The New Jersey State
Emergency Medical Care Advisory Board

The EMCAB shall advise the Department of Health and Senior Services on all matters of mobile intensive care services, advanced life support services, basic life support services, and pre-hospital and interfacility medical transportation services.

**Authority:**
Approval of the EMCAB shall be required for the following:
1) Establishment of, or changes in, EMS & MTS system performance standards utilized by the NJDHSS
2) Approval, denial or termination of a CN (however, not for the transfer of operating rights)
3) Establishment of, or changes in, licensure or credentialing requirements for entities or individuals
4) Scope of practice limits for all categories of providers
5) Significant EMS or MTS system changes

In addition, the Commissioner shall accept or reject each recommendation of the EMCAB within 30 days of its submission. In the event the Commissioner rejects an EMCAB recommendation, he/she shall provide a written explanation.

**Members:**
The standing members of the EMCAB shall consist of, at the least, individuals representing the following “sectors/segments” of the EMS-MTS system in New Jersey:

- ALS
- SCT/Air Medical
- Emergency Physician
- Acute Care Hospital
- Emergency Nurse
- Trauma/Burn
- EMS for Children
- Public/Consumer
- County OEM EMS Coord.
- Communications
- Municipal/County Official
- Volunteer BLS
- Non-Volunteer BLS
Members will be initially appointed by the Commissioner of DHSS through a process delineated by law. Thereafter, specified organizations, Committees of the EMCAB, or the Commissioner shall choose these representatives (as detailed below).

<table>
<thead>
<tr>
<th>EMCAB Member</th>
<th>On-Going Appointment Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALS</td>
<td>ALS Sub-committee of the Pre-Hospital Operations Committee</td>
</tr>
<tr>
<td>SCT/Air Medical</td>
<td>Joint selection by combined ALS &amp; AMU Sub-committees of the Interfacility Operations Committee</td>
</tr>
<tr>
<td>Emergency Physician</td>
<td>Medical Services Committee</td>
</tr>
<tr>
<td>Acute Care Hospital</td>
<td>New Jersey Hospital Association</td>
</tr>
<tr>
<td>Emergency Nurse</td>
<td>New Jersey Chapter of the Emergency Nurses Association</td>
</tr>
<tr>
<td>Trauma/Burn</td>
<td>State Trauma Advisory Council</td>
</tr>
<tr>
<td>Public/Consumer</td>
<td>Public Awareness Committee</td>
</tr>
<tr>
<td>EMS for Children</td>
<td>EMS for Children Council</td>
</tr>
<tr>
<td>County OEM EMS Coordinator</td>
<td>NJ Association of County OEM EMS Coordinators</td>
</tr>
<tr>
<td>Communications</td>
<td>NJ Office of Emergency Telecommunications Services</td>
</tr>
<tr>
<td>Municipal/County Official</td>
<td>NJ League of Municipalities</td>
</tr>
<tr>
<td>Volunteer BLS</td>
<td>Volunteer BLS Working Group of the BLS Sub-committee of the Pre-Hospital Operations Committee</td>
</tr>
<tr>
<td>Non-Volunteer BLS</td>
<td>Non-Volunteer Working Group of the BLS Sub-committee of the Pre-Hospital Operations Committee</td>
</tr>
</tbody>
</table>
**Structure:**
The EMCAB will be comprised of eight standing committees. Each Committee shall report regularly to the EMCAB regarding its activities and deliberations, including recommendations for system improvement and response to delegated tasks from the EMCAB. It is expected, in order to assure the efficient functioning of the Board as a whole, that the various committees, subcommittees and working groups specified hereafter, will be “cross-pollinated” with members. In other words, a significant number of individuals are expected to hold membership in multiple committees, subcommittees and working groups of the Board; (see diagram on next page)
Committees:

**Medical Services Committee:**

**Summary Description:**
Together with the Clinical Education & Quality Assurance Committee, it shall review, at least annually, national standards of care in out-of-hospital treatment and make recommendations to the Board regarding improvements and changes to keep New Jersey’s EMS\(^1\) (pre-hospital) and MTS\(^2\) (inter-facility) systems at the forefront of supplying quality care and evidence based medicine. This Committee will be responsible for the research, establishment and oversight of clinical treatment protocols and medical command procedures for all levels of EMS and MTS. This committee shall consist of at least nineteen members, ten of whom shall be New Jersey licensed physicians who are specified below. The remaining members shall include non-physicians from agencies providing pre-hospital and interfacility care at all levels. The Committee shall include regular liaisons as specified below. The Chairman of this committee shall not be a member of the EMCAB and shall not be the chairman of any other EMCAB committee.

**Membership:**
Members of the Committee hold one vote each.
1. BLS clinical provider
2. ALS clinical provider
3. SCT or AMU clinical provider
4. BLS EMS Educator (Clinical Coordinator)
5. ALS EMS Educator (Clinical Coordinator)
6. BLS Administrator
7. ALS Administrator
8. SCT Administrator
9. AMU Administrator

Above members shall be balanced by *Urban* and *Rural* operating environments of New Jersey, with no more than 5 members from either.

10. Physician BLS Medical Director - North\(^3\)
11. Physician BLS Medical Director - Central
12. Physician BLS Medical Director - South
13. Physician ALS Medical Director - North
14. Physician ALS Medical Director - Central
15. Physician ALS Medical Director - South
16. Physician SCT Medical Director

\(^1\) EMS means Emergency Medical Services and refers to the, usually, emergent medical care and transportation of patients from out-of-hospital locations (which may be other medical non-hospital facilities such as nursing homes) to hospitals or FLEDS/SEDs (Free Standing or Satellite Emergency Departments).

\(^2\) MTS means Medical Transportation Services and refers to the medical care and transportation of patients between healthcare facilities and includes discharged patients being transported to non-medical facilities or locations and those transported from home (or similar location) to non-urgent medical treatment facilities.

\(^3\) Geographic region defined consistent with NJDHSS EMS regions.
17. Physician AMU Medical Director
18. Hospital ED Physician (selected by ACEP) not affiliated with a BLS, ALS or
SCT/AMU program/provider.
19. Pediatric Emergency Medicine Physician (selected by the EMSC Advisory
Council)

These members shall serve staggered three-year terms, with one-third of these
positions replaced annually (for the initial two years, three members would serve
a one year term, and three others would serve a two year term).

**Standing Liaisons:**
Liaisons of the Committee have no voting privilege.

1. Trauma Center Physician (selected by TCC)
2. Burn Center Physician (selected by the Burn Center)
3. Poison Control Center Physician (selected by the Poison Control Center)
4. Chest Pain Center Physician (selected by CHAP)
5. Stroke Center Physician (selected by ?)
6. EMS for Children Advisory Council
7. Emergency Medicine Residency Program (selected by ?)

**Chairperson Selection Process:**
Shall be one of the voting physician members, selected by simple majority vote of the
committee and shall serve for a two-year period (or less if their term of service on the
committee is less).

**EMCAB Membership Appointment:**
Following the initial one year appointment of the “emergency physician” member of the
EMCAB by the Commissioner, this Committee shall select, by majority vote, said
member thereafter, annually. The “emergency physician” member of the EMCAB must
be a NJ licensed, emergency board certified, currently practicing, emergency physician.

**Pre-hospital (EMS) System Operations Committee:**
Responsible for review and advice on the administration and non-medical operation of
EMS (pre-hospital). This committee shall consist of at least twenty-two members, twelve
of whom shall be administrators of agencies providing pre-hospital care at all levels. The
remaining members shall include New Jersey licensed physicians who are board certified
in emergency medicine and who are active in the provision of pre-hospital or hospital
emergency care. The Chairman of this committee shall not be a member of the EMCAB
and shall not be the chairman of any other EMCAB committee. It shall have the
following standing subcommittees:

1. BLS
2. MICU and AMU
3. Communications

Each subcommittee shall consist of eleven members representing the
various delivery models of that EMS tier. The Chairpersons of each
The subcommittee shall be members of the committee and not the chairman of any other subcommittee. The BLS subcommittee shall have two working groups; Volunteer and Non-Volunteer, each with nine members representing the various types of agencies that deliver that model of service. The Chairpersons of each working group shall be members of the subcommittee and not the chairman of any other subcommittee or working group.

For the purposes of EMCAB and these Sub-Committees and Working Groups the following definitions shall prevail;

**Volunteer BLS Agency**-
A volunteer agency is a not for profit agency that does not seek service reimbursement and is staffed by non-salaried response providers a minimum of 85 hours per week.

**Non-Volunteer BLS Agency**-
A non-volunteer agency is an agency that seeks reimbursement for the services provided or is staffed by salaried responders 85 or more hours a week.

**BLS Sub-Committee:**
The membership of this Sub-Committee shall consist of at least the following:

1. NJSFAC
2. NJMTA
3. Fire Based
4. Police Based
5. Municipal Third Service
6. County/Regional providers
7. 9-1-1 Not-for Profit (501 C3)
8. Hospital based
9. Industrial/Institutional (military?)
10. Search & Rescue
11. First Responders

The Non-Volunteer BLS Working Group of the BLS Sub-Committee shall consist of the following members:

1. MTANJ
2. Firer-based representative
3. Police-based representative
4. Third service Volunteer representative
5. Hospital-based representative
6. And others that may be identified
The Volunteer BLS Working Group of the BLS Sub-Committee shall consist of the following members:

7. NJSFAC
8. Firer-based Volunteer representative
9. Third service Volunteer representative
10. And others that may be identified

Membership:
Members of the Committee hold one vote each.

20. BLS clinical provider
21. ALS/AMU clinical provider
22. Communications provider (Emergency Medical Dispatcher)
23. Chairman of the BLS Sub-Committee
24. Chairman of the MICU & AMU Sub-Committee
25. Chairman of the Communications Sub-Committee
26. Non-Volunteer BLS Administrator
27. Non-Volunteer BLS Administrator
28. Volunteer BLS Administrator
29. Volunteer BLS Administrator
30. MICU Administrator
31. MICU Administrator
32. AMU Administrator – Private Service
33. AMU Administrator - JEMSTAR
34. Communications Administrator
35. Communications Administrator
36. NJ State County OEM EMS Representative
37. BLS Physician Medical Director
38. ALS Physician Medical Director
39. AMU Physician Medical Director
40. Hospital ED Physician (selected by ACEP) not affiliated with a BLS, ALS or AMU program/provider.
41. Public Consumer

These members shall serve staggered three-year terms, with one-third of these positions replaced annually (for the initial two years, three members would serve a one year term, and three others would serve a two year term).

Standing Liaisons:
Liaisons of the Committee have no voting privilege.

1. EMS Educator
2. Office of Emergency Telecommunications Services Representative
3. New Jersey State Police; Office of Emergency Management
4. New Jersey Hospital Association

Chairperson Selection Process:
Shall be one of the members, selected by simple majority vote of the committee and shall serve for a two-year period (or less if their term of service on the committee is less).

**EMCAB Membership Appointment:**
Following the initial one year appointment of the “ALS”, “BLS-Volunteer” and “BLS-Non-Volunteer” members of the EMCAB by the Commissioner, the appropriate Sub-committees of this Committee shall select, by majority vote, said members thereafter, annually. Said EMCAB members must be active individuals of the constituent group they represent.

**Inter-facility (MTS) System Operations Committee:**

**Summary Description:**
Responsible for review and advice on the administration and non-medical operation of MTS (inter-facility). This committee shall consist of at least twenty members, ten of whom shall be administrators of agencies providing inter-facility care at all levels. The remaining members shall include New Jersey licensed physicians who are active in the provision of interfacility care, including BLS, SCT and AMU. The Chairman of this committee shall not be a member of the EMCAB and shall not be the chairman of any other EMCAB committee. It shall have the following standing subcommittees:

1. BLS (including MAV)
2. SCT
3. AMU

The Chairperson of each subcommittee shall be members of the committee and not the chairman of any other subcommittee.

**Membership:**
Members of the Committee hold one vote each.

42. BLS clinical provider
43. SCT clinical provider
44. AMU clinical provider
45. Chairman of the BLS Sub-Committee
46. Chairman of the SCT Sub-Committee
47. Chairman of the AMU Sub-Committee
48. Commercial BLS Administrator (selected by the MTANJ)
49. Commercial BLS Administrator
50. Hospital Based BLS Administrator
51. Commercial SCT Administrator (selected by the MTANJ)
52. Commercial SCT Administrator
53. Hospital Based SCT Administrator
54. AMU Administrator - Private Service
55. AMU Administrator - JEMSTAR
56. BLS Physician Medical Director
57. SCT Physician Medical Director
58. In-Hospital Specialty Nursing Representative
59. Pediatric Specialty Services Manager
60. Emergency Department Representative
61. Public Consumer

These members shall serve staggered three-year terms, with one-third of these positions replaced annually (for the initial two years, three members would serve a one year term, and three others would serve a two year term).

**Standing Liaisons:**
Liaisons of the Committee have no voting privilege.
- 8. Trauma Center Physician (selected by TCC)
- 9. Burn Center Physician (selected by the Burn Center)
- 10. Poison Control Center Physician (selected by the Poison Control Center)
- 11. Chest Pain Center Physician (selected by CHAP)
- 12. Stroke Center Physician (selected by ?)
- 13. Psychiatric Medical Center Physician
- 14. Hospital Case Manager/Discharge Planner/Social Work
- 15. Skilled Nursing Facility Transport Coordinator
- 16. Rehabilitation Facility Representative
- 17. Hospice Program Representative

**Chairperson Selection Process:**
Shall be one of members, selected by simple majority vote of the committee and shall serve for a two-year period (or less if their term of service on the committee is less).

**EMCAB Membership Appointment:**
Following the initial one year appointment of the “SCT/AMU” member of the EMCAB by the Commissioner, this Committee shall select, by majority vote, said member thereafter, annually. The “SCT/AMU” member of the EMCAB must be active in the interfacility medical transportation system of NJ.

**Funding and Finance Committee:**
**Summary Description:**
Responsible for research and advice on the funding and financing of EMS (pre-hospital) and MTS (inter-facility), to include billing and collections, cost analysis, reimbursement trends, delivery model designs, taxes and subsidies. This committee shall consist of at least fifteen members with at least 10 of whom have expertise in health care financing, including representatives from all levels of EMS and MTS, including at least one representative from municipal, commercial, non-profit, and volunteer EMS and MTS agencies. The Chairman of this committee shall not be a member of the EMCAB and shall not be the chairman of any other EMCAB committee.

The Committee shall maintain a standing subcommittee, jointly with the Clinical education & Quality Assurance Committee, which will subsume the responsibilities and authority of the pre-existing State EMT Training Fund Advisory Council (EMTTFAC).

**Membership**
Membership of this subcommittee shall consist of;
1) Commissioner of Health and Senior Services
2) Superintendent of the Division of State Police in the Department of Law and Public Safety
3) Director of the Governor's Office on Volunteerism
4) President of the New Jersey State First Aid Council
5) President of the Medical Transportation Association of New Jersey
6) Chairperson of the EMCAB’s Medical Services Committee
7) Chairperson of the EMCAB’s Funding & Finance Committee
8) Chairperson of the EMCAB’s Clinical Education and Quality Assurance Committee
9) NJHA
10) Medical Society of New Jersey
11) NJ State Nurses Association
12) & 13) Non-healthcare professional Public Member with expertise in EMS
13) & 15) Physician with expertise related to BLS

Subcommittee Chairperson Selection Process:
The members shall elect a chairman from among themselves and a secretary who need not be a member of the subcommittee. The Department of Health and Senior Services shall provide such technical, clerical and administrative support as the subcommittee requires to carry out its responsibilities.

Membership:
Members of the Committee hold one vote each.
   62. League of Municipalities
   63. County Administrators’ Association
   64. MTANJ
   65. NJSFAC
   66. NJAPP
   67. NJHA
   68. NJ State County OEM EMS Coordinators
   69. EMT Training Fund
   70. NJ Chapter of HFMA
   71. Volunteer BLS Financial Administrator
   72. Non-Volunteer BLS Financial Administrator
   73. ALS Financial Administrator
   74. SCT Financial Administrator
   75. AMU Financial Administrator
   76. EMS & MTS Reimbursement Specialist (not employed by a billing company)

---

4 This member assumes the EMT Training Fund oversight group remains a separate advisory group. Consideration should be given to the idea of subsuming the existing EMT Training Fund oversight group into a joint sub-committee of the proposed EMCAB’s Funding & Finance and Clinical Education & Quality Assurance Committees.
These members shall serve staggered three-year terms, with one-third of these positions replaced annually (for the initial two years, three members would serve a one year term, and three others would serve a two year term).

**Standing Liaisons:**
Liaisons of the Committee have no voting privilege.

- 18. Representative of NJ Department of Business & Insurance

**Chairperson Selection Process:**
Shall be one of the members, selected by simple majority vote of the committee and shall serve for a two-year period (or less if their term of service on the committee is less).

**EMCAB Membership Appointment:**
This Committee shall not appoint any members of the EMCAB.

**Public Awareness Committee:**

**Summary Description:**
Responsible for the education of the public in illness and injury prevention, access to the EMS (pre-hospital) and MTS (inter-facility) systems, delivery models of service in the state, and funding of the systems, as well as recruitment and retention of qualified clinicians, public safety initiatives, and public relations regarding the place of pre-hospital and interfacility medical care in New Jersey’s overall healthcare system. This committee shall consist of at least fourteen members, at least seven of whom have expertise in public education and awareness of public health issues. The Chairman of this committee shall not be a member of the EMCAB and shall not be the chairman of any other EMCAB committee.

**Membership:**
Members of the Committee hold one vote each.

- 77. Emergency Nurse
- 78. Emergency Physician
- 79. BLS EMS Educator (Clinical Coordinator)
- 80. ALS EMS Educator (Clinical Coordinator)
- 81. BLS clinical provider
- 82. ALS clinical provider
- 83. SCT clinical provider
- 84. AMU clinical provider
- 85. NJHA
- 86. Public Consumer representing the Urban environments of New Jersey
- 87. Public Consumer representing the Rural/Suburban environments of New Jersey
- 88. Firefighter involved public education or awareness
- 89. Police Officer involved in community awareness and/or school education
- 90. Media/Public Relations specialist (not employed by a media entity)
These members shall serve staggered three-year terms, with one-third of these positions replaced annually (for the initial two years, three members would serve a one year term, and three others would serve a two year term).

**Standing Liaisons:**
Liaisons of the Committee have no voting privilege.
19. AARP
20. New Jersey Division of Highway Traffic Safety (OAG/DLPS)
21. EMS for Children
22. A New Jersey Chapter of the American Red Cross
23. New Jersey Safety Council
24. Media Representative
25. Representative from the Center of Health Statistics (NJDHSS)

**Chairperson Selection Process:**
Shall be one of the voting members, selected by simple majority vote of the committee and shall serve for a two-year period (or less if their term of service on the committee is less).

**EMCAB Membership Appointment:**
Following the initial one year appointment of the “emergency physician” member of the EMCAB by the Commissioner, this Committee shall select, by majority vote, said member thereafter, annually. The “public awareness” member of the EMCAB must be resident of the state of New Jersey and not affiliated or associated with any entity or person providing EMS or MTS.

**Clinical Education & Quality Assurance Committee:**

**Summary Description:**
Together with the Medical Services committee, it shall review, at least annually, national standards of care in out-of-hospital treatment and make recommendations to the Board regarding improvements and changes to keep New Jersey’s EMS (pre-hospital) and MTS (inter-facility) systems at the forefront of supplying quality care and evidence based medicine. This committee shall establish performance and proficiency standards for education. It shall be the responsibility of the Office of Emergency Medical Services within the Department of Health and Senior Services to evaluate the classes, the educators, and the students, to maintain the standards established by the Board. This committee is responsible for establishing the design of education, testing and credentialing of all providers at all levels in the EMS and MTS systems. It is also responsible for the design of quality assurance/improvement processes for all levels of care to be utilized by provider agencies and to assure the appropriate recognition of cultural, religious and ethnic diversity of the patient community. It shall further maintain an awareness of current trends in healthcare ethics as it relates to pre-hospital and inter-facility medical care. This committee shall consist of at least twenty-two members, the majority of which will have expertise in clinical education, curriculum design, medical provider credentialing, adult education and testing, and clinical quality assurance and
improvement. The Chairman of this committee shall not be a member of the EMCAB and shall not be the chairman of any other EMCAB committee.

The Committee shall maintain a standing subcommittee, which will subsume the responsibilities and authority of the pre-existing State Advisory Council for Basic & Intermediate Life Support Training (B/ILFTAC). This subcommittee shall be responsible for:

1. establishing guidelines and making recommendations regarding reimbursement from the fund to entities providing EMT testing and training activities
2. making recommendations for changes in emergency medical services testing and training activities or the creation of new programs as necessary to conform with federal standards, or to improve the quality of emergency medical services delivery
3. establishing guidelines for the purchase of emergency medical services training equipment
4. developing recommendations for the most effective means to recruit emergency medical services volunteers.

Sub-Committee Membership
Membership of this subcommittee shall consist of:
1) Commissioner of Health and Senior Services
2) Superintendent of the Division of State Police in the Department of Law and Public Safety
3) Director of the Governor's Office on Volunteerism
4) President of the New Jersey State First Aid Council
5) Chairman of the EMCAB
6) President of the New Jersey Association of Paramedic Programs
7) President of the Medical Transport Association of New Jersey

As ex officio members:
- Seven public members, of which two shall be persons with a demonstrated interest or expertise in emergency medical services who are not health care professionals
- Two physicians who are medical specialists in areas relating to advanced or basic life support services, to be appointed by the Governor
- One representative of the New Jersey Hospital Association, to be appointed by the President thereof
- One representative of the Medical Society of New Jersey, to be appointed by the President thereof
- One shall be a representative of the New Jersey State Nurses Association, to be appointed by the President thereof.

Subcommittee Chairperson Selection Process:
The members shall elect a chairman from among themselves and a secretary who need not be a member of the subcommittee. The Department of Health and Senior
Services shall provide such technical, clerical and administrative support as the subcommittee requires to carry out its responsibilities.

The Committee shall maintain a second standing subcommittee, jointly with the Funding & Finance Committee, which will subsume the responsibilities and authority of the pre-existing State EMT Training Fund Advisory Council (EMTTFAC).

Sub-Committee Membership
Membership of this subcommittee shall consist of:
14) Commissioner of Health and Senior Services
15) Superintendent of the Division of State Police in the Department of Law and Public Safety
16) Director of the Governor's Office on Volunteerism
17) President of the New Jersey State First Aid Council
18) President of the Medical Transportation Association of New Jersey
19) Chairperson of the EMCAB’s Medical Services Committee
20) Chairperson of the EMCAB’s Funding & Finance Committee
21) Chairperson of the EMCAB’s Clinical Education and Quality Assurance Committee
22) NJHA
23) Medical Society of New Jersey
24) NJ State Nurses Association
25) & 13) Non-healthcare professional Public Member with expertise in EMS
26) & 15) Physician with expertise related to BLS

Subcommittee Chairperson Selection Process:
The members shall elect a chairman from among themselves and a secretary who need not be a member of the subcommittee. The Department of Health and Senior Services shall provide such technical, clerical and administrative support as the subcommittee requires to carry out its responsibilities.

Membership of the Committee:
Members of the Committee hold one vote each and shall consist of;
91. BLS clinical provider
92. ALS clinical provider
93. SCT clinical provider
94. AMU clinical provider
95. BLS EMS Educator (Clinical Coordinator)
96. ALS EMS Educator (Clinical Coordinator)
97. SCT Educator (Clinical Coordinator)
98. AMU Educator (Clinical Coordinator)
99. BLS Training Center Program Director
100. Paramedic Training Center Program Director
101. EMD Educator
102. First Responder – Police Educator
103. First Responder – Firefighter Educator
104. Hospital ED Physician (selected by ACEP) not affiliated with a BLS, ALS or SCT/AMU program/provider.
105. BLS Physician Medical Director
106. ALS Physician Medical Director
107. Nurse Educator
108. Adult Education Specialist (Phd or Ed)
109. Education Technology Specialist
110. Medical Quality Assurance/Improvement Specialist
111. Medical Quality Assurance Statistician
112. Chairman of the Sub-committee

These members shall serve staggered three-year terms, with one-third of these positions replaced annually (for the initial two years, three members would serve a one year term, and three others would serve a two year term).

**Standing Liaisons of the Committee:**
Liaisons of the Committee have no voting privilege.
26. Trauma Center Physician (selected by TCC)
27. Burn Center Physician (selected by the Burn Center)
28. Poison Control Center Physician (selected by the Poison Control Center)
29. Chest Pain Center Physician (selected by CHAP)
30. Stroke Center Physician (selected by ?)
31. Pediatric Physician (Emergency preferred)
32. Representative from UMDNJ (Center for Teaching Excellence)
33. Representative from the EMCAB Research Committee

**Chairperson Selection Process:**
Shall be one of the voting members, selected by simple majority vote of the committee and shall serve for a two-year period (or less if their term of service on the committee is less).

**EMCAB Membership Appointment:**
This Committee shall not appoint any members of the EMCAB.

**Research and Data Committee:**
**Summary Description:**
Responsible for reviewing the public and published literature regarding all aspects of EMS (pre-hospital) and MTS (inter-facility), including the efficacy, efficiency, proficiency, medical quality and financial viability of various delivery models, with comparative analysis. It shall determine the areas within EMS and MTS that require research, especially in New Jersey’s system. This committee will also encourage and facilitate ethical research by government and private entities in the area of out of hospital care. It is also responsible for the design, execution and analysis of any clinical or academic research deemed necessary by other committees, regarding EMS and MTS. In addition, this committee is responsible for the advice, design, establishment and ongoing analysis of data to measure and improve the EMS and MTS systems in New Jersey,
including the promulgation of data elements to be captured by all agencies and the creation of a data clearinghouse. This committee shall consist of seventeen members, the majority of which will have expertise in medical and academic research as well as data collection and analysis. The Chairman of this committee shall not be a member of the EMCAB and shall not be the chairman of any other EMCAB committee.

**Membership:**
Members of the Committee hold one vote each.
113. NJ academic hospital physician researcher
114. Epidemiologist from a NJ academic hospital
115. Nurse with experience in clinical research
116. Physician BLS Medical Director
117. Physician ALS Medical Director
118. Physician SCT/AMU Medical Director
119. BLS Administrator
120. ALS Administrator
121. SCT/AMU Administrator
122. BLS Clinical Coordinator
123. ALS Clinical Coordinator
124. SCT/AMU Clinical Coordinator
125. Healthcare bioethicist
126. Healthcare biostatistician
127. Healthcare legal expert (preferably EMS focused)
128. Healthcare financial expert (preferably with EMS & grant funding experience)
129. NJHA (especially for outcome data access and Internal Review Board input)

These members shall serve staggered three-year terms, with one-third of these positions replaced annually (for the initial two years, three members would serve a one year term, and three others would serve a two year term).

**Standing Liaisons:**
Liaisons of the Committee have no voting privilege.
34. NJDHSS Epidemiologist
35. NJDHSS/OEMS representative
36. Representative from the EMCAB Clinical Education & Quality Assurance Committee

**Chairperson Selection Process:**
Shall be one of the voting physician members, selected by simple majority vote of the committee and shall serve for a two-year period (or less if their term of service on the committee is less).

**EMCAB Membership Appointment:**
This Committee shall not appoint any members of the EMCAB.
**Specialty Care Committee:**

**Summary Description:**
Responsible for assessing and advising on the role of specialty care hospitals in New Jersey’s EMS (pre-hospital) and MTS (inter-facility) systems. Specialty care centers include established and designated Trauma, Burn and Poison Control facilities and developing Chest Pain and Stroke centers. This committee shall consist of nineteen members, the majority of which represent the various types of specialty care centers and services in New Jersey. The Chairman of this committee shall not be a member of the EMCAB and shall not be the chairman of any other EMCAB committee. It shall have the following standing subcommittee:

1. EMS for Children Advisory Council

The Chairperson of this subcommittee shall be a member of the committee and not the chairman of any other subcommittee.

**Membership:**
Members of the Committee hold one vote each.
1. Trauma Center Physician (selected by TCC)
2. Burn Center Physician (selected by the Burn Center)
3. Poison Control Center Physician (selected by the Poison Control Center)
4. Chest Pain Center Physician (selected by CHAP)
5. Stroke Center Physician (selected by ?)
6. Perinatal Center Physician
7. EMS for Children Advisory Council
8. Physician BLS Medical Director
9. Physician ALS Medical Director
10. Physician SCT Medical Director
11. Physician AMU Medical Director
12. Hospital ED Physician (selected by ACEP) not affiliated with a BLS, ALS or SCT/AMU program/provider.
13. Pediatric Emergency Medicine Physician (selected by the EMSC Advisory Council)
14. Emergency Nurse (selected by the NJ Chapter of ENA)
15. SCT Nurse Coordinator
16. NJSFAC
17. Non-Volunteer, government based, agencies’ group representative
18. NJAPP
19. MTANJ
20. Public Consumer

These members shall serve staggered three-year terms, with one-third of these positions replaced annually (for the initial two years, three members would serve a one year term, and three others would serve a two year term).

**Standing Liaisons:**
Liaisons of the Committee have no voting privilege.
37. NJHA
38. NJDHSS/OEMS
39. An organ donor service

Chairperson Selection Process:
Shall be one of the voting physician members, selected by simple majority vote of the committee and shall serve for a two-year period (or less if their term of service on the committee is less).

EMCAB Membership Appointment:
Following the initial one year appointment of the “specialty care” member of the EMCAB by the Commissioner, this Committee shall select, by majority vote, said member thereafter, annually. The “specialty care” member of the EMCAB must be a NJ licensed, currently practicing, physician associated with one of the specialty care medical facilities of the state.

By-Laws:

Article I: Name
The name of this organization shall be the Emergency Medical Care Advisory Board; hereafter, called "EMCAB."

Article II: Purpose
The purpose of EMCAB is to advise the Commissioner on issues related to emergency medical services in order to build and maintain a comprehensive network of emergency medical services for persons requiring emergency medical care in New Jersey; to steer the continued development of such system to keep it patient-centric, evidence based, and in tune with changes in technology and the needs of the people of New Jersey. EMCAB shall recommend actions to the Commissioner, either directly, or through her designee(s), including the Director of the Office of Emergency Medical Services, and serve as the Commissioner’s resource for fact-finding on industry standards and the state of EMS in New Jersey.

Article III: Responsibilities of EMCAB

- Approve all regulations pertaining to Emergency Medical Services prior to publication by the Department of Health and Senior Services.
- Make recommendations to, and advise, the Commissioner of Health and Senior Services regarding emergency medical services in New Jersey.
- Monitor legislative developments (New Jersey, federal, and other states) and their impact on New Jersey emergency medical services.
- Advise the Commissioner of Health and Senior Services of the EMCAB’s position on legislation and proposed regulations.

---

5 ie: A NJ Trauma Center, Burn Center, Poison Control Center, Chest Pain Center or Stroke Center.
• Take action on reports and recommendations of standing committees and ad hoc committees of the EMCAB.
• Support emergency medical services educational activities in New Jersey.
• Develop and support a statewide public information/education program for consumers regarding emergency medical services in New Jersey.
• Through its committees, effect change in every aspect of EMS in New Jersey, as specified in Section 3 of Article VIII.

Article IV: EMCAB Membership

Section 1. Membership

The membership of the EMCAB shall consist of __ex-officio and ___ internally elected members who are confirmed by the Commissioner of Health and Senior Services. Upon the initial formation of the Board, the Commissioner shall appoint members from applications from the public. Thereafter, the Board shall elect its members in the same manner it elects its officers. Voting members shall serve for a period of ___ years, unless a member’s tenure is extended by being elected to an office. Voting members may serve no more than ___ consecutive terms.

Section 2. Terms of Membership

The ex-officio members of the EMCAB shall have no vote, and shall serve only during their term in office or position, unless the organization or subcommittee appoints them as designees, in lieu of the official named herein. Other Board members shall serve for terms of ____ years. Vacancies shall be filled by ________________.

Section 3. Alternates

A voting member may designate an alternate to attend a meeting if he or she is unable to attend. This alternate shall have the member’s proxy for voting. A member shall not send an alternate to more than 25% of meetings during his term. The alternate may not be a person who is attending the EMCAB meeting in another capacity.

Each subcommittee, once formed, and liaison agency may register, with the Secretary of EMCAB, an alternate from its ranks. This alternate may attend EMCAB meetings with, or in the place of, the chair or named liaison.

Section 4. Resignation of Members

Any member may resign at any time. Such resignation shall be made, in writing, to the Chairperson, and shall take effect at the time specified therein or, if no time is specified, at the time of its receipt by the Chairperson. The acceptance of the resignation shall not be necessary to make it effective.

Section 5. Compensation
All members of the EMCAB, and members of all committees and ad hoc groups associated with the EMCAB, shall serve without compensation.

Section 6. Code of Ethics and Conflicts of Interest; Training

EMCAB shall adopt a written Code of Ethics which shall include a definition of Conflict of Interest and procedures for addressing potential conflicts. Members and staff of the EMCAB shall act in accordance with the EMCAB’s Code of Ethics. The Code of Ethics shall apply to ex-officio members and alternates. The EMCAB member/alternate shall be bound by all the duties under the EMCAB’s Code of Ethics and Conflict of Interest Statement throughout the entire term of his/her membership on the Board (or attendance at a meeting in place of a regular member).

A member of the EMCAB shall not have any interest, financial or otherwise, direct or indirect, or engage in any business or transaction or professional activity which is in conflict with the proper discharge of his/her responsibilities as a member. A Board member shall not use or attempt to use his/her position to secure unwarranted privileges or advantages for himself/herself or others. A Board member shall not vote or act in his/her official capacity in any matter wherein he/she has a direct or indirect personal financial interest that would be affected by the vote or action to a different degree than it would affect any other member of such business, profession, occupation or group. A member of the Board shall not accept any gift, favor, service or other thing of value under circumstances from which it might be reasonably inferred that such gift, service or other thing of value was given or offered for the purpose of influencing him/her in the discharge of his/her responsibilities as an EMCAB member. To the extent practicable, EMCAB Conflict of Interest rules shall be consistent with the department of health and Senior services Code of Ethics and the state law on Conflicts of interest at NJSA 52:13D et seq.

Newly elected Board members shall attend orientation session(s) which shall include review of these bylaws, the conflict of interest definitions and ethics standards. The Chair shall appoint a team to develop and coordinate the orientation.

Article V: Meetings

Section 1 and 2 have been merged

Section 1. Regular Meetings; Notice

The EMCAB shall meet at least quarterly. Any meeting may be held by audio only (technology-enabled) or by in person meeting, or a combination of both. The schedule of meetings for the upcoming year shall be established and distributed to the EMCAB's members at the Annual Meeting in __________. The Chairperson may, with written notice stating the place (or call in number or web address), day, hour and purpose of the
meeting called, delivered, either personally or by mail, fax, or email (or any other delivery method requested in writing by the member) at least four weeks in advance, change the time, date or location of the meeting or schedule additional meetings as necessary. The Secretary shall make the additional notifications required under the Open Public Meetings Act (NJSA 10:4-6 et seq.).

Section 2. Annual Meeting

The Annual Meeting of the EMCAB shall be the _____________ meeting of each year. Election of Officers shall occur at the conclusion of the Annual Meeting.

Section 3. Special Meetings

The Chairperson may call for a special meeting. The purpose of the special meeting shall be clearly identified at the call of the meeting. No business other than the stated purpose(s) of the special meeting shall be conducted. Notice of a special meeting shall be sent as described in section 1, with adequate notice to the public as defined in NJSA 10:4-8(d).

Special meetings may also be requested by petition of two-thirds (2/3) of the voting members, provided said petition is forwarded to the Chairperson of the EMCAB. The purpose of the meeting shall be clearly stated on the request for a special meeting. The Chairperson shall determine the date, time and location of the meeting and notify all members as noted above.

Section 4. Quorum

The presence in person (or live through technology) of two-thirds (2/3) of the voting members or their properly designated alternates with proxy shall constitute a quorum for the transaction of business. In the absence of a quorum, the Chair shall adjourn the meeting to another date and time. After two consecutive absences by an EMCAB member at two scheduled meetings, the Chairperson will send a written reminder to the individual member of the fact that he has missed the meetings and failed to send an alternate with a proxy. After three consecutive absences by any member, the Board may vote to replace the member for the duration of his term.

Section 5. Lack of a Quorum

In the case of a meeting, called for any purpose, which is adjourned due to lack of a quorum, those attending the subsequent meeting called for the same purpose shall constitute a quorum, providing the following procedure is followed:

Written notice is made of the rescheduled meeting, stating those members who attend the meeting shall constitute a quorum (regardless of the number attending) for the purpose of acting upon stated business, resolution or other matters.
Written notice is given to each member and the public in accordance with the Open Public Meetings Act prior to the day named for the rescheduled (previously adjourned) meeting.

Section 6. Agenda

The Chairperson and the Secretary shall set the agenda for each regular meeting. Members may place items on the agenda to be presented or discussed by notifying the Secretary or the Chairperson at least five weeks prior to a regular meeting. The agenda for each meeting shall be mailed to each member at least four weeks prior to the next meeting date.

Agenda items shall include, but not be limited to, the following:
- Approval of the minutes of the previous meeting
- Reports of Standing Committees
- Reports of Ad Hoc Groups
- New Business
- Election of Officers (Annual Meeting Only)

The Chairperson shall determine the presentation order of agenda items, with the approval of the minutes of the previous meeting always being first and the election of new officers always occurring at the conclusion of the scheduled items on the agenda.

Any business matter brought before the EMCAB by the Commissioner of Health and Senior Services shall be considered within two consecutive regular meetings of the EMCAB, or later only if the Commissioner of Health and Senior Services shall so direct.

Any business matter brought before the Department of Health and Senior Services by the EMCAB shall be considered within two consecutive regular meetings of the EMCAB, or later only if the Commissioner of Health and Senior Services shall so direct.

The Department of Health and Senior Services shall supply the EMCAB with staff services.

Section 7. Rules of Order

Unless otherwise stated within these By-Laws, Robert's Rules of Order shall govern the EMCAB in all cases in which the Rules are applicable. Agenda items shall be presented to the EMCAB members as a whole. Motions may be accepted by the Chairperson after presentation of an agenda item. The Chairperson may immediately call for a vote on the motion or designate an additional time period for further discussion prior to the vote. Motions to table, recess, or adjourn are always in order and may be presented while a main motion is being considered. Motions to amend a main motion are in order and may be presented by any voting member during discussion on a question. If the maker of the
original motion does not consent to the amendment(s), the amendment(s) shall not be considered during the vote.

The EMCAB may accept and limit testimony from the public. The Chair may recognize non-members in order to seek clarification or other information on any issue impacting on EMS in New Jersey.

**Article VI: Officers and Special Positions**

Section 1. Officers and Special Positions - Terms of Office

The elected officers of the EMCAB shall consist of a Chairperson and Vice-Chairperson, from the membership of the EMCAB.

Each of the positions shall be elected for a term of two years. The election of each position will be staggered with the election of a Chairperson in even years and the Vice-Chairperson in odd years. When the Chairperson's term has ended and a new Chairperson is elected (even year), the Chairperson becomes an *ex officio* member of the EMCAB. No member shall serve in more than one elected and/or special position at any one time. The position of Secretary shall be elected by the EMCAB. The position of Parliamentarian shall be appointed by the Chairperson to function as such during all regular business meetings. The Parliamentarian will serve at the pleasure of the Chairperson. If the individual serving as parliamentarian is not already a voting member of the EMCAB, the position shall not have a vote.

Section 2. Election of Officers

The Chairperson shall appoint a standing Nomination Committee, consisting of at least three voting members who are not holding an office. The Nominating Committee shall receive nominations for Chairperson in even years and for Vice-Chairperson in odd years prior to the last regular meeting prior to the Annual Meeting. The Committee may solicit qualified individuals for offices, whether or not nominations have been made. A slate of nominees shall be sent to all EMCAB members at or before the last regular meeting before the Annual Meeting. No name may be submitted without prior approval from the individual to be nominated. Nominations shall not be accepted during the election process, except for those offices where a nomination has not been made. The Nominating Committee shall preside over the elections. A majority vote by secret ballot shall elect the officers. A second secret vote shall be conducted in the event of a tie. In that case, the second ballot shall contain only the names of nominees who received the tied number of votes.

The Chairperson may not vote during a first or second ballot. The Chairperson may vote to determine the winner, only if a tie exists after the second vote. Absentee ballots shall be accepted by the Nominating Committee just prior to the election. Where only one
individual is running for office, the Secretary shall cast a single ballot and elect that nominee to office. A quorum of members must be present to conduct elections.

Section 3. Vacancies of an Office

Vacancy of an office shall be filled by election presided over by the Nominating Committee at the next regular meeting; written notice shall be given at least four weeks prior to that meeting. A simple majority vote of those members present and voting at that meeting shall elect the person who will fill the vacant office. Vacancies filled will not count towards the two-term limit. Vacancies shall not be filled at the meeting just prior to the Annual (December) Meeting (where elections are scheduled).

Section 4. Duties of the Chairperson

The Chairperson shall preside at all meetings of the EMCAB and shall be a member ex-officio, without vote, of all committees except the Nominating Committee. The Chairperson shall create additional standing or ad hoc committees and their members, as deemed necessary. The Chairperson shall represent the EMCAB to the Commissioner of Health and Senior Services and shall coordinate with the New Jersey Department of Health and Senior Services, Office of Emergency Medical Services. The Chairperson shall prepare agenda items along with the Secretary. The Chairperson has the authority to call special meetings. The Chairperson shall determine the method of voting.

Section 5. Duties of the Vice-Chairperson

In the absence of the Chairperson, the Vice-Chairperson shall perform all the duties of the Chairperson and shall have the same privileges of that office. The Vice-Chairperson shall serve on committees, as requested by the Chairperson, but shall have no vote on those committees.

Section 6. Duties of the Secretary

The Secretary shall record the minutes of the meetings. The Secretary shall record motions being presented and shall read the motion to the membership prior to adoption or rejection.

The Secretary shall oversee the preparation of the minutes, which shall then be presented to each member. The Secretary shall prepare the agenda in cooperation with the Chairperson and shall post the agenda on the EMCAB’s website within the time limits set by the Open Public Meetings Act, and prepare any other written notices required by that law.

Section 7. Resignation and Removal of Officers

Any officer who has been elected by the members of the EMCAB may be removed by a two-thirds vote of the EMCAB members.
Article VII: Voting

Section 1. Eligibility

A simple majority of votes cast at a duly called meeting shall be necessary to adopt any motion, unless a greater portion is required by law or these By-Laws. Each EMCAB member shall be entitled to one vote at a regular, annual or special meeting of the EMCAB. An alternate, who has been registered to serve for an appointed member, may attend the meetings and vote, in lieu of the appointed member. A member shall not send an alternate to attend more than 25% of regular meetings.

Section 2. Proxy Votes

A proxy vote must be presented to the Chairperson prior to voting on any issue. The proxy vote must be in writing and must be signed by the member who is casting the vote. The proxy vote shall be specific as to the question to which it applies and how the vote shall be cast. Proxy votes which are not clear as to content or voting preference may not be considered. The Chairperson shall determine the validity of each proxy vote. A member may choose to give his or her alternate authority to vote on motions, or may choose to submit to the Chair in advance of the meeting a written proxy vote on a particular agenda item. In the event of a written proxy, the alternate may not vote on that matter.

Section 3. Voting

The Chairperson shall determine the need for and method of voting. There shall be a roll call vote on a main issue. Elections shall be by ballot, as described in Article VI, Section 2. Voice votes without a roll call may be accepted by the Chairperson for incidental, privileged, or subsidiary motions. A main motion to amend or adopt an agenda, to recess, limit or extend debate duration, postpone an agenda item or to approve the minutes shall not require a roll call vote, except at the direction or request of the Chairperson.

Article VIII: Committees

Section 1. Mandated Committees

The EMCAB Chairperson may appoint any committees necessary for the EMCAB to perform its responsibilities. Committees may meet as often as required by the nature of their assigned tasks. These committees shall include, but not be limited to:

- Medical Services
- Prevention & Public Awareness
- Pre-Hospital Systems Operations
- Interfacility Operations
- Funding and Finance
- Clinical Education
Section 2. Existing Councils, Additional Committees and Liaisons

Existing EMS related Councils, Committees and organizations will be represented by liaisons to the EMCAB and will be requested by the EMCAB Chairperson to submit reports to the EMCAB at its regular meetings. The EMCAB may request that these organizations address special tasks in order to complete the mandates the law. These existing Councils and Committees include, but are not limited to:

Mobile Intensive Care Unit Advisory Council (N. J. S. A. 26:2K-16). This council addresses matters related to mobile intensive care services, medical transportation and the New Jersey Emergency Medical Services Helicopter Response Program. MICU Advisory Council membership includes medical directors for all MICU hospitals. The EMCAB will rely on this advisory council to address and give opinions on all medical (excluding pediatric and trauma) issues.

The designated Trauma Centers have formed Trauma Center Advisory Council to address trauma issues. The EMCAB will rely on this advisory council to address and give opinions on all trauma issues.

NJ.S.A. 26:2K-52 establishes the Emergency Medical Services for Children Advisory Council. The EMCAB will rely on this advisory council to address and give opinions on all pediatric issues.

NJ.S.A. 26:2K-59 establishes the EMT Training Fund Advisory Council to establish guidelines and make recommendations regarding reimbursement from the training fund to entities providing certain training activities. Additionally, the Council can make recommendations for changes in EMS training and testing activities or creation of new programs to conform to federal standards or to improve the quality of EMS delivery. Other responsibilities of this Council are to establish guidelines for the purchase of EMS training equipment and to develop recommendations for the most effective means to recruit EMS volunteers.

Section 3. Committee Responsibilities

The Chairperson of each standing committee of EMCAB shall serve as an ex-officio member of the Board, selected by simple majority vote of the committee and shall serve for a two-year period (or less if their his or her of service on the committee is less).
**Public Awareness:** This committee shall consist of nine members with expertise in public education and awareness of public health issues. The Chairman of this committee shall be one of the appointed members of the EMCAB and not the chairman of any other EMCAB committee.

**Medical Services:** This subcommittee shall be responsible for the research, establishment and oversight of clinical treatment protocols and medical command procedures for all levels of Pre-hospital and Inter-facility care. The Chairman of this committee shall be one of the nonvoting members of the EMCAB and not the chairman of any other EMCAB committee.

**Pre-Hospital Systems Operations:** This subcommittee shall be responsible for review and advice on the administration and non-medical operation of EMS. The Chairman of this committee shall be one of the nonvoting members of the EMCAB and not the chairman of any other EMCAB committee.

**Interfacility Operations:** This subcommittee shall be responsible for review and advice on the administration and non-medical operation of interfacility care.

**Funding and Finance:** This committee shall be responsible for research and advice on the funding and financing of prehospital and interfacility care, to include billing and collections, cost analysis, reimbursement trends, delivery model designs, taxes and subsidies. The Chairman of this committee shall be one of the nonvoting members of the EMCAB and not the chairman of any other EMCAB committee.

**Clinical Education:** This committee is responsible for establishing the design, testing and credentialing of all providers at all levels in the prehospital and interfacility care systems. It is also responsible for the design of quality assurance/improvement processes for all levels of care to be utilized by provider agencies. Together with the Medical Services subcommittee, it shall review, at least annually, national standards of care in out of hospital treatment and make recommendations to the Board regarding improvements and changes to keep New Jersey’s prehospital and interfacility care systems at the forefront of supplying quality care and evidence based medicine. It shall be the responsibility of the Office of Emergency Medical Services within the Department of Health and Senior Services to evaluate the classes, the educators, and the students, to maintain the standards established by the Board.

**Research and Data:** This subcommittee shall be responsible for making recommendations on the minimum data set reportable to the Department by agencies, as well as encouraging and facilitating ethical research by government and private entities in the area of out of hospital care. It shall also be responsible for reviewing the public and published literature regarding all aspects of prehospital and interfacility care, including the efficacy, efficiency, proficiency, medical quality and financial viability of various delivery models, with comparative analysis. This committee will also encourage and facilitate ethical research by government and private entities in the area of out of hospital care. It is also responsible for the design, execution and analysis of any clinical or
academic research deemed necessary by other committees, regarding prehospital and interfacility care. In addition, this committee is responsible for the advice, design, establishment and ongoing analysis of data to measure and improve the prehospital and interfacility care systems in New Jersey, including the promulgation of data elements to be captured by all agencies and the creation of a data clearinghouse. The Chairman of this committee shall be one of the nonvoting members of the EMCAB and not the chairman of any other EMCAB committee.

**Specialty Care:** This committee shall consist of nine members representing the various types of specialty care centers. The Chairman of this committee shall be one of the nonvoting members of the EMCAB and not the chairman of any other EMCAB committee.

Section 4. Committee Composition

Unless otherwise provided by law, the chairperson of each committee shall be a member of the EMCAB. Unless otherwise provided by law or these bylaws, each committee shall be composed of representatives from the various geographical areas in New Jersey and at least one member (other than the chair) shall be chosen from the membership of the EMCAB. Other experts in the field may be consulted, as needed.

The Chairperson shall review the membership and status of each committee at the Annual (December) Meeting of the EMCAB. Changes in committee structure and membership may be made by the Chairperson, as needed, except for those committees that were formed by enabling legislation (NJ.S.A. 26:2K). Vacancies shall be filled by the Chairperson for any un-expired term, if legally permitted.

**Public Awareness:**

Members of the Committee hold one vote each. These members shall serve staggered three-year terms, with one-third of these positions replaced annually (for the initial two years, three members would serve a one year term, and three others would serve a two year term).

130. Emergency Nurse
131. Emergency Physician
132. BLS EMS Educator (Clinical Coordinator)
133. ALS EMS Educator (Clinical Coordinator)
134. BLS clinical provider
135. ALS clinical provider
136. SCT clinical provider
137. AMU clinical provider
138. NJHA
139. Public Consumer representing the Urban environments of New Jersey
140. Public Consumer representing the Rural/Suburban environments of New Jersey
141. Firefighter involved public education or awareness
142. Police Officer involved in community awareness and/or school education
143. Media/Public Relations specialist (not employed by a media entity)

**Standing Liaisons:** Liaisons of the Committee have no voting privilege.

40. AARP
41. New Jersey Division of Highway Traffic Safety (OAG/DLPS)
42. EMS for Children
43. A New Jersey Chapter of the American Red Cross
44. New Jersey Safety Council
45. Media Representative
46. Representative from the Center of Health Statistics (NJDHSS)

**Medical Services:** This subcommittee shall consist of at least twenty members, twelve of whom shall be New Jersey licensed physicians who are board certified in emergency medicine and who are active in the provision of pre-hospital and interfacility care. The remaining members shall be executive director level administrators of agencies providing pre-hospital and interfacility care at all levels. The remaining members shall be executive director level administrators of agencies providing pre-hospital and interfacility care at all levels.

**Pre-Hospital Systems Operations:** This subcommittee shall consist of at least twenty members, twelve of whom shall be executive director level administrators of agencies providing pre-hospital and interfacility care at all levels. The remaining members shall be New Jersey licensed physicians who are board certified in emergency medicine and who are active in the provision of pre-hospital care. It shall have the following standing subcommittees:

1. BLS
2. ALS/MICU and Air Medical
3. Communications

Each of these subcommittees shall consist of eleven members representing the various delivery models of that EMS tier. The Chairpersons of each subcommittee shall be members of the committee and not the chairman of any other subcommittee. The BLS subcommittee shall have two working groups; Volunteer and Non-Volunteer, each with nine members representing the various types of agencies that deliver that model of service. The Chairpersons of each working group shall be members of the subcommittee and not the chairman of any other subcommittee or working group.

**Interfacility Operations:** This subcommittee shall consist of at least twenty (20) members, twelve of whom shall be executive director level administrators of agencies providing inter-facility care at all levels. The remaining members shall be New Jersey licensed physicians who are active in the provision of interfacility care, including BLS, SCT and AMU. The Chairman of this committee shall be one of the nonvoting members of the EMCAB and not the chairman of any other EMCAB committee. It shall have three standing subcommittees:

1. Helicopter Utilization Review
2. Specialty Care Transport
3. BLS (including) Mobility Assistance Vehicle Transport

The Chairperson of each subcommittee shall be members of the committee and not the chairman of any other subcommittee.

**Funding and Finance:** This committee shall consist of nine (9) members with expertise in health care financing, including representatives from all levels of pre-hospital and interfacility care, and at least one representative from municipal, commercial, non-profit, interfacility, and volunteer Agencies.

**Clinical Education:** This committee shall consist of nine members. The Chairman of this committee shall be one of the nonvoting members of the EMCAB and not the chairman of any other EMCAB committee. This subcommittee shall consist of nine (9) members active in the provision of education to Paramedics, EMTs, First Responders, or nurses with expertise in clinical education, curriculum design, medical provider credentialing, adult education and testing, and clinical quality assurance and improvement.

**Research and Data:** This subcommittee shall consist of nine (9) members with expertise in medical and academic research as well as data collection and analysis.

**Specialty Care:** This committee shall be responsible for assessing and advising on the role of specialty care hospitals in New Jersey’s prehospital and interfacility care systems. Specialty care centers include established and designated Trauma, Burn and Poison Control facilities and developing Chest Pain and Stroke centers.

Section 5. Ad Hoc Groups

The Chairperson may form ad hoc groups to study short-term issues. Membership of ad hoc groups shall be determined by subject matter. All ad hoc groups shall report through one of the established committees.

Section 6. Committee Records and Reports

A list of the membership of each committee shall be maintained by the Secretary of the EMCAB. The Chairperson of each committee shall prepare a written report to be sent to the EMCAB Secretary five (5) weeks prior to the EMCAB meeting. These written reports will be attached to the EMCAB meeting notice and mailed to each member for review prior to the EMCAB meeting. A written copy of the minutes of each committee meeting will be kept on file by the Secretary and posted on the EMCAB’s website once approved by the members. Each committee (or Council) Chairperson shall present a verbal report at each meeting of the EMCAB. If the Chairperson is unable to attend the EMCAB meeting, he or she shall appoint a designee from the committee to report to the EMCAB.

Section 7. Committee Actions
The EMCAB shall review all actions and recommendations from all subordinate committees (or councils) and shall submit recommendations to the Commissioner of Health and Senior Services.

Article IX: Minutes. Reports and Records
The EMCAB shall keep minutes of proceedings of its own meetings. A record shall be kept which includes the names, phone numbers, email addresses and mailing addresses of the appointed representatives and/or alternates entitled to vote, as well as the names phone numbers, email addresses and mailing addresses of each member organization which is represented. The EMCAB shall submit an annual report to the Commissioner of Health and Senior Services no later than May 1, reporting on the status of the state's emergency medical services system during the preceding calendar year.

Article X: Resources

Primary resources for assisting the EMCAB shall come from the Department of Health and Senior Services and the Office of Emergency Medical Services. This shall include staff support, office supplies, mailings, meeting space and other related expenses associated with the work of the EMCAB. Other applicable Departments within State government may be asked to serve as resources on specific issues. The EMCAB may also apply for grants or other funds as appropriate to further its functions or that of EMS in New Jersey.

No staff member to the EMCAB shall serve as a voting member of the EMCAB or of any of its committees.

Article XI: By-Law Amendments

Amendments to the By-Laws shall be presented to the membership through the ad hoc By-Laws Committee. The By-Laws Committee may entertain amendments from the membership at any time. The committee shall review the proposal and make a formal presentation at a future EMCAB meeting. A vote to adopt a change to the By-Laws may be made after its formal presentation, providing that the change was sent to all members at least four weeks prior to the meeting. All proposed and adopted changes shall be written into the minutes. A two-thirds (2/3) vote of all members eligible to vote shall be required to adopt.

Article XII: Adoption

These By-Laws have been approved and adopted by a two-thirds (2/3) vote of the membership on ____________, 2009 and shall become effective on that date.

_______________, Chairperson
New Jersey Emergency Medical Care Advisory Board