

9 d. The council shall meet at least quarterly.

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

11

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

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

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

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

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

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

45

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

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

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

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

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

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

23

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

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

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

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

40       (3) Contract and do all things necessary or convenient on behalf  
41 of the State in order to insure that all departments of State  
42 government, local political subdivisions and nonprofit  
43 organizations, to the extent that nonprofit organizations qualify for  
44 highway traffic safety grants pursuant to the provisions of section  
45 12 of P.L.1987, c.284 (C.27:5F-29) as amended by section 6 of  
46 P.L.2007, c.84, secure the full benefits available under the "U.S.  
47 Highway Safety Act of 1966," Pub.L.89-564 (23 U.S.C. ss. 401-  
48 404), and any acts amendatory or supplementary thereto**【.】**; and

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

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

14  
15 25. Section 5 of P.L.1987, c.284 (C.27:5F-22) is amended to  
16 read as follows:

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

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

35  
36 26. Section 10 of P.L.1987, c.284 (C.27:5F-27) is amended to  
37 read as follows:

38 10. **【The officers of each volunteer and nonvolunteer】** Each  
39 basic life support service first aid, rescue, and ambulance squad  
40 **【providing emergency medical service programs shall be**  
41 responsible for the training of its members and shall notify the  
42 governing body of the political subdivision in which the squad is  
43 located, or the person designated for this purpose by the governing  
44 body, that particular applicants for membership (qualified under  
45 sections 5 and 4 of this act respectively), ambulances, and  
46 ambulance equipment meet the standards required by this act.  
47 Upon receipt of such notification the governing body or person  
48 designated shall certify the applicant, ambulances, and ambulance

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

22

23 27. The following are repealed:

24 Sections 5, 10, and 12 of P.L.1984, c.146 (C.26:2K-11, C.26:2K-  
25 16, and C.26:2K-18);

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

27 Sections 1 and 4 of P.L.1986, c.106 (C.26:2K-35 and C.26:2K-  
28 38);

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

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

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

33 Sections 2, 4, 5, and 6 of P.L.1992, c.143 (C.26:2K-55, C.26:2K-  
34 57, C.26:2K-58, and C.26:2K-59).

35

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

41

42

43

## 44 STATEMENT

45

46 This bill provides a new statutory approach to the regulation of  
47 emergency medical services that encompasses basic and advanced  
life support services, and governs the qualifications, training, and

1 operations of paramedics, emergency medical technicians (EMTs),  
2 and emergency medical responders.

3 The bill provides specifically as follows:

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

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

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

16 Paramedics who staff mobile intensive care units, EMTs who  
17 staff licensed ambulances, and emergency medical responders to 9-  
18 1-1 calls are to be licensed and to undergo criminal history record  
19 background checks; however, an EMT who is a member of a  
20 volunteer first aid, ambulance, or rescue squad is exempt from  
21 having to assume any costs for licensure or having to undergo a  
22 criminal history record background check.

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

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

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

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

43 The commissioner is to establish an Emergency Medical Care  
44 Advisory Board (EMCAB), which is to advise the commissioner on  
45 all matters of mobile intensive care services, basic life support  
46 services, advanced life support services, and pre-hospital and inter-  
47 facility care. EMCAB replaces the State mobile intensive care  
48 advisory council; and section 10 of P.L.1984, c.146 (C.26:2K-16),

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

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

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

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

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1       The commissioner is to report to the Governor and the  
2       Legislature, no later than December 31 of each year, on the  
3       adequacy of emergency medical services, and to identify funding  
4       needed for the succeeding fiscal year for infrastructure and research  
5       to encourage continued improvement of emergency medical  
6       services.

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