SENATE, No. 818

STATE OF NEW JERSEY

214th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2010 SESSION

Sponsored by:
Senator JOSEPH F. VITALE
District 19 (Middlesex)

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;

"Air medical unit" means a helicopter operating under an air medical program licensed by the department and staffed in accordance with regulations developed by the commissioner in consultation with EMCAB.

"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.

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.
trained in emergency medicine and as prescribed by regulation of the commissioner.

“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.

“EMS Training Fund” means the Emergency Medical Services Training Fund established pursuant to section 3 of P.L.1992, c.143 (C.26:2K-56).

“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.

[i. “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.]
"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 an Emergency Medical Technician-Paramedic pursuant to regulation of the commissioner. Whenever, in any law, rule, regulation, order, contract, document, judicial, or administrative proceeding, or otherwise, reference is made to a mobile intensive care paramedic, the same shall mean and refer to an Emergency Medical Technician-Paramedic.

“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 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.

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 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
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 [in the provision of advance life support services] 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 [certified] licensed and the date of that action.

The department shall [annually compile a] maintain 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 [perform] provide advanced life support services, provided [they maintain] that the paramedic:

a. maintains direct voice communication with and [are] 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
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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.

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.

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.)

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

14. a. In accordance with the provisions of sections 2 through 6 and sections 7 through 13 of P.L.1997, c.100 (C.26:2H-83 through 87 and C.45:11-24.3 through 24.9) [and] P.L.2002, c.104 (C.45:1-28 et al.), and section 6 of P.L. , c. (C) (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
history record background check pursuant to P.L.2002, c.104 (C.45:1-28 et al.); and
(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 or 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).

(3) A pre-hospital or inter-facility care ambulance service is defined in P.L.1984, c.146 (C.26:2K-7) and is licensed by the Department of Consumer Affairs in the Division of Consumer Affairs in the Department of Law and Public Safety.

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. (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; and
(b) 13 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: volunteer basic life
support services providers; paid basic life support services
providers; air medical programs; 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, six 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.

(b) 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 Committee; and
(8) Specialty Care 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 written or electronic form to the receiving facility in a timely manner; and
   (3) the reporting of this data to the department.

b. (1) The department shall develop and maintain an electronic record of the data reported pursuant to subsection a. of this section and shall make such non-identifying 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) Commencing no later than two years after the effective date of P.L. , c. (pending before the Legislature as this bill), each municipality in the State shall ensure or arrange for the provision of basic life support pre-hospital care in response to 9-1-1 calls within its boundaries, including continuation of coverage when the primary service is unavailable.
   (2) 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.
   (3) 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.

(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 in accordance with the "Administrative Procedure Act,"
P.L.1968, c. 410 (C. 52:14B-1 et seq.), as 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 duties that require the skills of a 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:

2. a. There is established the New Jersey Emergency Air 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 air medical 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 air medical 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 air medical unit shall render life support services to an accident or trauma victim, as necessary, in the course of providing emergency medical transportation.

c. The Division of State Police in the Department of Law and Public Safety shall provide air medical support for the program and shall submit its operating costs to the department in order to receive funding for its program-related operations. The helicopters utilized in support of the program shall be used exclusively for air medical operations.

d. The commissioner shall provide, by regulation, for the licensure of privately operated air medical units, in addition to the units designated pursuant to subsection a. of this section.

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

20. Section 2 of P.L.1992, c.87 (C.26:2K-36.1) is amended to read as follows:

2. a. (1) There is established in the General Fund a special dedicated fund to be known as the New Jersey Emergency Medical Service Helicopter Response Program Services System Support Fund which shall be administered by the State Treasurer. The Treasurer shall credit to the fund all moneys received pursuant to
section 1 of P.L.1992, c.87 (C.39:3-8.2). Any interest earned on
moneys in the fund shall be credited to the fund.

(2) Whenever, in any law, rule, regulation, order, contract,
document, judicial or administrative proceeding, or otherwise,
reference is made to the “New Jersey Emergency Medical Service
Helicopter Response Program Fund,” the same shall mean and refer
to the “New Jersey Emergency Medical Services System Support
Fund.”

b. [From the] The moneys in the fund [there] shall be
[annually appropriated an amount necessary to pay the reasonable
and necessary expenses of the operation of the New Jersey
Emergency Medical Service Helicopter Response Program created
pursuant to P.L.1986, c.106 (C.26:2K-35 et al.). Moneys remaining
in the fund, and any unexpended balance of appropriations from the
fund, at the end of each fiscal year, shall be reapprropriated and
deposited in a special capital maintenance reserve account within
the fund. Moneys in the special capital maintenance reserve
account shall be used exclusively for capital replacement and major
maintenance of helicopter equipment] utilized for the following
purposes:

(1) basic life support services;
(2) advanced life support services;
(3) the New Jersey Air Medical Response Program;
(4) the New Jersey Poison Information and Education System;
(5) emergency medical services for children;
(6) health information technology initiatives relating to
emergency medical services;
(7) recruitment and retention of emergency medical services
providers;
(8) training and education of emergency medical services
providers;
(9) other activities or initiatives in support of the emergency
medical services system as specified in regulations adopted by the
commissioner; and
(10) administrative costs incurred by the department in
connection with the emergency medical services system, which
shall not exceed 8% of the moneys in the fund.

c. [Six months] One year after the effective date of this section
and [every six months] annually thereafter, the Commissioner of
Health and Senior Services shall report to the Joint Budget
Oversight Committee, or its successor, and the Senate Health
[and], Human Services and Senior Citizens Committee and the
Assembly Health and [Human] Senior Services Committee, or their
successors, on the use of moneys in the fund. [The report shall
contain, but not be limited to, cost analyses concerning the response
program activities including the number of flights, types of
accidents, hours spent waiting at accident sites, and fuel and
maintenance expenses].

(cf: P.L.1992, c.87, s.2)

21. 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
[his 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 for each [emergency medical
service helicopter response] air medical unit designated by the
commissioner pursuant to section 2 of [this amendatory and

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

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

3. 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. The coordinator shall serve as a liaison to the
advisory council.

c. The coordinator shall implement the EMSC program
following consultation with, and at the recommendation of, the
advisory council. 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.

d. 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)

23. 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] 24
public members to be appointed by the [Governor, with the advice
and consent of the Senate](commissioner, in consultation with
EMCAB, for a term of three years. Membership of the advisory
council shall include: one practicing general practitioner, 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 State 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)

24. Section 1 of P.L.1992, c.143 (C.26:2K-54) is amended to read as follows:

1. This act shall be known and may be cited as the "Emergency Medical [Technician] Services Training Fund Act."

(cf: P.L.1992, c.143, s.1)

25. Section 3 of P.L.1992, c.143 (C.26:2K-56) is amended to read as follows:

3. There is established the "Emergency Medical [Technician] Services Training Fund" as a nonlapsing, revolving fund. The fund shall be administered by the commissioner or his designee, and shall be credited with monies received pursuant to [subsection c. of R.S.39:5-41] N.J.S.22A-3-4.

a. The State Treasurer is the custodian of the fund, and all disbursements from the fund shall be made by the treasurer upon vouchers signed by the commissioner or his designee. Monies in the fund shall be used to carry out the provisions of this act, except that no more than [5%] 8% of these monies shall be used for administration of the fund in each fiscal year. The fund shall consist of monies as provided for in this act and the interest which is earned on those monies. The monies in the fund shall be invested and reinvested by the Director of the Division of Investment in the Department of the Treasury as are other trust funds in the custody of the State Treasurer in the manner provided by law.

b. The fund may be used for the following purposes, as specified in regulations adopted by the commissioner, in accordance with the recommendations of EMCAB:

(1) to train any EMT at the basic level;

(2) to pay for continuing education recertification requirements for EMTs and paramedics;

(3) to provide interest-free loans for initial paramedic training; and

(4) for recruitment and retention of EMTs and paramedics to meet the needs of the community.

(cf: P.L.1992, c.143, s.3)
26. 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.

27. 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)

28. (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.

29. 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:
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.

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.).

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)

30. 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 nonvolunteer 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.

(cf: P.L.2007, c.84, s.2)

31. 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. s.s. 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)

32. 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 two emergency medical technicians 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)

33. Section 1 of P.L.1992, c.87 (C.39:3-8.2) is amended to read as follows:

1. a. In addition to the motor vehicle registration fees imposed pursuant to the provisions of chapter 3 of Title 39 of the Revised Statutes, the chief administrator shall impose and collect an additional fee of $3 to be deposited in the New Jersey Emergency Medical Service Helicopter Response Program Support Fund created pursuant to section 2 of P.L.1992, c.87 (C.26:2K-36.1).

b. In addition to the motor vehicle registration fees imposed pursuant to the provisions of chapter 3 of Title 39 of the Revised Statutes, the chief administrator shall impose and collect an additional fee of $.50 to be deposited in the Traumatic Brain Injury Fund established pursuant to section 5 of P.L.2001, c.332 (C.30:6F-5).

c. In addition to the motor vehicle registration fees imposed pursuant to the provisions of chapter 3 of Title 39 of the Revised Statutes, the chief administrator shall impose and collect an additional fee of $1, which shall be deposited to a separate account dedicated for the funding of new State Police trooper classes. The Legislature shall annually appropriate the balance of the separate account to the Department of Law and Public Safety for the Division of State Police for the funding of new State Police trooper classes.

(cf: P.L.2005, c.311, s.1)

34. 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

35. 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 for a variety of statutory measures to enhance the scope and quality of the emergency medical services system in New Jersey.

The bill:
• provides a new statutory approach to the regulation of emergency medical services within chapter 2K of Title 26 of the Revised Statutes, which encompasses both basic and advanced life support services and governs the qualifications, training, and operations of paramedics, emergency medical technicians (EMTs), and emergency medical responders;
• revises and consolidates in section 1 of P.L.1984, c.146 (C.26:2K-7) the definitions of terms used in chapter 2K of Title 26 of the Revised Statutes governing emergency medical services;
• provides that, under the direction of the Commissioner of Health and Senior Services, the Office of Emergency Medical Services in the Department of Health and Senior Services (DHSS) is to 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 to 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;
• requires that each municipality in the State, commencing no later than two years after the effective date of the bill, ensure or arrange for the provision of basic life support pre-hospital care in response to 9-1-1 calls within its boundaries, including continuation of coverage when the primary service is unavailable;
• directs the commissioner to ensure or arrange for the provision of advanced life support pre-hospital care in response to 9-1-1 calls within the State;
• requires that licensure be obtained from the commissioner: by a paramedic to staff a mobile intensive care unit; by an EMT to staff a licensed ambulance; and by an emergency medical responder to respond to 9-1-1 calls, who must each apply for licensure on forms prescribed by the commissioner;
• 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 P.L.1984, c.146 (C.26:2K-7 et seq.) or applicable regulations;
• requires DHSS to make available to the public a current list of licensed paramedics and EMTs on its Internet website;
• requires paramedics, EMTs, and emergency medical responders to undergo a criminal history record background check, in accordance with regulations adopted by the commissioner, as a condition of licensure or other authorization to practice;
• authorizes a paramedic to perform advanced life support services if the paramedic:
  -- maintains direct voice communication with and is taking orders from a licensed physician or physician-directed registered professional nurse, both of whom are affiliated with a mobile intensive care program; or
  -- is operating under standing orders from a licensed physician that were developed or approved by a mobile intensive care program;
• authorizes a hospital licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) to develop and maintain a mobile intensive care program if it is licensed to do so pursuant to this bill; and requires the hospital, at a minimum, to maintain an accredited emergency department;
• directs the commissioner to establish, by regulation, criteria which a hospital must meet in order to obtain licensure to operate a mobile intensive care program;
• stipulates that a hospital operating a mobile intensive care program prior to the effective date of this bill is 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;
• repeals the following:
  -- 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 - which would be obviated by the provisions of section 4 of P.L.1984, c.146 (C.26:2K-10);
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 - which would be
obviated by the provisions of section 6 of P.L.1984, c.146
(C.26:2K-12);
-- 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 - which would be obviated by the
provisions of section 8 of P.L.1984, c.146 (C.26:2K-14); and
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;
• renames the “New Jersey Emergency Medical Service Helicopter
Response Program” as the “New Jersey Air Medical Response
Program” and substitutes the term “air medical unit” for
“emergency medical service helicopter response unit” with
respect to those entities designated to operate an air medical
program;
• renames the “New Jersey Emergency Medical Service Helicopter
Response Program Fund,” established pursuant to section 2 of
P.L.1992, c.87 (C.26:2K-36.1), as the “New Jersey Emergency
Medical Services System Support Fund,” and directs that the
moneys in the fund be utilized for the following purposes:
-- basic life support services;
-- advanced life support services;
-- the New Jersey Air Medical Response Program;
-- the New Jersey Poison Information and Education System;
-- emergency medical services for children;
-- health information technology initiatives relating to
emergency medical services;
-- recruitment and retention of emergency medical services
providers;
-- training and education of emergency medical services
providers;
-- other activities or initiatives in support of the emergency
medical services system as specified in regulations adopted by the
commissioner; and
-- administrative costs incurred by DHSS in connection with the
emergency medical services system, which are not to exceed 8% of
the moneys in the fund;
• directs the commissioner to provide, by regulation, for the
licensure of privately operated air medical units, in addition to the
units designated pursuant to statute; and
• directs the commissioner to promulgate rules and regulations
pursuant to P.L.1984, c.146 (C.26:2K-7 et seq.), with the advice
of the Emergency Medical Care Advisory Board (EMCAB) established pursuant to this bill, in the form of such written recommendations as EMCAB may submit to the commissioner for his consideration.

In addition, the bill provides as follows:

- The commissioner is to appoint a State Medical Director for Emergency Medical Services, who will assume responsibility for medical oversight of emergency medical services delivery in the State. The State medical director, who must be a New Jersey-licensed physician with experience in the medical oversight of emergency medical services delivery, may (subject to the commissioner’s approval) 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.

- The commissioner is to establish EMCAB to 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. EMCAB replaces the State mobile intensive care advisory council; and section 10 of P.L.1984, c.146 (C.26:2K-16), which established the council, is repealed.

-- EMCAB is to include 16 members, as follows:

-- the commissioner and the Director of the Office of Emergency Medical Services in DHSS, and the State Medical Director for Emergency Medical Services, or their designees, as ex officio, nonvoting members; and

-- 13 public members, to be initially appointed by the commissioner and thereafter appointed in a manner specified by regulation of the commissioner, including one representative from each of the following: volunteer basic life support services providers; paid basic life support services providers; air medical programs; 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 Emergency Medical Services for Children program; and a member of the general public who is not involved with the provision of health care or emergency medical services.

-- EMCAB is to establish the following standing committees of the board, as well as any additional committees that it determines appropriate, which in each case is to 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, and which are to research, review, assess, and recommend policy, and analyze data as applicable: Medical Services, Pre-hospital Care Systems Operations, Inter-facility Care
Systems Operations, Funding and Finance, Public Awareness and Prevention, Clinical Education, Research and Data, and Specialty Care.

-- 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.

• Statutory authorization for the State advisory council for basic and intermediate life support services training, established pursuant to section 6 of P.L.1992, c.143 (C.26:2K-59), is deleted, as that entity is obviated by the provisions of this bill.

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

• 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.

• The commissioner is to establish, maintain, and coordinate the activities of the 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 will 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 commissioner is directed to present a report to the Governor and the Legislature, no later than December 31 of each year, on the adequacy of emergency medical services provided pursuant to the bill, and to 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.

• The “Emergency Medical Technician Training Fund” established pursuant to section 3 of P.L.1992, c.143 (C.26:2K-56) is renamed as the “Emergency Medical Services Training Fund.”
• The fund may be used for the following purposes, as specified in regulations adopted by the commissioner, in accordance with the recommendations of EMCAB:
  -- to train any EMT at the basic level;
  -- to pay for continuing education recertification requirements for EMTs and paramedics;
  -- to provide interest-free loans for initial paramedic training; and
  -- for recruitment and retention of EMTs and paramedics to meet the needs of the community.

• The surcharge imposed on motor vehicle violations pursuant to N.J.S.22A:3-5, for deposit into the "Emergency Medical Services Training Fund," is increased from $.50 to $5 in order to ensure adequate funding for EMT and paramedic training.

• The bill takes effect on the 180th day after enactment, but authorizes the commissioner to take anticipatory administrative action in advance as necessary for its implementation.