SENATE, No. 1650

STATE OF NEW JERSEY
215th LEGISLATURE

INTRODUCED FEBRUARY 16, 2012

Sponsored by:
Senator JOSEPH F. VITALE
District 19 (Middlesex)
Senator STEPHEN M. SWEENEY
District 3 (Cumberland, Gloucester and Salem)

SYNOPSIS
Revises requirements for emergency medical services delivery.

CURRENT VERSION OF TEXT
As introduced.
AN ACT concerning emergency medical services, supplementing
Title 26 of the Revised Statutes and revising various parts of the
statutory law.

BE IT ENACTED by the Senate and General Assembly of the State
of New Jersey:

1. Section 1 of P.L.1984, c.146 (C.26:2K-7) is amended to read
as follows:
1. As used in [this act] chapter 2K of Title 26 of the Revised
Statutes:
[a.] "Advanced life support" means an advanced level of [pre-
hospital, inter-hospital, and emergency service] care which includes
basic life support functions, cardiac monitoring, cardiac
defibrillation, telemetered electrocardiography, administration of
anti-arrhythmic agents, intravenous therapy, administration of
specific medications, drugs and solutions, use of adjunctive
ventilation devices, trauma care, and other techniques and
procedures authorized in writing by the commissioner.

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

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

[b.] "Board of Medical Examiners" means the State Board of
Medical Examiners.

[c.] "Board of Nursing" means the New Jersey State Board of
Nursing.

“Clinician” means a person who is licensed or otherwise
authorized to provide patient care in a pre-hospital care or inter-
facility care setting.

[d.] "Commissioner" means the Commissioner of [the State
Department of Health] Health and Senior Services.

[e.] "Department" means the [State] Department of Health and Senior Services.

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

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

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

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

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

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

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

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

[g. "Inter-hospital care" means those emergency medical services rendered by mobile intensive care units to emergency patients before and during transportation between emergency treatment facilities, and upon arrival within those facilities.]

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

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

[h. "Mobile intensive care paramedic" means a person trained in advanced life support services and certified by the commissioner to render advanced life support services as part of a mobile intensive care unit.]

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

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

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

[j.] "Pre-hospital care" means those emergency medical services rendered by mobile intensive care units to emergency medical services rendered to patients by emergency medical services personnel before and during transportation to emergency treatment medical facilities, and upon arrival within those facilities.

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

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

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

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

2. a. (1) A mobile intensive care] paramedic shall obtain [certification] licensure from the commissioner to staff a mobile intensive care unit or a health care facility and shall make application therefor on forms prescribed by the commissioner.

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

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

b. The commissioner [with the approval of the board of medical examiners] shall establish written standards which [a mobile intensive care paramedic] an applicant shall meet in order to obtain [certification] licensure as a paramedic, EMT, or emergency medical responder. The commissioner shall act on a regular basis upon applications of candidates for [certification] licensure as a mobile intensive care paramedic, EMT, or emergency medical responder. The commissioner shall [certify] license a candidate
who provides satisfactory evidence of the successful completion of an educational program approved by the commissioner for the training of mobile intensive care paramedics, EMTs, or emergency medical responders, as applicable, and who passes an examination approved by the department for the applicable licensure, which examination shall be conducted by the department at least twice a year.

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

(1) The name and residence of the applicant;
(2) The date of the application;
(3) Information as to whether the applicant was rejected or licensed and the date of that action.

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

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

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

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

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

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

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

4. A mobile intensive care paramedic may provide advanced life support services, provided that the paramedic:

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

b. is operating under standing orders from a licensed physician that have been developed or approved by a mobile intensive care program. (cf: P.L.1984, c.146, s.4)

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

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

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

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

d. The commissioner [may withdraw his authorization] shall provide by regulation for enforcement of the provisions of chapter 2K of Title 26 of the Revised Statutes, up to and including revocation of licensure to operate a mobile intensive care program if the hospital or unit violates any provision [of this act] thereof or rules or regulations promulgated pursuant thereto. (cf: P.L.1985, c.351, s.2)

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

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

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

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

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

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

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

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

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

i. A licensee:

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

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

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

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

l. The provisions of this section shall not apply to a health care
professional who is subject to a criminal history record background
check pursuant to P.L.1997, c.100 (C.26:2H-83 through 385)

and

(pending before the Legislature as this bill), the Division of State Police in the
Department of Law and Public Safety shall conduct a criminal
history record background check, including a name and fingerprint
identification check, of:

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

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

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

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

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

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

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

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

9. Section 7 of P.L.1984, c.146 (C.26:2K-13) is amended to read as follows:
7. a. No person may advertise or disseminate information to
the public that the person provides;

1. advanced life support services by a mobile intensive care
unit unless the person is authorized to do so pursuant to section 6 of
this act P.L.1984, c.146 (C.26:2K-12); or
2. basic life support services by an ambulance unless the
person is authorized to do so pursuant to section 8 of P.L. c. (C. ).
(pending before the Legislature as this bill).

b. No person may impersonate or refer to himself as a
mobile intensive care paramedic, EMT, or emergency medical responder
unless he is certified or approved therefor, as appropriate that
person is licensed as such.
(cf: P.L.1984, c.146, s.7)

10. Section 8 of P.L.1984, c.146 (C.26:2K-14) is amended to
read as follows:
8. No mobile intensive care paramedic, EMT, emergency
medical responder, other clinician, licensed physician, nurse,
mobile intensive care program, hospital or its board of trustees,
officers and members of the medical staff, nurses or other
employees of the hospital, first aid, ambulance or rescue squad, or
officers and members of a rescue squad or agency or officers,
members, or employees thereof, shall be liable for any civil
damages as the result of an act or the omission of an act committed
while in training for or in the rendering of basic or advanced life
support services in good faith and in accordance with this act
chapter 2K of Title 26 of the Revised Statutes.
(cf: P.L.1984, c.146, s.8)

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

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

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

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

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

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

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

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

(b) the President of the New Jersey State First Aid Council as an ex officio member, or his proxy; and

(c) 12 public members, who shall initially be appointed by the commissioner and thereafter shall be appointed in a manner to be specified by regulation of the commissioner, including one representative from each of the following: paid basic life support services providers; emergency medical service helicopter response units; mobile intensive care programs; emergency physicians; general hospitals; emergency care nurses; municipal government; emergency telecommunications services; county offices of emergency management; trauma services or burn treatment providers; the EMSC program; and a member of the general public who is not involved with the provision of health care or emergency medical services.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(2) Any agency licensed to provide 9-1-1 emergency medical 
services response in New Jersey shall be required to maintain 
a written agreement with a dispatch agency approved by 
the commissioner. The commissioner shall establish objective 
standards to approve and monitor dispatch agencies; and these 
standards shall be designed to improve response times and 
appropriate triage of resources to respond to calls for emergency 
medical services, and shall include requirements for global 
positioning tracking of emergency medical services vehicles 
through a standard electronic interface accessible to all dispatch and 
responder agencies, in order to enhance agency interoperability. 
Any licensed emergency medical services provider shall be 
permitted to contract with any approved dispatch agency.
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(3) The commissioner shall provide for the coordination of
dispatch agencies in accordance with protocols established by the
department.

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

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

11. a. The commissioner shall promulgate such rules and
regulations as [he] the commissioner
deems necessary to effectuate the purposes of [this act, and the
board medical examiners and the board of nursing] chapter 2K of
Title 26 of the Revised Statutes, with the advice of EMCAB in the
form of such written recommendations as EMCAB may submit to
the commissioner for his consideration.

b. The State Board of Medical Examiners and the New Jersey
Board of Nursing shall promulgate such rules and regulations as
they deem necessary to carry out their functions under [this act]
chapter 2K of Title 26 of the Revised Statutes.
(cf: P.L.1984, c.146, s.11)

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

13. Nothing in this act shall be construed as interfering with an
emergency service training program authorized and operated under
P.L.1987, c.284 (C.27:5F-18 et seq.).
(cf: P.L.1984, c.146, s.13)

18. Section 14 of P.L.1984, c.146 (C26:2K-20) is amended to
read as follows:

14. Nothing in this act shall be construed to prevent a licensed
and qualified member of the health care profession from performing
any [of the] duties that require the skills of a [mobile intensive
care] paramedic, EMT, or emergency medical responder if the
duties are consistent with the accepted standards of the member's
profession.
(cf: P.L.1984, c.146, s.14)
19. Section 2 of P.L.1986, c.106 (C.26:2K-36) is amended to read as follows:

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

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

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

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

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

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

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

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

   a. There is established within the Office of Emergency Medical Services in the Department of Health and Senior Services, the Emergency Medical Services for Children program.
b. The commissioner shall hire a full-time coordinator for the EMSC program in consultation with, and by the recommendation of the advisory council.

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

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

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

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

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

b. The advisory council shall consist of a minimum of [14] public members to be appointed by the governor, with the advice and consent of the Senate, in consultation with EMCAB, for a term of three years. Membership of the advisory council shall include: one practicing general practice pediatrician, one pediatric critical care physician, one board certified pediatric emergency physician and one pediatric physiatrist, to be appointed upon the recommendation of the New Jersey chapter of the American Academy of Pediatrics; one pediatric surgeon and one trauma surgeon, to be appointed upon the recommendation of the New Jersey chapter of the American College of Surgeons; one general emergency physician, to be appointed upon the recommendation of the New Jersey chapter of the American College of Emergency Physicians; one injury prevention specialist, to be appointed upon the recommendation of the New Jersey Safe Kids Coalition; one emergency medical technician, to be appointed upon the recommendation of the New Jersey State First Aid Council; one paramedic, to be appointed upon the recommendation of the State mobile intensive care advisory council; subcommittee on advanced life support services of the standing committee on Pre-hospital Care Systems Operations of EMCAB; one family practice physician, to be appointed upon the recommendation of the New Jersey chapter of the American Academy of Family Practice Physicians; two registered
emergency nurses, one to be appointed upon the recommendation of
the New Jersey State Nurses Association and one to be appointed
upon the recommendation of the New Jersey Chapter of the
Emergency Nurses Association; one school nurse, to be appointed
upon the recommendation of the New Jersey State School Nurses
Association; one person to be appointed upon the recommendation
of the Medical Transportation Association of New Jersey; and three
members, each with a non-medical background, two of whom are
parents with children under the age of 18, to be appointed upon the
joint recommendation of the Association for Children of New
Jersey and the Junior Leagues of New Jersey.

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

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

d. The council shall meet at least quarterly.

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

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

1. In the event of an emergency, the chief executive officer of
any [volunteer] basic life support service first aid, ambulance or
rescue squad or the mayor or chief executive officer of any
municipality may request assistance from the chief executive officer
of any [volunteer] basic life support service first aid, ambulance or
rescue squad located in and serving another municipality for the
protection and preservation of life within the territorial jurisdiction
served by the squad requesting the assistance.

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

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

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

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

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

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

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

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

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

(cf: P.L.1993, c.58, s.2)
25. (New section) a. The commissioner shall establish, maintain, and coordinate the activities of the New Jersey Emergency Medical Services Task Force.

b. The purpose of the task force shall be to support and enhance the provision of specialized response services, utilizing personnel and equipment to respond as requested, for both pre-planned and emergency events, including natural disasters and mass casualty incidents, including chemical, biological, radiological, nuclear, and explosive events, in order to reduce morbidity and mortality through appropriate triage, incident management, and coordinated pre-hospital care and transportation.

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

26. N.J.S.22A:3-4 is amended to read as follows:

22A:3-4. Fees for criminal proceedings.

The fees provided in the following schedule, and no other charges whatsoever, shall be allowed for court costs in any proceedings of a criminal nature in the municipal courts but no charge shall be made for the services of any salaried police officer of the State, county or municipal police.

For violations of Title 39 of the Revised Statutes, or of traffic ordinances, at the discretion of the court, up to but not exceeding $33.

For all other cases, at the discretion of the court, up to but not exceeding $33.

In municipal court proceedings, the court shall impose court costs within the maximum limits authorized by this section, as follows:

a. For every violation of any statute or ordinance the sum of $2.00. The court shall not suspend the collection of this $2.00 court cost assessment. These court cost assessments shall be collected by the municipal court administrator for deposit into the Automated Traffic System Fund, created pursuant to N.J.S.2B:12-30.

b. For each fine, penalty and forfeiture imposed and collected under authority of law for any violation of the provisions of Title 39 of the Revised Statutes or any other motor vehicle or traffic violation in this State the sum of $0.50. The court shall not suspend the collection of this $0.50 court cost assessment. These court cost assessments shall be collected by the municipal court administrator for deposit into the "Emergency Medical Technician Services Training Fund" established pursuant to P.L.1992, c.143 (C.26:2K-54 et al.).
c. For every violation of any statute or ordinance the sum of $3
to fund the Statewide modernization of the Automated Traffic
System. The court shall not suspend the collection of this $3 court
cost assessment. These court cost assessments shall be collected by
the municipal court administrator for deposit into the Automated
Traffic System Statewide Modernization Fund, established pursuant
to section 1 of P.L.2004, c.62 (C.2B:12-30.1).

The provisions of this act shall not prohibit the taxing of additional costs when authorized by R.S.39:5-39.

For certificate of judgment........ $4.00
For certified copy of paper filed with the court as a public record:
First page.......... $4.00
Each additional page or part thereof......... $1.00
For copy of paper filed with the court as a public record:
First page.......... $2.00
Each additional page or part thereof......... $1.00
In addition to any fine imposed, when a supplemental notice is sent for failure to appear on a return date the cost shall be $10.00 per notice, unless satisfactory evidence is presented to the court that the notice was not received.

CONSTABLES OR OTHER OFFICERS
From the fees allowed for court costs in the foregoing schedule, the clerk of the court shall pay the following fees to constables or other officers:
Serving warrant or summons, $1.50.
Serving every subpoena, $0.70.
Serving every execution, $1.50.
Advertising property under execution, $0.70.
Sale of property under execution, $1.00.
Serving every commitment, $1.50.
Transport of defendant, actual cost.

Mileage, for every mile of travel in serving any warrant, summons, commitment, subpoena or other process, computed by counting the number of miles in and out, by the most direct route from the place where such process is returnable, exclusive of the first mile, $0.20.

If defendant is found guilty of the charge laid against him, he shall pay the costs herein provided, but if, on appeal, the judgment is reversed, the costs shall be repaid to defendant. If defendant is found not guilty of the charge laid against him, the costs shall be paid by the prosecutor, except when the Chief Administrator of the New Jersey Motor Vehicle Commission, a peace officer, or a police officer shall have been prosecutor.

(cf: P.L.2004, c.62, s.2)

27. Section 4 of P.L.1987, c.284 (C.27:5F-21) is amended to read as follows:
4.  a. The Governor shall coordinate the highway traffic safety activities of State and local agencies, other public and private agencies, nonprofit organizations, and interested organizations and individuals and shall be the official of this State having the ultimate responsibility of dealing with the federal government with respect to the State highway traffic safety program. In order to effectuate the purposes of this act the Governor shall:

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

2. Promulgate rules and regulations establishing standards and procedures relating to the content, coordination, submission, and approval of local highway traffic safety programs;

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

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

b. The New Jersey Highway Traffic Safety Program, and rules and regulations, training programs, guidelines, and standards shall comply with uniform standards promulgated by the United States Secretary of Transportation in accordance with the "U.S. Highway Safety Act of 1966," Pub.L.89-564 (23 U.S.C. ss. 401-404), and any acts amendatory or supplementary thereto.

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

5. The New Jersey Highway Traffic Safety Program shall, in addition to other provisions, include training programs for groups such as but not limited to police, teachers, students and public employees, which programs shall comply with the uniform standards promulgated by the United States Secretary of Transportation in accordance with the "U.S. Highway Safety Act of 1966," Pub.L.89-564 (23 U.S.C. ss. 401-404), and any acts amendatory or supplementary thereto.
In addition, the New Jersey Highway Traffic Safety Program shall include the training program for members of volunteer first aid, rescue and ambulance squads, adopted by the New Jersey State First Aid Council, paramedics, emergency medical technicians, and emergency medical responders licensed by the Commissioner of Health and Senior Services, which shall comply with the uniform standards promulgated by the United States Secretary of Transportation in accordance with the "U.S. Highway Safety Act of 1966," Pub.L.89-564 (23 U.S.C. s.s. 401-404) and any amendments or supplements to it.

(cf: P.L.1987, c.284, s.5)

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

10. The officers of each volunteer and nonvolunteer basic life support service first aid, rescue, and ambulance squad providing emergency medical service programs shall be responsible for the training of its members and shall notify the governing body of the political subdivision in which the squad is located, or the person designated for this purpose by the governing body, that particular applicants for membership (qualified under sections 5 and 4 of this act respectively), ambulances, and ambulance equipment meet the standards required by this act. Upon receipt of such notification the governing body or person designated shall certify the applicant, ambulances, and ambulance equipment as being qualified for emergency medical service programs, and shall issue a certificate to that effect at no charge. Each member and piece of equipment of a volunteer and nonvolunteer first aid, rescue and ambulance squad shall comply with the requirements for certification annually. Any person who is a member of a volunteer and nonvolunteer first aid, rescue and ambulance squad providing emergency medical service programs on the effective date of this act shall, if application is made to the appropriate municipality within 90 days of the effective date, be certified by the governing body or designated person as being qualified for emergency medical service programs for a period of two years. At the end of that period, the person shall comply with the requirements for certification annually licensure of personnel, ambulances, and ambulance equipment established by the Commissioner of Health and Senior Services and shall staff each ambulance with at least one emergency medical technician while it is in service. No person or entity shall respond to a 9-1-1 call as defined in section 1 of P.L.1984, c.146 (C.26:2K-7) unless that person or entity is licensed to do so by the Department of Health and Senior Services.

(cf: P.L.1987, c.284, s.10)
30. The following are repealed:

Sections 5, 10, and 12 of P.L. 1984, c.146 (C.26:2K-11, C.26:2K-16, and C.26:2K-18);
P.L. 1985, c.351 (C.26:2K-21 et seq.);
Sections 1 and 4 of P.L. 1986, c.106 (C.26:2K-35 and C.26:2K-38);
Sections 1, 2, 3, and 10 of P.L. 2003, c.1 (C.26:2K-47.1, C.26:2K-47.2, C.26:2K-47.3, and C.26:2K-47.9);
Section 2 of P.L. 1992, c.96 (C.26:2K-49); and

31. This act shall take effect on the 180th day after enactment, but the Commissioner of Health and Senior Services may take such anticipatory administrative action in advance thereof as shall be necessary for the implementation of the act.

STATEMENT

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

Paramedics who staff mobile intensive care units, EMTs who staff licensed ambulances, and emergency medical responders to 9-1-1 calls would be required to be licensed and submit to criminal history record background checks. EMTs with volunteer first aid, ambulance, or rescue squads would be exempt from having to assume any costs for licensure or criminal history record background checks. The bill authorizes the commissioner, after notice and hearing, to revoke the license of a paramedic, EMT, or emergency medical responder for violation of any provision of applicable laws and regulations. DHSS is to make available to the public a current list of licensed paramedics and EMTs on its Internet website.

Paramedics would be authorized to perform advanced life support services if they maintain direct voice communication with a licensed physician or physician-directed registered professional nurse affiliated with a mobile intensive care program, or if they operate under standing orders developed or approved by a mobile intensive care program.

The bill provides for new requirements with respect to mobile intensive care units operated by hospitals, which would be authorized to develop and maintain a mobile intensive care program if licensed to do so pursuant to the bill. The commissioner is
directed to establish by regulation the criteria which a hospital must meet; at a minimum, a hospital will be required to maintain an accredited emergency department.

The Office of Emergency Medical Services in the Department of Health and Senior Services (DHSS), under the direction of the Commissioner of Health and Senior Services, would serve as the lead State agency for the oversight of emergency medical services delivery to ensure the continuous and timely Statewide availability and dispatch of basic and advanced life support in the State.

The commissioner is to appoint a physician with relevant experience as State Medical Director for Emergency Medical Services, and the State Medical Director may appoint up to three regional medical directors to oversee their respective geographic areas. The commissioner is to ensure, or arrange for, the provision of advanced life support pre-hospital care in response to 9-1-1 calls within the State.

The commissioner is to establish a 16-member Emergency Medical Care Advisory Board (EMCAB), which replaces the State mobile intensive care advisory council. EMCAB would review regulations and make policy recommendations to the commissioner regarding emergency medical services. The commissioner, in consultation with EMCAB, is to establish minimum standards for training, response times, equipment, and quality of care with respect to basic life support pre-hospital care and advanced life support pre-hospital care. Membership of EMCAB is to be comprised of the commissioner, the Director of the Office of Emergency Medical Services, the State Medical Director for Emergency Medical Services, or their designees, as ex officio members, the President of the New Jersey State First Aid Council or his proxy, and 11 public members representing various groups involved with the provision of health care or emergency medical services, as well as one member of the general public. EMCAB is to provide ongoing review of regulations governing emergency medical services and recommend to the commissioner such revisions as it determines are needed to achieve the goals of evidence-based medical care and protecting the public health. EMCAB is to submit an annual report to the commissioner on the state of pre-hospital and inter-facility care in New Jersey, including evaluations and recommendations from each of its standing committees, which are specified in the bill.

The commissioner is to establish, maintain, and coordinate the activities of a New Jersey Emergency Medical Services Task Force, which will include emergency medical services providers from all regions of the State. The purpose of the task force would be to support and enhance the provision of specialized response services for both pre-planned and emergency events in order to reduce morbidity and mortality through appropriate triage, incident management, and coordinated pre-hospital care and transportation.
The bill increases the surcharge imposed on motor vehicle violations pursuant to N.J.S.22A:3-5, for deposit into the "Emergency Medical Services Training Fund," from $.50 to $5 in order to ensure adequate funding for EMT and paramedic training.

The bill repeals: section 5 of P.L.1984, c.146 (C26:2K-11), concerning the performance of advanced life support procedures by a paramedic who is not in direct voice communication with a physician; section 12 of P.L.1984, c.146 (C26:2K-18), concerning a paramedic performing the duties or filling the position of another health care professional employed by a hospital; and section 4 of P.L.1986, c.106 (C26:2K-38), concerning immunity from liability for persons training for or rendering advanced life support services. These sections of law are obviated by the provisions of the bill. Also repealed is P.L.1989, c.314 (C.26:2K-39 et seq.), concerning certification of EMT-Ds by the commissioner to perform cardiac defibrillation, which is obviated by the training in cardiac defibrillation provided to EMTs and First Responders to meet American Heart Association CPR certification requirements.

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