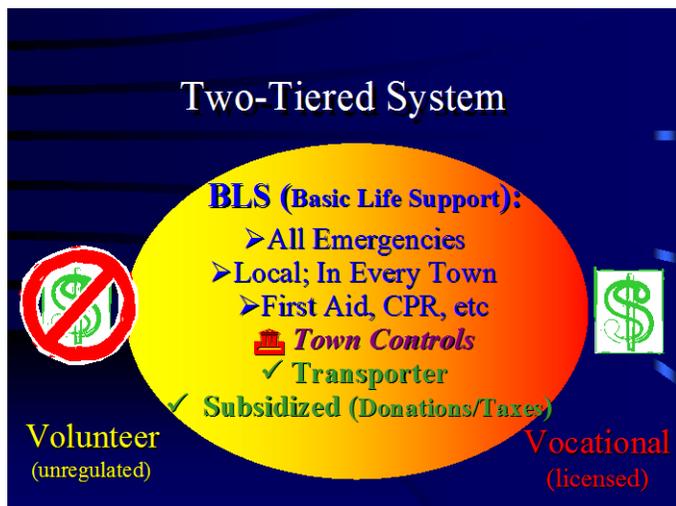


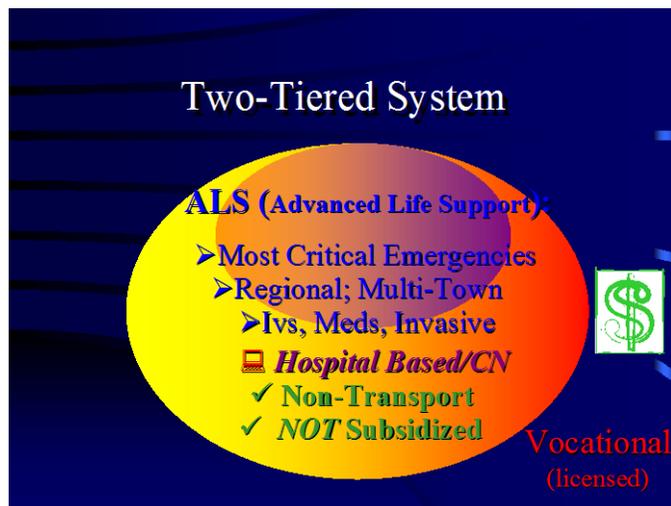
## Summary Overview of New Jersey's EMS System 2013

New Jersey's emergency medical services (EMS) system is complex and convoluted in structure, involving multiple types of providers at various levels, but categorized into two main tiers. No entity in the state is obligated by rule, law or regulation to provide, or assure the provision of, EMS.

The two-tiered system is comprised of a *local* Basic Life Support (BLS) "first level"<sup>i</sup> and a *regional* Advanced Life Support (ALS), otherwise known as the MICU or paramedic, "higher" level<sup>ii</sup>. The BLS ambulances respond to all 911 calls and transport virtually all the patients. The ALS, or paramedic, tier responds to only about a third of these calls, which are life threatening. The paramedic units are barred by regulation from transporting for the most part, and must use the BLS tier's agencies to move patients to the hospital<sup>1</sup>. Paramedics, while permitted to provide initial care via standing orders, must eventually attain on-line medical command to continue treatment.



Summary of BLS (Basic Life Support) Tier



Summary ALS (Advanced Life Support) Tier

The paramedic tier is mandated by state law to be provided by hospitals through a Certificate of Need, in order to assure quality of care and overall system cost containment. These paramedic programs are "fee-for-service" based, billing for their services, but receive no tax subsidy or other public funding. They must rely solely on the revenue received from their patients and their patients' insurance companies. Because ALS is a highly advanced level of care, the cost of providing paramedic service is very expensive, usually four to five times as much as BLS. The Commissioner of Health designates providers to serve established regions within the state comprised of multiple towns, where they interface with many BLS level agencies.

<sup>1</sup> New Jersey is the only state that forces a statewide two-tiered emergency medical services (EMS) system, prohibits paramedic units from transporting patients, provides no public funding of the paramedic tier, and has no mandate obligating the provision of EMS.

The BLS tier is provided by a mixture of unregulated, volunteer first aid squads and paid, vocation agencies. Some of these paid agencies are private, commercial ambulance companies, while others are municipally based services, both of which are partially subsidized by tax dollars. The volunteers are not licensed and, therefore, cannot bill for their services. They survive on individual donations and municipal subsidies, either by way of direct cash contribution and/or asset provision by the town. The paid services, whether commercial or municipal, must be licensed, are regulated by the state's Department of Health, bill for their services and receive some form of public subsidy. All BLS agencies, for the most part, interface with only one ALS provider, designated by the state's Commissioner of Health. The town, however, decides who and how their BLS service will be provided, either by direct action (eg: municipal ordinance) or by historical default (simply allowing the local, private, volunteer BLS agency to operate).

While there are many more volunteer BLS entities in New Jersey, about half of all the emergency call volume in the state is handled by paid BLS agencies, usually located in the most densely populated regions.

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<sup>i</sup> BLS, the first tier of EMS, is usually provided by emergency medical technicians (EMT) who are trained to render non-invasive, urgent, low level on-scene medical care such as splinting fractures, bandaging wounds and administering CPR. However, since volunteer EMS agencies are exempt from state regulation and licensure, there is no legal obligation that those agencies provide EMTs, or any level of trained individual for that matter, when rendering care.

<sup>ii</sup> ALS, the higher tier of EMS, is provided by paramedics who are required by regulation to be certified to render advanced medical care out-of-the-hospital, including invasive therapies like IVs and medication administration, defibrillation and cardioversion, endotracheal intubation and chest decompression, under the command of a physician.