ASSEMBLY, No. 1018

STATE OF NEW JERSEY

221st LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2024 SESSION

Sponsored by:
Assemblywoman NANCY F. MUNOZ
District 21 (Middlesex, Morris, Somerset and Union)

SYNOPSIS

Revises requirements for operation of mobile intensive care programs and paramedic licensure.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel.

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

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

1. Section 2 of P.L.2008, c.80 (C.26:2-190) is amended to read as follows:

2. a. The Commissioner of Health and the Commissioner of Human Services, in consultation with the New Jersey Fire and Emergency Medical Services Institute and the New Jersey State First Aid Council, shall develop a training curriculum with the purpose of informing emergency responders of the risks associated with autism or an intellectual or other developmental disability, as well as providing instruction in appropriate recognition and response techniques concerning these disabilities. The curriculum shall be incorporated into existing time requirements for training and continuing education of emergency responders.

b. Prior to certification by the Department of Health, each emergency medical technician trained in basic life support services as defined in section **[**1 of P.L.1985, c.351 (C.26:2K-21)**]** 13 of P.L. , c. (C.) (pending before the Legislature as this bill) shall be required to satisfactorily complete the training developed under subsection a. of this section. Every emergency medical technician certified prior to the effective date of this act shall, within 36 months of the effective date of this act, satisfactorily complete the training in recognition and response techniques concerning these disabilities, through existing continuing education requirements.

c. The Commissioner of Health shall adopt rules and regulations, pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), to effectuate the purposes of this act.

(cf: P.L.2012, c.17, s.143)

2. Section 1 of P.L.1986, c.106 (C.26:2K-35) is amended to read as follows:

1. As used in this act:

a. "Commissioner" means the Commissioner of Health.

b. "Dispatch" means the coordinated request for and dispatch of the emergency medical service helicopter response unit by a central communications center located in the service area, following protocols developed by the mobile intensive care hospital, the

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.

regional trauma or critical care center, the commissioner, and the superintendent.

c. "Emergency medical service helicopter response unit" means a specially equipped hospital-based emergency medical service helicopter staffed by advanced life support personnel and operated for the provision of advanced life support services under the medical direction of a mobile intensive care program and the regional trauma or critical care center authorized by the commissioner.

d. "Emergency medical transportation" means the prehospital or interhospital transportation of an acutely ill or injured patient by a dedicated emergency medical service helicopter response unit operated, maintained and piloted by the Division of State Police of the Department of Law and Public Safety, pursuant to regulations adopted by the commissioner under chapter 40 of Title 8 of the New Jersey Administrative Code.

e. "Medical direction" means the medical control and medical orders transmitted from the physician of the mobile intensive care hospital or from the physician at the regional trauma or critical care center to the staff of the helicopter. The mobile intensive care unit coordinating center and regional trauma or critical care center shall have the ability to cross patch and consult with each other as approved by the commissioner.

f. "Mobile intensive care hospital" means a hospital authorized by the commissioner to develop and maintain a mobile intensive care unit to provide advanced life support services in accordance with **[**P.L.1984, c.146 (C.26:2K-7 et al.)**]** section 16 of P.L. , c. (C.) (pending before the Legislature as this bill).

g. "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, including, but not limited to, the level one trauma centers at University Hospital in Newark, known as the "Eric Munoz Trauma Center," and at the Cooper Hospital/University Medical Center in Camden.

h. "Critical care center" means a hospital authorized by the commissioner to provide regional critical care services, such as trauma, burn, spinal cord, cardiac, poison, or neonatal care.

i. "Superintendent" means the Superintendent of the Division of State Police of the Department of Law and Public Safety.

(cf: P.L.2012, c.45, s.113)

3. 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 Medical Service Helicopter Response Program in the **[**Division of Local and Community Health Services**]** Office of Emergency Medical Services of the Department of Health. The commissioner shall

designate a mobile intensive care hospital and a regional trauma or critical care center which shall develop and maintain a hospital-based emergency medical service helicopter response unit. The commissioner shall designate at least two units in the State, of which no less than one unit each shall be designated for the northern and southern portions of the State, respectively.

b. Each emergency medical service helicopter response unit shall be staffed by at least two persons **[**trained in advanced life support**]** holding licensure as a paramedic, advanced paramedic, or mobile intensive care nurse and who are approved by the commissioner. The staff of the emergency medical service helicopter response unit shall render life support services to an accident or trauma victim, as necessary, in the course of providing emergency medical transportation.

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

4. Section 4 of P.L.1986, c.106 (C.26:2K-38) is amended to read as follows:

4. No **[**mobile intensive care**]** paramedic, advanced paramedic, mobile intensive care nurse, licensed physician, 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 members or officers is liable for any civil damages as the result of an act or the omission of an act committed while training for or in rendering advanced life support services in good faith and in accordance with this amendatory and supplementary act.

(cf: P.L.1986, c.106, s.4)

5. Section 1 of P.L.1989, c.314 (C.26:2K-39) is amended to read as follows:

1. As used in this act:

"Commissioner" means the Commissioner of Health.

"Emergency medical service" means a program in a hospital staffed 24 hours-a-day by a licensed physician trained in emergency medicine.

"Emergency medical technician" means a person trained in basic life support services as defined in section **[**1 of P.L.1985, c.351 (C.26:2K-21)**]** 13 of P.L. , c. (C.) (pending before the Legislature as this bill) and who is certified by the Department of Health to perform these services.

"EMT-D" means an emergency medical technician who is certified by the commissioner to perform cardiac defibrillation.

"First Responder" means a police officer, firefighter or other person who has been trained to provide emergency medical first response services in a program recognized by the commissioner.

"First Responder-D" means a First Responder who is certified by the commissioner to perform cardiac defibrillation.

"Pre-hospital care" means those emergency medical services rendered to emergency patients at the scene of a traffic accident or other emergency and during transportation to emergency treatment facilities, and upon arrival within those facilities.
(cf: P.L.1996, c.136, s.1)

6. Section 5 of P.L.1989, c.314 (C.26:2K-43) is amended to read as follows:

5. An EMT-D, First Responder-D, **[**EMT-intermediate,**]** licensed physician, hospital or its board of trustees, officers and members of the medical staff, nurses, paramedics or other employees of the hospital, or officers and members of a first aid, ambulance or rescue squad shall not be liable for any civil damages as the result of an act or the omission of an act committed while in training to perform, or in the performance of, cardiac defibrillation in good faith and in accordance with this act.
(cf: P.L.1996, c.136, s.5)

7. Section 1 of P.L.2003, c.1 (C.26:2K-47.1) is amended to read as follows:

1. As used in this act:

"Commissioner" means the Commissioner of Health;

"Emergency medical service" means a program in a hospital staffed 24 hours-a-day by a licensed physician trained in emergency medicine;

"Emergency medical technician" means a person trained in basic life support services as defined in section **[**1 of P.L.1985, c.351 (C.26:2K-21)**]** 13 of P.L. , c. (C.) (pending before the Legislature as this bill) and who is certified by the Department of Health to provide that level of care.
(cf: P.L.2012, c.17, s.279)

8. Section 2 of P.L.1992, c.96 (C.26:2K-49) is amended to read as follows:

2. As used in this act:

"Advanced life support" means **[**an advanced level of pre-hospital, interhospital, and emergency service care which includes basic life support functions, cardiac monitoring, cardiac defibrillation, telemetered electrocardiography, administration of antiarrhythmic 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 pursuant to department regulations and P.L.1984, c.146 (C.26:2K-7 et seq.)**]** the same as that term is defined in section 13 of P.L. , c. (C.) (pending before the Legislature as this bill).

"Advisory council" means the Emergency Medical Services for Children Advisory Council established pursuant to section 5 of this act.

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

"Commissioner" means the Commissioner of Health.

"Coordinator" means the person coordinating the EMSC program within the Office of Emergency Medical Services in the Department of Health.

"Department" means the Department of Health.

"EMSC program" means the Emergency Medical Services for Children program established pursuant to section 3 of this act, and other relevant programmatic activities conducted by the Office of Emergency Medical Services in the Department of Health in support of appropriate treatment, transport, and triage of ill or injured children in New Jersey.

"Emergency medical services personnel" means persons trained and certified or licensed 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 emergency care service or in an emergency department or pediatric critical care or specialty unit in a licensed hospital.

"Pre-hospital care" means the provision of emergency medical care or transportation by trained and certified or licensed emergency medical services personnel at the scene of an emergency and while transporting sick or injured persons to a medical care facility or provider.

(cf: P.L.1992, c.96, s.2)

9. 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**]** <u>15</u> public members to be appointed by the Governor, with the advice and consent of the Senate, for a term of three years. Membership of the advisory council shall include: one practicing pediatrician, one pediatric critical care physician, one board certified pediatric emergency physician and one pediatric physiatrist, to be appointed upon the recommendation of the New Jersey chapter of the American Academy of Pediatrics; one pediatric surgeon, to be

appointed upon the recommendation of the New Jersey chapter of the American College of Surgeons; one emergency physician, to be appointed upon the recommendation of the New Jersey chapter of the American College of Emergency Physicians; one career emergency medical technician to be appointed upon by the recommendation of the New Jersey Firefighters Mutual Benevolent Association, one emergency medical technician, to be appointed upon the recommendation of the [New Jersey State First Aid Council] EMS Council of New Jersey; one paramedic, to be appointed upon the recommendation of the [State mobile intensive care advisory council] ALS Oversight Board; one family practice physician, to be appointed upon the recommendation of the New Jersey chapter of the Academy of Family Practice; 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; 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] Advocates for Children of New Jersey and the Junior Leagues of New Jersey.

c. Vacancies on the advisory council shall be filled for the unexpired term by appointment of the Governor 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.

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

10. Section 6 of P.L.1993, c.143 (C.26:2K-59) is amended to read as follows:

6. a. The commissioner shall establish a State advisory council for basic [and intermediate] life support services training. The council shall be responsible for: (1) establishing guidelines and making recommendations regarding reimbursement from the fund to entities providing EMT-A or EMT-D 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, and (4) developing recommendations for the most effective means to recruit emergency medical services volunteers.

b. The council shall consist of 13 members, as follows: the Commissioner of Health, the Superintendent of the Division of State Police in the Department of Law and Public Safety, the [Director of the Governor's Office on Volunteerism] Secretary of Volunteer and National Service in the Department of State, the President of the [New Jersey State First Aid Council] EMS Council of New Jersey, the chairman of the State [mobile intensive care advisory council] ALS Oversight Board, and the President of the Medical [Transport] Transportation Association of New Jersey, or their designees, as ex officio members; and 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] career emergency medical technicians to be appointed upon by the recommendation of the New Jersey Firefighters Mutual Benevolent Association, and two shall be physicians who are medical specialists in areas relating to basic life support services, to be appointed by the Governor, one shall be a representative of the New Jersey Hospital Association, to be appointed by the President thereof, one shall be a representative of the Medical Society of New Jersey, to be appointed by the President thereof, and one shall be a representative of the New Jersey State Nurses Association, to be appointed by the President thereof.

c. Of the public members first appointed, three shall serve for a term of two years, three shall serve for a term of three years and one shall serve for a term of four years. Following the expiration of the original terms, the public members shall serve for a term of four years and are eligible for reappointment. Any vacancy shall be filled in the same manner as the original appointment, for the unexpired term. Public members shall continue to serve until their successors are appointed.

d. The council shall meet at its discretion, but at least quarterly. The public members of the council shall serve without compensation but shall be reimbursed for the reasonable expenses incurred in the performance of their duties, within the limits of funds available to the council.

e. The council shall organize no later than the 60th day after the effective date of this act. The members shall choose a [chairman] chairperson from among themselves and a secretary who need not be a member of the council. The Department of Health shall provide such technical, clerical and administrative support as the council requires to carry out its responsibilities.

(cf: P.L.1992, c.143, s.6)

11. Section 1 of P.L.1973, c.307 (C.39:3C-1) is amended to read as follows:

1. As used in P.L.1973, c.307 (C.39:3C-1 et seq.):

"All-terrain vehicle" means a motor vehicle, designed and manufactured for off-road use only, of a type possessing between three and six non-highway tires, but shall not include golf carts or an all-terrain vehicle operated by an employee or agent of the State, a county, a municipality, or a fire district, or a member of an emergency service organization or an emergency medical technician which is used while in the performance of the employee's, agent's, member's or technician's official duties.

"Chief administrator" means the Chief Administrator of the New Jersey Motor Vehicle Commission.

"Commission" means the New Jersey Motor Vehicle Commission established by section 4 of P.L.2003, c.13 (C.39:2A-4).

"Commissioner" means the Commissioner of Environmental Protection.

"Department" means the Department of Environmental Protection.

"Dirt bike" means any two-wheeled motorcycle that is designed and manufactured for off-road use only and that does not comply with Federal Motor Vehicle Safety Standards or United States Environmental Protection Agency on-road emissions standards.

"Emergency medical technician" means a person trained in basic life support services as defined in section [1 of P.L.1985, c.351 (C.26:2K-21)] 13 of P.L. , c. (C.) (pending before the Legislature as this bill) and who is certified by the Department of Health to perform these services.

"Emergency service organization" means a fire or first aid organization, whether organized as a volunteer fire company, volunteer fire department, fire district, or duly incorporated volunteer first aid, emergency, or volunteer ambulance or rescue squad association.

"Natural resource" means all land, fish, shellfish, wildlife, biota, air, waters, and other such resources owned, managed, held in trust, or otherwise controlled by the State.

"Public land" means all land owned, operated, managed, maintained, or under the jurisdiction of the Department of Environmental Protection, including any and all land owned, operated, managed, maintained, or purchased jointly by the Department of Environmental Protection with any other party and any land so designated by municipal or county ordinance. Public land shall also mean any land used for conservation purposes, including, but not limited to, beaches, forests, greenways, natural areas, water resources, wildlife preserves, land used for watershed protection, or biological or ecological studies, and land exempted from taxation pursuant to section 2 of P.L.1974, c.167 (C.54:4-3.64).

"Snowmobile" means any motor vehicle, designed primarily to travel over ice or snow, of a type which uses sled type runners, skis,

an endless belt tread, cleats, or any combination of these or other similar means of contact with the surface upon which it is operated, but does not include any farm tractor, highway or other construction equipment, or any military vehicle.

"Special event" means an organized race, exhibition, or demonstration of limited duration which is conducted according to a prearranged schedule and in which general public interest is manifested.

(cf: P.L.2015, c.155, s.3)

12. Section 2 of P.L.1993, c.249 (C.52:27D-407) is amended to read as follows:

2. As used in this act:

"Abuse" means the willful infliction of physical pain, injury or mental anguish, unreasonable confinement, or the willful deprivation of services which are necessary to maintain a person's physical and mental health.

"Caretaker" means a person who has assumed the responsibility for the care of a vulnerable adult as a result of family relationship or who has assumed responsibility for the care of a vulnerable adult voluntarily, by contract, or by order of a court of competent jurisdiction, whether or not they reside together.

"Commissioner" means the Commissioner of Human Services.

"Community setting" means a private residence or any noninstitutional setting in which a person may reside alone or with others, but shall not include residential health care facilities, rooming houses or boarding homes or any other facility or living arrangement subject to licensure by, operated by, or under contract with, a State department or agency.

"County adult protective services provider" means a county Board of Social Services or other public or nonprofit agency with experience as a New Jersey provider of protective services for adults, designated by the county and approved by the commissioner. The county adult protective services provider receives reports made pursuant to this act, maintains pertinent records and provides, arranges, or recommends protective services.

"County director" means the director of a county adult protective services provider.

"Department" means the Department of Human Services.

"Emergency medical technician" means a person trained in basic life support services as defined in section [1 of P.L.1985, c.351 (C.26:2K-21)] 13 of P.L. , c. (C.) (pending before the Legislature as this bill) and who is certified by the Department of Health to provide that level of care.

"Exploitation" means the act or process of illegally or improperly using a person or his resources for another person's profit or advantage.

"Firefighter" means a paid or volunteer firefighter.

"Health care professional" means a health care professional who is licensed or otherwise authorized, pursuant to Title 45 or Title 52 of the Revised Statutes, to practice a health care profession that is regulated by one of the following boards or by the Director of the Division of Consumer Affairs: the State Board of Medical Examiners, the New Jersey Board of Nursing, the New Jersey State Board of Dentistry, the New Jersey State Board of Optometrists, the New Jersey State Board of Pharmacy, the State Board of Chiropractic Examiners, the Acupuncture Examining Board, the State Board of Physical Therapy, the State Board of Respiratory Care, the Orthotics and Prosthetics Board of Examiners, the State Board of Psychological Examiners, the State Board of Social Work Examiners, the State Board of Examiners of Ophthalmic Dispensers and Ophthalmic Technicians, the Audiology and Speech-Language Pathology Advisory Committee, the State Board of Marriage and Family Therapy Examiners, the Occupational Therapy Advisory Council, the Certified Psychoanalysts Advisory Committee, and the State Board of Polysomnography. "Health care professional" also means a nurse aide or personal care assistant who is certified by the Department of Health.

"Neglect" means an act or failure to act by a vulnerable adult or his caretaker which results in the inadequate provision of care or services necessary to maintain the physical and mental health of the vulnerable adult, and which places the vulnerable adult in a situation which can result in serious injury or which is life-threatening.

"Protective services" means voluntary or court-ordered social, legal, financial, medical or psychiatric services necessary to safeguard a vulnerable adult's rights and resources, and to protect a vulnerable adult from abuse, neglect or exploitation. Protective services include, but are not limited to: evaluating the need for services, providing or arranging for appropriate services, obtaining financial benefits to which a person is entitled, and arranging for guardianship and other legal actions.

"Vulnerable adult" means a person 18 years of age or older who resides in a community setting and who, because of a physical or mental illness, disability or deficiency, lacks sufficient understanding or capacity to make, communicate, or carry out decisions concerning his well-being and is the subject of abuse, neglect or exploitation. A person shall not be deemed to be the subject of abuse, neglect or exploitation or in need of protective services for the sole reason that the person is being furnished nonmedical remedial treatment by spiritual means through prayer alone or in accordance with a recognized religious method of healing in lieu of medical treatment, and in accordance with the tenets and practices of the person's established religious tradition.

(cf: P.L.2012, c.17, s.424)

13. (New section) As used in sections 13 through 23 of P.L. , c. (C.) (pending before the Legislature as this bill):

"Advanced life support" means an advanced level of prehospital, inter-facility, and emergency medical care which includes basic life support functions and other techniques and procedures as shall be authorized in writing by the agency medical director for each mobile intensive care unit and approved by the ALS Oversight Board.

"Advanced Life Support Oversight Board" or "ALS Oversight Board" means the ALS Oversight Board established pursuant to section 20 of P.L. , c. (C.) (pending before the Legislature as this bill).

"Advanced paramedic" means a licensed paramedic who meets the training requirements and any other requirements for licensure by the commissioner as an advanced paramedic as provided in section 14 of P.L. , c. (C.) (pending before the Legislature as this bill).

"Agency director" means the individual who is responsible for oversight and administration of a hospital's mobile intensive care units, paramedic support units, mobile integrated health units, and specialty care transport units. The agency director shall have such education and experience as is necessary to assume responsibility for the delivery of prehospital care, and shall be an individual who is either: a paramedic licensed in this State; eligible for licensure as a paramedic in the State within six months of appointment; or a licensed professional nurse in this State who is also certified as an emergency medical technician in this State.

"Agency medical director" means a physician licensed in this State who is board certified in emergency medicine or emergency medical services and is responsible for the medical oversight of a hospital mobile intensive care program approved pursuant to section 16 of P.L. , c. (C.) (pending before the Legislature as this bill). A person serving as an agency medical director, or in an equivalent capacity, for a hospital mobile intensive care program on the effective date of P.L. , c. (C.) (pending before the Legislature as this bill) who does not possess the board certification required pursuant to this paragraph may continue to serve as agency medical director for the hospital for up to two years after the effective date of P.L. , c. (C.) (pending before the Legislature as this bill), at which time no person may serve as agency medical director without meeting the board certification requirements set forth in this paragraph.

"Basic life support" means a basic level of prehospital care which includes patient stabilization, airway clearance, cardiopulmonary resuscitation, hemorrhage control, initial wound care and fracture stabilization, and other techniques and procedures authorized by the commissioner.

"Commissioner" means the Commissioner of Health.

"Department" means the Department of Health.

"Inter-facility care" means those pre-hospital medical services rendered by basic life support units or specialty care transport units to patients before and during transportation to or between emergency treatment facilities, and upon arrival within those facilities.

"Intermediate life support services" means an intermediate level of prehospital and emergency service care which, at a minimum, shall meet the national standard curriculum for advanced emergency medical technicians promulgated by the National Highway Traffic Safety Administration of the United States Department of Transportation. The term shall include such additional services, techniques, and procedures as shall be authorized in writing by the agency medical director for each mobile intensive care unit and approved by the ALS Oversight Board.

"Mobile integrated health" means the provision of non-emergent health care services by an advanced paramedic or registered nurse under a mobile intensive care program using patient-centered, mobile resources in the prehospital care environment. The authorized services provided under a mobile integrated health program shall be determined by the agency medical director overseeing the program, subject to approval by the ALS Oversight Board, and may include, but shall not be limited to: providing telephone advice to 9-1-1 callers instead of resource dispatch; providing community paramedicine care, chronic disease management, preventive care, and post-discharge follow-up visits; or providing referrals and transportation assistance to appropriate care and services to patients requiring health care services that do not require hospital-based treatment.

"Mobile intensive care program" means a program operated by a hospital authorized pursuant to section 16 of P.L. , c. (C.) (pending before the Legislature as this bill), which includes the provision of advanced life support services and may additionally include mobile integrated health services, specialty care transport services, or both, consistent with the requirements of P.L. , c. (C.) (pending before the Legislature as this bill).

"Mobile intensive care nurse" means a registered professional nurse who has completed the requirements established by the ALS Oversight Board to be acknowledged to provide advanced life support at the level of a paramedic in accordance with the requirements of P.L. , c. (C.) (pending before the Legislature as this bill). A mobile intensive care nurse shall be authorized for the same scope of practice as is authorized for a licensed paramedic.

"Mobile intensive care unit" or "paramedic unit" means a specialized emergency medical service vehicle staffed by paramedics, advanced paramedics, mobile intensive care nurses, or

paramedic assistants, as provided in section 17 of P.L. , c. (C.) (pending before the Legislature as this bill), which is operated for the provision of advanced life support services by an authorized hospital.

"Paramedic" means a person trained in advanced life support services and licensed by the commissioner to render advanced life support services pursuant to section 14 of P.L. , c. (C.) (pending before the Legislature as this bill).

"Paramedic assistant" means a person trained in intermediate life support services and licensed by the commissioner to render intermediate life support services pursuant to section 14 of P.L. , c. (C.) (pending before the Legislature as this bill).

"Paramedic support unit" means a specialized non-transport emergency medical service vehicle staffed by at least one advanced paramedic, which shall be authorized to respond to an emergency dispatch call to provide support services to a mobile intensive care unit, including rendering advanced life support services to patients, and may additionally be authorized to provide mobile integrated health care, consistent with requirements established by the ALS Oversight Board and written protocols established by the unit's agency medical director.

"Prehospital care" means the diagnosis and treatment of patients before and during transportation to treatment facilities, and upon arrival within those facilities, as well as mobile integrated health care services.

"Primary response area" means the area in which a hospital is expressly authorized to provide advanced life support pursuant to a certificate of need grant.

"Specialty care transport" means the inter-facility transportation by a specialty care transport unit of a patient in need of advanced life support care or medical monitoring that exceeds the scope of practice for a basic life support unit. The term shall include inter-facility transport by an emergency medical service helicopter response unit operating pursuant to section 3 of P.L.1986, c.106 (C.26:2K-37).

"Specialty care transport nurse" means a registered professional nurse who has completed the requirements established by the ALS Oversight Board to be endorsed to provide specialty care transport services in accordance with section 14 of P.L. , c. (C.) (pending before the Legislature as this bill).

"Specialty care transport unit" means an ambulance used for the inter-facility transportation of a patient in need of advanced life support care or medical monitoring that exceeds the scope of practice for a basic life support unit. The term shall include inter-facility transport by an emergency medical service helicopter response unit operating pursuant to section 3 of P.L.1986, c.106 (C.26:2K-37). Specialty care transport units shall be staffed by a specialty care transport nurse and two licensed emergency medical

technicians, one of whom may be the specialty care transport nurse. Helicopter response units must be staffed by a specialty care transport nurse and a paramedic.

14. (New section) a. The commissioner shall have the authority to license paramedics, advanced paramedics, and paramedic assistants, and to acknowledge mobile intensive care nurses and specialty care transport nurses, who meet the requirements for licensure or endorsement as established by the ALS Oversight Board pursuant to subsection b. of this section. Applications for licensure or acknowledgement shall be submitted to the commissioner on forms and in a manner as shall be prescribed by the commissioner by regulation. The commissioner shall license or endorse an applicant who meets the requirements for issuance of the requested license or endorsement.

b. (1) The ALS Oversight Board shall establish written standards for the licensure of paramedics, paramedic assistants, and advanced paramedics, and for the endorsement of mobile intensive care nurses and specialty care transport nurses, and shall make recommendations to the commissioner concerning the issuance of licenses and acknowledgements pursuant to subsection a. of this section.

(2) The written standards for licensure as a paramedic or paramedic assistant established pursuant to paragraph (1) of this section shall include standards and procedures to issue a license to:

(a) an applicant holding licensure issued by another state or territory of the United States, when the commissioner determines that the licensure requirements of the other state or territory are at least equivalent to the requirements established by the ALS Oversight Board for the requested license; and

(b) an applicant who possesses military training or experience in any branch of the active duty or reserve component of the Armed Forces of the United States or the National Guard that the commissioner deems is at least equivalent to the requirements established by the ALS Oversight Board for the requested license.

c. The commissioner shall permit federal law enforcement officers and members of the Armed Forces of the United States to operate under their existing certification or licensure for training purposes, and to provide prehospital care up to the individual's level of training on a mobile intensive care unit, specialty transport unit, or paramedic support unit, subject to approval by the unit's agency medical director. Military and law enforcement personnel may apply to the commissioner for approval to participate in training pursuant to this subsection on forms and in a manner as shall be prescribed by the commissioner by regulation.

d. The ALS Oversight Board shall be responsible for recommending individuals to the commissioner for licensure as advanced paramedics. At a minimum, each licensed advanced

paramedic shall have a bachelor's degree in paramedicine or an equivalent clinical degree, along with such demonstrated education, training, and experience as may be required by the ALS Oversight Board; provided that, until such time as at least one accredited bachelor's degree program in paramedicine is available in the State, the ALS Oversight Board shall establish the minimum education, training, and experience requirements for advanced paramedic licensure, which shall, at a minimum, include licensure as a paramedic. The accreditation of an in-State bachelor's degree program in paramedicine shall not be construed to abrogate the authority of the ALS Oversight Board to continue to establish the minimum education, training, and experience requirements for licensure as an advanced paramedic, or the responsibility of the ALS Oversight Board to review applications for licensure as an advanced paramedic and provide recommendations to the department concerning licensure.

e. The department shall maintain a register of applicants for licensure as paramedics, advanced paramedics, and paramedic assistants and applicants for acknowledgement as mobile intensive care nurses and specialty care transport nurses pursuant to this section, which register shall include, but shall not be limited to:

(1) the name and residence of the applicant;

(2) the date of the application; and

(3) information as to whether the application was rejected or if licensure or endorsement was granted.

The department shall annually compile a list of individuals authorized to provide advanced life support pursuant to this section. This list shall be available to the public, without the applicant's or professional's home address made public.

15. (New section) The commissioner, after notice and hearing, may revoke the license of a paramedic, advanced paramedic, or paramedic assistant for a violation of any provision of P.L. , c. (C.) (pending before the Legislature as this bill). The commissioner may withdraw the acknowledgement of any mobile intensive care nurse or specialty care transport nurse on a summary basis to protect the public health, safety, and welfare, and shall report such summary withdrawal to the board of nursing for joint investigation and action. The department and the board of nursing shall establish joint regulations to govern such investigations and further actions.

16. (New section) a. Only a hospital authorized by the commissioner with an accredited emergency service may develop and maintain a mobile intensive care unit or paramedic support unit and provide advanced life support services and mobile integrated health care utilizing licensed physicians, paramedics, advanced

paramedics, paramedic assistants, mobile intensive care nurses, and specialty care transport nurses.

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

c. The commissioner shall establish, in writing, criteria which a hospital shall meet in order to qualify for the authorization.

d. Any hospital that is authorized to develop and maintain a mobile intensive care unit on the effective date of P.L. , c. (C.) (pending before the Legislature as this bill) shall be permitted to operate paramedic support units, provide mobile integrated health services, and provide specialty care transport services.

e. No hospital authorized by the commissioner pursuant to subsection a. of this section may provide advanced life support services, mobile integrated health services, or specialty transportation services unless the hospital has appointed an agency medical director to oversee the program's medical services and an agency director to oversee and administer the hospital's mobile intensive care units, paramedic support units, mobile integrated care units, and specialty care transport units.

f. The commissioner may withdraw authorization if the hospital or unit violates any provision of P.L. , c. (C.) (pending before the Legislature as this bill) or rules or regulations promulgated pursuant thereto.

g. Nothing in P.L. , c. (C.) (pending before the Legislature as this bill) shall be construed to:

(1) revise the primary response areas for authorized hospitals that are in place on the effective date of P.L. , c. (C.) (pending before the Legislature as this bill);

(2) restrict the authority of the commissioner to revise any hospital's primary response area consistent with the certificate of need process; or

(3) prohibit hospitals or other entities that are not authorized by the commissioner pursuant to subsection a. of this section from providing specialty care transport services.

17. (New section) a. A paramedic assistant may provide intermediate life support services only when operating on a mobile intensive care unit while under the supervision of an advanced paramedic. The ALS Oversight Board shall establish, in writing, the authorized scope of practice for paramedic assistants, which shall, at a minimum, include the provision of intermediate life support services.

b. A paramedic may provide advanced life support services only when operating on a mobile intensive care unit with a second paramedic, an advanced paramedic, or a mobile intensive care nurse. The ALS Oversight Board shall establish, in writing, the

authorized scope of practice for paramedics, which shall, at a minimum, include the provision of advanced life support services.

c. (1) An advanced paramedic may provide advanced life support services when operating on a mobile intensive care unit with a paramedic assistant, another paramedic, or a mobile intensive care nurse, or when operating alone on a paramedic support unit. The advanced paramedic's agency medical director shall establish the scope of practice for advanced paramedics operating through that hospital's mobile intensive care program, including the scope of practice authorized for paramedic support units, which scopes of practice shall be subject to approval by the ALS Oversight Board.

(2) In order to transport a patient requiring advanced life support, an advanced paramedic operating on a paramedic support unit shall be accompanied by a mobile intensive care unit. Should exceptional circumstances exist in which a paramedic support unit provides transport to a patient without an accompanying mobile intensive care unit, the agency medical director shall review the patient care report from the incident and submit a report concerning the incident to the department on a form and in a manner as shall be prescribed by the commissioner.

d. (1) The ALS Oversight Board shall have exclusive authority for approval of medical protocols for all mobile intensive care units and personnel operating on these units, including, but not limited to, the procedures, services, equipment, medications, and standing orders approved for that unit.

(2) Medical protocols for advanced paramedics operating on paramedic support units or providing mobile integrated health care shall be established by the unit's agency medical director, subject to approval by the ALS Oversight Board. Any medical protocols established pursuant to this section shall be consistent with the standards established by the ALS Oversight Board.

(3) The ALS Oversight Board shall review protocol requests no less frequently than every quarter, and requests shall be submitted for consideration a minimum of 30 days prior to review.

e. A mobile intensive care nurse may provide advanced life support services only when operating on a mobile intensive care unit that is additionally staffed by a paramedic or an advanced paramedic.

f. A specialty care transport nurse may provide advanced life support services when operating on a specialty care transport unit. The permitted practice for personnel operating on a specialty care transport unit shall be established by the unit's agency medical director, subject to approval by the ALS Oversight Board.

18. (New section) a. The commissioner shall establish by regulation the requirements for licensure of paramedic support units, mobile integrated health units, and specialty care transport units, and shall establish joint regulations with the Board of Nursing

for mobile integrated health units. Each unit shall carry such devices, medications, and equipment as shall be required by the ALS Oversight Board pursuant to written standards concerning the provision of prehospital care by units of each licensure type, and may carry any additional devices, medications, and equipment as may be authorized by the ALS Oversight Board pursuant to written standards, if the unit's agency medical director approves the additional devices, medications, or equipment.

b. A mobile intensive care unit shall be authorized to respond to prehospital emergency calls for advanced life support services in the hospital's primary response area, and in other areas upon request or need. The agency medical director of each authorized hospital shall be permitted to establish the standards for mobile intensive care unit dispatch within the hospital's primary response area.

c. A paramedic support unit shall not substitute for a mobile intensive care unit in order to meet minimum deployment standards for a hospital mobile intensive care program.

d. A unit shall be authorized to concurrently hold licensure as a mobile intensive care unit, paramedic support unit, mobile integrated health unit, and specialty care transport unit, provided that it meets requirements for each type of licensure and, when acting in the capacity of a particular license, is in compliance with the staffing and operational requirements for that license type. A specialty care transport unit that is also licensed as a mobile intensive care unit shall not operate as a specialty care transport unit if the unit is being counted towards minimum deployment standards for a hospital mobile intensive care program.

19. (New section) No volunteer or non-volunteer first aid, ambulance or rescue squad, board of trustees, officers, or members of a volunteer or non-volunteer first aid, ambulance or rescue squad, emergency medical technician, paramedic, advanced paramedic, paramedic assistant, mobile intensive care nurse, specialty care transport nurse, licensed physician, nurse, or other hospital employee, or a hospital authorized by the commissioner, shall be liable for any civil damages as the result of an act or the omission of an act committed while in training for, when rendering, or when supervising, prehospital care in good faith and in accordance with the provisions P.L. , c. (C.) (pending before the Legislature as this bill).

20. (New section) a. There is established in, but not of, the department the ALS Oversight Board. The ALS Oversight Board shall be responsible for:

(1) establishing and maintaining written standards for the licensure of paramedics, advanced paramedics, and paramedic assistants;

(2) establishing education or equivalency standards for advanced paramedics and standards for the approval of advanced paramedic training programs;

(3) establishing and maintaining written standards for the endorsement of mobile intensive care nurses and specialty care transport nurses;

(4) establishing the scope of practice and medical protocols for paramedic assistants and paramedics;

(5) approving medical protocols for advanced paramedics;

(6) establishing equivalency standards for approving out-of-State health care professionals, members of the military, and federal law enforcement officers to train or practice in the State pursuant to section 14 of P.L. , c. (C.) (pending before the Legislature as this bill);

(7) providing advice to the commissioner concerning the adoption of rules and regulations and on topics concerning advanced life support, mobile integrated health, specialty care transport, and other aspects of prehospital care; and

(8) such other duties as are provided under P.L. , c. (C.) (pending before the Legislature as this bill).

b. The ALS Oversight Board shall be comprised of the agency directors and agency medical directors of each mobile intensive care program authorized pursuant to section 16 of P.L. , c. (C.) (pending before the Legislature as this bill), two currently practicing line paramedics, one currently practicing line mobile intensive care nurse, and one currently practicing line specialty care transport unit nurse, as well as other individuals with knowledge or experience as the ALS Oversight Board determines necessary to carry out its purposes. The ALS Oversight Board may establish its bylaws, determine its membership, elect its officers, and conduct meetings and business as shall be necessary to carry out its duties. The line paramedics and nurses shall be voting members of the ALS Oversight Board.

c. The commissioner shall appoint the chairperson of the ALS Oversight Board, who shall be a physician licensed to practice medicine or surgery in this State who is board certified in emergency medicine or emergency medical services. The chairperson of the ALS Oversight Board shall serve at the pleasure of the commissioner.

d. The chairperson shall establish standing committees to advise the ALS Oversight Board on agency licensure, provider licensure, scope of practice and medical protocols, communications and dispatch, air medical services, regulations, nursing licensure and practice, and other specialties. Membership on each standing committee shall be comprised of individuals with the necessary education and expertise to advise the ALS Oversight Board on the specific areas with which the standing committee is tasked.

e. The ALS Oversight Board shall organize no later than 60 days after the effective date of P.L. , c. (C.) (pending before the Legislature as this bill), and, no later than 60 days after the date of organization, shall establish standards for training and licensure of paramedic assistants and advanced paramedics.

f. Paramedic education programs operating in the State on the effective date of P.L. , c. (C.) (pending before the Legislature as this bill) that are accredited by the Commission on Accreditation of Allied Health Education Programs shall be authorized to conduct training for paramedic assistants until such time as the commission, in consultation with the ALS Oversight Board, establishes by regulation standards for approval of paramedic education programs. Thereafter, all paramedic education programs shall be subject to approval by the commissioner consistent with those standards.

21. (New section) a. Nothing in P.L. , c. (C.) (pending before the Legislature as this bill) shall be construed to prevent a licensed and qualified health care professional from performing any of the duties of a paramedic, advanced paramedic, paramedic assistant, mobile intensive care nurse, or specialty transport nurse if the duties are consistent with the professional's scope of practice.

b. A paramedic, advanced paramedic, paramedic assistant, mobile intensive care nurse, or specialty care transport nurse shall be authorized to act in the scope of a certified emergency medical technician.

22. (New section) a. No person or entity shall advertise or disseminate information to the public that the person or entity provides advanced life support services or mobile integrated health services unless the person is authorized to do so pursuant to P.L. , c. (C.) (pending before the Legislature as this bill).

b. No person shall impersonate or refer to himself or herself as a paramedic, advanced paramedic, paramedic assistant, mobile intensive care nurse, or specialty care transport nurse unless that person holds the requisite licensure or endorsement.

23. (New section) An individual who violates the provisions of P.L. , c. (C.) (pending before the Legislature as this bill) is liable to a civil penalty of $200 for the first offense and $500 for a second or subsequent offense. If a violation of P.L. , c. (C.) (pending before the Legislature as this bill) is of a continuing nature, each day during which the violation continues shall constitute a separate offense for the purposes of this section. The civil penalty shall be collected by summary proceedings pursuant to the "Penalty Enforcement Law of 1999," P.L.1999, c.274 (C.2A:58-10 et seq.).

24. The Commissioner of Health shall, pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), adopt rules and regulations as are necessary to effectuate the purposes of this act. In adopting rules and regulations, the Commissioner shall broadly interpret the provisions of this act to promote and ensure access to quality prehospital care.

25. Sections 1 through 14 of P.L.1984, c.146 (C.26:2K-7 et seq.) and P.L.1985, c.351 (C.26:2K-21 et seq.) are repealed

26. This act shall take effect 90 days following enactment.

STATEMENT

This bill revises the requirements for the licensure and operation of mobile intensive care units and personnel operating on those units.

The bill identifies several new categories of licensure with regard to prehospital care: advanced paramedics; paramedic assistants; mobile intensive care nurses; specialty care transport nurses; paramedic support units; and mobile integrated care units. The bill additionally revises the requirements for paramedic licensure and for licensure of mobile intensive care units.

Under the bill, mobile intensive care programs operated by a hospital may provide, in addition to advanced life support services through a mobile intensive care unit, mobile integrated health care and specialty care transport services. Mobile integrated health care is the provision of non-emergent health care services by an advanced paramedic or registered nurse using patient-centered, mobile resources, including alternative treatment modalities in response to non-emergent 9-1-1 calls; providing community paramedicine care, chronic disease management, preventative care, and post-discharge follow-up visits; and providing referrals and transportation assistance to patients who do not require hospital-based treatment. Specialty care transport is the inter-facility transportation of a patient in need of care that exceeds the scope of practice for a basic life support unit, which would ordinarily provide transportation services.

The bill authorizes a mobile intensive care unit to be operated by a paramedic operating with another paramedic, a mobile intensive care nurse, or an advanced paramedic, or by an advanced paramedic and a paramedic assistant, which, under the bill, is a professional licensed to provide intermediate life support. Specialty care transport units would be staffed by a specialty care transport nurse and at least one other professional certified as an emergency medical technician (EMT). The bill additionally authorizes paramedic support units, which would be staffed by at least one

advanced paramedic and used to provide both mobile integrated health care and support to mobile intensive care units responding to an emergency call. Units may hold multiple licenses at one time, provided that they meet the qualification requirements for each type of license held.

The bill will not revise the current requirements for a hospital to be authorized to develop and provide a mobile intensive care program or the primary response areas in which hospitals are authorized to provide services.

The bill establishes in, but not of, the Department of Health, the Advanced Life Support (ALS) Oversight Board. The ALS Oversight Board will be responsible for: (1) establishing and maintaining written standards for the licensure of paramedics, advanced paramedics, and paramedic assistants; (2) establishing education or equivalency standards for advanced paramedics and standards for the approval of advanced paramedic training programs; (3) establishing and maintaining written standards for the acknowledgement of mobile intensive care nurses and specialty care transport nurses; (4) establishing the scope of practice and medical protocols for paramedic assistants and paramedics; (5) approving medical protocols for advanced paramedics; (6) establishing equivalency standards for approval of out-of-State health care professionals, including paramedics, other emergency medical services personnel, members of the military, and federal law enforcement officers to train and practice in the State; (7) providing advice to the Commissioner of Health concerning the promulgation of regulations and on other aspects concerning advanced life support, mobile integrated health care, specialty care transport, and other aspects of prehospital care; and (8) such other duties as are expressly provided under the bill.

The membership of the board will comprise the agency directors and agency medical directors of mobile intensive care programs authorized to operate in the State, as well as two paramedics, one mobile intensive care nurse, and one specialty care transport unit nurse. Agency medical directors are board-certified emergency physicians who provide medical oversight for a hospital mobile intensive care program, while agency operational directors are paramedics, or nurses holding a valid EMT certification, who are responsible for oversight and administration of the program's mobile intensive care units, mobile integrated care units, and specialty care transport units. Each mobile intensive care program is required to have both an agency director and an agency medical director. The chair of the board, who will be appointed by the Commissioner of Health and will serve at the commissioner's pleasure, is required to be a licensed physician who is board certified in emergency medicine or emergency medical services.

In general, the scope of practice and protocols authorized for a given paramedic, advanced paramedic, paramedic assistant, mobile

intensive care nurse, specialty care transport nurse, mobile intensive care unit, paramedic support unit, mobile integrated care unit, or specialty care transport unit will be authorized by that professional's or unit's agency medical director, consistent with standards established by the ALS Oversight Board and subject to board approval. However, the ALS Oversight Board will have exclusive authority to determine the scope of practice for advanced paramedics.

Advanced paramedics will be required, at a minimum, to hold a bachelor's degree in paramedicine; however, until bachelor's degree programs in paramedicine become available in New Jersey, the ALS Oversight Board will have the authority to establish the minimum education, training, and experience requirements for licensure. The board will continue to have the authority to establish these requirements even after an accredited paramedicine degree program becomes available in the State and the degree becomes a minimum requirement for advanced paramedic licensure.

The bill repeals sections 1 through 14 of P.L.1984, c.146 (C.26:2K-7 et seq.), which set forth the current licensing and operational requirements for mobile intensive care units, and P.L.1985, c.351 (C.26:2K-21 et seq.), which established the now obsolete EMT-intermediate pilot program.

It is the sponsor's belief that this bill will foster an enhanced and more dynamic system of prehospital care in the State through the use of a diversified licensing structure, community-based mobile integrated health care designed to prevent unnecessary hospital utilization, and additional types of mobile care units, including mobile integrated care units and paramedic support units. It is the sponsor's hope that this new system of prehospital care will increase access to care by improving paramedic distribution and allowing faster response times, improve the efficiency and effectiveness of the State emergency medical services system, and that this reformed system of prehospital care may lead to other innovative healthcare solutions that may become available and prudent as the healthcare care delivery system evolves.