

26:2K-8.1 to 26:2K-8.3; 26:2K-9.1 et al
LEGISLATIVE HISTORY CHECKLIST

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LAWS OF: 2022 **CHAPTER:** 118

NJSA: 26:2K-8.1 to 26:2K-8.3; 26:2K-9.1 et al
(Makes various changes concerning regulation of emergency medical services; establishes mobile integrated health program and new State Emergency Medical Services Director in DOH.)

BILL NO: A4107 (Substituted for S2768 (2R))

SPONSOR(S) Gary S. Schaer and others

DATE INTRODUCED: 5/26/2022

COMMITTEE: **ASSEMBLY:** Health
Oversight, Reform and Federal Relations
Appropriations
Budget

SENATE: ---

AMENDED DURING PASSAGE: Yes

DATE OF PASSAGE: ASSEMBLY: 10/3/2022

SENATE: 10/17/2022

DATE OF APPROVAL: 10/21/2022

FOLLOWING ARE ATTACHED IF AVAILABLE:

FINAL TEXT OF BILL (Third Reprint enacted) Yes

A4107

INTRODUCED BILL: (Includes sponsor(s) statement) Yes

COMMITTEE STATEMENT: ASSEMBLY: Yes Health
Appropriations
Budget

SENATE: No

(Audio archived recordings of the committee meetings, corresponding to the date of the committee statement, *may possibly* be found at www.njleg.state.nj.us)

FLOOR AMENDMENT STATEMENT: No

LEGISLATIVE FISCAL ESTIMATE: Yes 7/5/2022
10/3/2022

S2768 (2R)

INTRODUCED BILL: (Includes sponsor(s) statement) Yes

COMMITTEE STATEMENT: ASSEMBLY: No

SENATE: Yes Health, Human Services
& Senior Citizens

Budget & Appropriations

(Audio archived recordings of the committee meetings, corresponding to the date of the committee statement, *may possibly* be found at www.njleg.state.nj.us)

FLOOR AMENDMENT STATEMENT: No

LEGISLATIVE FISCAL ESTIMATE: Yes 7/5/2022

VETO MESSAGE: Yes

GOVERNOR'S PRESS RELEASE ON SIGNING: Yes

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§§3-5
C.26:2K-8.1 to
26:2K-8.3
§12
C.26:2K-9.1

P.L. 2022, CHAPTER 118, *approved October 21, 2022*
Assembly, No. 4107, (*Third Reprint*)

1 AN ACT concerning emergency medical services ¹and mobile
2 integrated health¹ and amending ¹and supplementing¹ P.L.1984,
3 c.146.

4
5 **BE IT ENACTED** by the Senate and General Assembly of the State
6 of New Jersey:

7
8 1. Section 1 of P.L.1984, c.146 (C.26:2K-7) is amended to read
9 as follows:

10 1. As used in this act:

11 a. "Advanced life support" means an advanced level of **[pre-**
12 **hospital, inter-hospital, and]** emergency **[service]** medical care,
13 including specialty care transport, which includes basic life support
14 functions**],** cardiac monitoring, cardiac defibrillation, telemetered
15 electrocardiography, administration of anti-arrhythmic agents,
16 intravenous therapy, administration of specific medications, drugs
17 and solutions, use of adjunctive ventilation devices, trauma care and
18 other techniques and procedures authorized in writing by the
19 commissioner**]** and ³the use of³ procedures, medications, and
20 equipment established by the National Highway Traffic Safety
21 Administration's ³**[scope of practice for paramedics]** National EMS
22 Scope of Practice Model for paramedics, except for any provisions
23 of the National EMS Scope of Practice Model expressly excluded
24 by the commissioner in rules or regulations³, and any other such
25 procedures, medications, and equipment as set forth in ¹**[Section]**
26 section¹ 6 of P.L.1984, c.146 (C.26:2K-12) ³or as otherwise
27 authorized in rules or regulations promulgated by the
28 commissioner³;

29 b. "Board of Medical Examiners" means the State Board of
30 Medical Examiners;

31 c. "Board of Nursing" means the New Jersey Board of Nursing;

32 d. "Commissioner" means the Commissioner of the ¹**[State]**¹
33 Department of Health;

34 e. "Department" means the ¹**[State]**¹ Department of Health;

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.

Matter enclosed in superscript numerals has been adopted as follows:

¹Assembly AAP committee amendments adopted June 23, 2022.

²Assembly ABU committee amendments adopted June 27, 2022.

³Assembly amendments adopted in accordance with Governor's recommendations September 15, 2022.

- 1 f. "Emergency **[service]** department" means a program in a
2 hospital staffed 24 hours a day by a licensed physician trained in
3 emergency medicine;
- 4 g. **["Inter-hospital]** "Specialty care transport" means **[those**
5 **emergency medical]** services that are above basic life support
6 services rendered [by mobile intensive care units] to [emergency]
7 patients before and during transportation between [emergency
8 treatment] licensed facilities, during retrieval from those facilities,
9 and upon arrival within those facilities;
- 10 h. "Mobile intensive care paramedic" means a person trained in
11 advanced life support services and **[certified]** licensed by the
12 commissioner to render advanced life support services as part of a
13 mobile intensive care unit or as otherwise provided in section 4 of
14 P.L.1984, c.146 (C.26:2K-10);
- 15 i. "Mobile intensive care unit" means a specialized emergency
16 medical service **[vehicle]** unit that is staffed [by mobile intensive
17 care paramedics or registered professional nurses trained in
18 advanced life support nursing] in accordance with paragraph (2) of
19 subsection a. of section 6 of P.L.1984, c.146 (C.26:2K-12) and
20 operated for the provision of advanced life support services under
21 the direction of an authorized hospital;
- 22 j. "Pre-hospital care" means those **[emergency]** ³emergency³
23 medical services rendered by [mobile intensive care units to
24 emergency patients] ³[emergency medical services personnel]
25 mobile intensive care units to emergency patients³ before and
26 during ³[, or in lieu of,]³ transportation to **[emergency treatment]**
27 ³[medical] emergency treatment³ facilities, and upon arrival within
28 those facilities.
- 29 k. "Volunteer paramedic unit" means an operational subunit
30 within a mobile intensive care unit that is exclusively staffed by at
31 least two volunteer paramedics with access to any vehicle,
32 including a personal vehicle.
- 33 l. "Agency EMS medical director" means a physician licensed
34 in this State who is certified in emergency medicine or emergency
35 medical services, or both, and is responsible for the medical
36 oversight of a hospital mobile intensive care program.
- 37 m. "Mobile integrated health" means ¹[the provision of non-
38 emergency]¹ health care services ¹[by a paramedic, registered
39 nurse, advanced practice nurse, or physician assistant under a
40 mobile intensive care program using] delivered with the approval
41 of the Department of Health to patients outside of a hospital setting,
42 using mobile resources, and employing team-based and¹ patient-
43 centered ¹[, mobile resources in a prehospital]¹ care ¹[environment
44 through an approved mobile intensive care hospital]¹ .
45 (cf: P.L.2021, c.480, s.1)

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

3 2. a. A mobile intensive care paramedic shall obtain
4 **【certification】 licensure** from the commissioner to **【staff a mobile**
5 **intensive care unit】** provide advanced life support and shall make
6 application therefor on forms prescribed by the commissioner.

7 b. The commissioner with the approval of the **【board of**
8 **medical examiners】** State Board of Medical Examiners shall
9 establish written standards which a mobile intensive care paramedic
10 shall meet in order to obtain **【certification】 licensure**. The
11 commissioner shall ³**【act on a regular basis】** make a determination³
12 upon applications of candidates for 【certification】 licensure as a
13 mobile intensive care paramedic ³within 30 days of the receipt of a
14 complete application and background check. Such determination
15 may include a determination that the commissioner requires more
16 time to adequately review the application. The commissioner shall
17 license a candidate who provides satisfactory evidence of the
18 successful completion of an educational program approved by the
19 commissioner for the training of mobile intensive care paramedics
20 and who passes an examination in the provision of advanced life
21 support services, which examination shall be approved by the
22 commissioner³. 【The commissioner shall certify a candidate who
23 provides satisfactory evidence of the successful completion of an
24 educational program approved by the commissioner for the training
25 of mobile intensive care paramedics and who passes an examination
26 in the provision of advance life support services, which examination
27 shall be conducted by the department at least twice a year.】 The
28 commissioner shall **【certify】 license** a candidate ¹**【for】 as¹**
29 a mobile intensive care paramedic **【certification】** who has equivalent
30 military training or experience in any branch of the active duty or
31 reserve component of the Armed Forces of the United States or the
32 National Guard of any state if the commissioner determines that the
33 candidate's military training and experience exceed or are
34 equivalent to the ³**【certification】 licensure³** standards established
35 by the **【commissioner】³【National Registry of Emergency Medical**
36 **Technicians】 commissioner³**. The commissioner shall license a
37 candidate ¹【for】 as¹ a mobile intensive care paramedic who is
38 registered as a paramedic with the National Registry of Emergency
39 Medical Technicians ³if the commissioner determines that the
40 candidate's training and experience exceed or are equivalent to the
41 licensure standards established by the commissioner³.

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

- 45 (1) The name and residence of the applicant;
46 (2) The date of the application;

1 (3) Information as to whether the applicant was rejected or
2 **[certified]** licensed and the date of that action.

3 The department shall annually compile a list of mobile intensive
4 care paramedics. This list shall be available to the public.
5 (cf: P.L.2013, c.101, s.2)
6

7 ³3. (New section) a. The department shall not issue a license to a
8 candidate as a mobile intensive care paramedic unless the
9 commissioner first determines, consistent with the requirements of
10 sections 3 through 5 of P.L. c. (C.) (pending before the
11 Legislature as this bill), that no criminal history record information
12 exists on file in the Federal Bureau of Investigation, Identification
13 Division, or in the State Bureau of Identification in the Division of
14 State Police, which would disqualify that person from being
15 licensed. A mobile intensive care paramedic licensed by the
16 department prior to the effective date of P.L. c. (C.)
17 (pending before the Legislature as this bill) upon whom a criminal
18 history record background check has not been conducted pursuant
19 to this act, shall be required to undergo that criminal history record
20 background check as a condition of that individual's initial
21 relicensure following the effective date of P.L. c. (C.)
22 (pending before the Legislature as this bill). In addition, a follow-
23 up criminal history record background check of federal records
24 shall be conducted at least once every two years as a condition of
25 relicensure for every mobile intensive care paramedic.

26 b. A person shall be disqualified from licensure if that person's
27 criminal history record background check reveals a record of
28 conviction of any of the following crimes or offenses:

29 (1) In New Jersey, any crime or disorderly persons offense:

30 (a) involving danger to the person, meaning those crimes and
31 disorderly persons offenses set forth in N.J.S.2C:11-1 et seq.,
32 N.J.S.2C:12-1 et seq., N.J.S.2C:13-1 et seq., N.J.S.2C:14-1 et seq.,
33 or N.J.S.2C:15-1 et seq.; or

34 (b) involving arson as set forth in N.J.S.2C:17-1 or causing or
35 risking widespread injury or damage as set forth at N.J.S.2C:17-2;
36 or

37 (c) involving forgery and fraudulent offenses as set forth in
38 chapter 21 of Title 2C of the New Jersey Statutes; or

39 (d) against the family, children, or incompetents, meaning those
40 crimes and disorderly persons offenses set forth in N.J.S.2C:24-1 et
41 seq.; or

42 (e) involving theft as set forth in chapter 20 of Title 2C of the
43 New Jersey Statutes; or

44 (f) involving any controlled dangerous substance or controlled
45 substance analog as set forth in chapter 35 of Title 2C of the New
46 Jersey Statutes; or

47 (g) that would qualify the person for registration pursuant to
48 section 2 of P.L.1994, c.133 (C.2C:7-2).

1 (2) In any other state or jurisdiction, of any crime or disorderly
2 persons offense involving conduct which, if committed in New
3 Jersey, would constitute any of the crimes or disorderly persons
4 offenses described in paragraph (1) of this subsection.

5 c. Except for a disqualification based on conviction for a crime
6 enumerated in subparagraph (g) of paragraph (1) of subsection b. of
7 this section or a crime in any other state or jurisdiction which, if
8 committed in New Jersey, would constitute a crime enumerated in
9 subparagraph (g) of paragraph (1) of subsection b. of this section,
10 no person shall be disqualified from licensure on the basis of any
11 conviction disclosed by a criminal history record background check
12 performed pursuant to the requirements of this act if the person has
13 affirmatively demonstrated to the commissioner clear and
14 convincing evidence of the person's rehabilitation. In determining
15 whether a person has affirmatively demonstrated rehabilitation, the
16 following factors shall be considered:

17 (1) the nature and responsibility of the position which the
18 convicted person would hold, has held or currently holds, as the
19 case may be;

20 (2) the nature and seriousness of the offense;

21 (3) the circumstances under which the offense occurred;

22 (4) the date of the offense;

23 (5) the age of the person when the offense was committed;

24 (6) whether the offense was an isolated or repeated incident;

25 (7) any social conditions which may have contributed to the
26 offense; and

27 (8) any evidence of rehabilitation, including good conduct in
28 prison or in the community, counseling or psychiatric treatment
29 received, acquisition of additional academic or vocational
30 schooling, successful participation in correctional work-release
31 programs, or the recommendation of those who have had the person
32 under their supervision.

33 d. If a person subject to the provisions of sections 3 through 5
34 of P.L. c. (C.) (pending before the Legislature as this bill)
35 refuses to consent to, or cooperate in, the securing of a criminal
36 history record background check, the commissioner shall, as
37 applicable:

38 (1) not issue a mobile intensive care paramedic license; or

39 (2) revoke the person's mobile intensive care paramedic license.³

40
41 ³4. (New section) a. An applicant for licensure as a mobile
42 intensive care paramedic who is required to undergo a criminal
43 history record background check pursuant to P.L. c. (C.)
44 (pending before the Legislature as this bill) shall submit to the
45 commissioner that individual's name, address, and fingerprints in
46 accordance with the standards established by the New Jersey State
47 Police and the Federal Bureau of Investigation for civil applicants.
48 The commissioner is authorized to exchange fingerprint data with

1 and receive criminal history record information from the Federal
 2 Bureau of Investigation and the Division of State Police for use in
 3 making the determinations required by P.L. c. (C.)
 4 (pending before the Legislature as this bill).

5 b. Upon receipt of the criminal history record information for a
 6 person from the Federal Bureau of Investigation or the Division of
 7 State Police, the commissioner shall immediately notify, in writing,
 8 the applicant of the results of the criminal history record
 9 background check. If the person is disqualified, the conviction or
 10 convictions which constitute the basis for the disqualification shall
 11 be identified in the notice to the person, but shall not be identified
 12 to any other person.

13 c. The person who is the subject of the background check shall
 14 have 30 days from the date of the written notice of disqualification
 15 to petition the commissioner for a hearing on the accuracy of the
 16 person's criminal history record information or to establish the
 17 person's rehabilitation under subsection c. of section 3 of
 18 P.L. c. (C.) (pending before the Legislature as this bill).
 19 Upon the issuance of a final decision following a petition to the
 20 commissioner pursuant to this subsection, the commissioner shall
 21 notify the person as to whether the person remains disqualified from
 22 licensure.³

23
 24 ³5. (New section) The department may require a candidate for a
 25 mobile intensive care paramedic license to bear the costs of the
 26 criminal history record background check as may be deemed
 27 necessary by the department.³

28
 29 ³[3.] 6.³ Section 3 of P.L.1984, c.146 (C.26:2K-9) is amended
 30 to read as follows:

31 3. The commissioner after notice and hearing may revoke the
 32 **[certification]** license of a mobile intensive care paramedic for
 33 violation of any provision of this act or regulation promulgated
 34 hereunder.

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

36
 37 ³[4.] 7.³ Section 4 of P.L.1984, c.146 (C.26:2K-10) is
 38 amended to read as follows:

39 4. a. A mobile intensive care paramedic may perform
 40 advanced life support services, provided that the paramedic is
 41 following ³**[a standing order]** protocols which have been approved
 42 pursuant to paragraph (3) of subsection a. of section 8 of this act,
 43 any standing orders the department may issue³, or if the paramedic
 44 maintains direct voice communication with and is taking orders
 45 from a licensed physician or physician directed registered
 46 professional nurse, both of whom are affiliated with a mobile
 47 intensive care hospital which is approved by the commissioner to
 48 provide advanced life support services. **[A telemetered**

1 electrocardiogram shall be monitored when deemed appropriate by
2 the licensed physician or when required by written rules and
3 regulations established by the mobile intensive care hospital and
4 approved by the commissioner.】

5 b. (1) A mobile intensive care paramedic may deliver
6 advanced life support services, or any other services within the
7 approved scope of practice for mobile intensive care paramedics, in
8 a pre-hospital setting, in a mobile integrated health care setting,
9 health care specialty setting, or any other hospital-controlled
10 setting, through an approved mobile intensive care hospital, as
11 determined by the commissioner and as authorized by the agency
12 EMS medical director. A mobile intensive care paramedic shall be
13 permitted to provide advanced life support services when operating
14 outside of a mobile intensive care unit in situations directly related
15 to EMS first response or mobile integrated health ³as determined by
16 the commissioner and³ as authorized by the mobile intensive care
17 paramedic’s agency EMS medical director. A single mobile
18 intensive care paramedic shall not be acknowledged as a mobile
19 intensive care unit.

20 (2) The authorized services provided under a mobile integrated
21 health program shall be determined by the ³【agency EMS medical
22 director overseeing the program】 commissioner³, and may include,
23 but need not be limited to: providing paramedicine care, chronic
24 disease management, preventive care, and post-discharge follow-up
25 visits; or providing referrals and transportation assistance to
26 appropriate care and services to patients requiring health care
27 services who do not require hospital-based treatment.

28 c. Nothing in this section shall be construed to alter the scope
29 of practice of any licensed health care professional under Title 45 of
30 the Revised Statutes or the scope or authority of any agency, board,
31 department, or other entity in this State that is responsible for
32 licensing health care workers.

33 ²d. The provisions of this section shall apply notwithstanding
34 the provisions of section 12 of P.L.1984, c.146 (C.26:2K-18) and
35 notwithstanding the provisions of any law to the contrary.²

36 (cf: P.L.2021, c.480, s.2)

37

38 ³【5.】 8.³ Section 6 of P.L.1984, c.146 (C.26:2K-12) is
39 amended to read as follows:

40 6. a. (1) Only a hospital exclusively authorized to develop and
41 maintain advanced life support services in the municipality in which
42 the trauma center is located pursuant to section 1 of P.L.2015, c.70
43 (C.26:2K-12.1), or a hospital authorized by the commissioner with
44 an accredited emergency 【service】 department may develop and
45 maintain a mobile intensive care unit, and provide advanced life
46 support services utilizing licensed physicians, registered
47 professional nurses trained in advanced life support nursing, and
48 mobile intensive care paramedics.

1 (2) ²(a)² A mobile intensive care unit, when in service, shall be
2 staffed by a minimum of two persons, which two persons may be
3 two mobile intensive care paramedics, two registered professional
4 nurses trained in advanced life support nursing, ²or² one mobile
5 intensive care paramedic and one registered professional nurse
6 trained in advanced life support nursing ²[, or one emergency
7 medical technician and one mobile intensive care paramedic or
8 registered professional nurse trained in advanced life support
9 nursing]². Any individual providing advanced life support as
10 provided in this paragraph shall be authorized to render care within
11 that individual's scope of practice ³, as determined by the
12 commissioner and³ based on the agency EMS medical director's
13 determination of competency. ²[In the case of a mobile intensive
14 care unit staffed by one emergency medical technician and one
15 mobile intensive care paramedic or registered professional nurse
16 trained in advanced life support nursing treating a patient in need of
17 advanced life support services, the mobile intensive care paramedic
18 or registered professional nurse trained in advanced life support
19 nursing shall provide primary patient care. A mobile intensive care
20 unit shall not be staffed by an emergency medical technician under
21 this paragraph unless approved by the agency EMS medical
22 director, based on the EMS medical director's determination of the
23 competency of the mobile intensive care paramedic or registered
24 professional nurse trained in advanced life support nursing and the
25 emergency medical technician to work together to provide mobile
26 intensive care services.]²

27 ²(b) The Department of Health shall establish criteria for and a
28 process by which a hospital may apply to the department for
29 permission to operate a mobile intensive care unit that is staffed by
30 one emergency medical technician and one mobile intensive care
31 paramedic or registered professional nurse trained in advanced life
32 support nursing, if the hospital is experiencing a staffing shortage.²

33 (3) Agency EMS medical directors shall have the authority to
34 establish advanced life support protocols, within the scope of
35 practice for advanced life support providers established by ³this act
36 and³ the commissioner, which protocols shall include, but shall not
37 be limited to, protocols concerning medications, equipment,
38 procedures, and clinical practice. ³Such advanced life support
39 protocols shall be submitted to the commissioner for approval. The
40 commissioner may approve or deny advanced life support protocols
41 submitted by an agency EMS medical director or may approve such
42 protocols subject to amendments that the commissioner deems to be
43 necessary.³ Aspects of clinical practice that exceed the scope
44 established by commissioner shall be submitted by an agency EMS
45 medical director to the mobile intensive care advisory council for
46 review and recommendation to the commissioner ³, which shall be
47 acted upon by the commissioner within 90 days³.

1 (4) ³ [A hospital with a mobile intensive care unit may
2 authorize a board-certified or board-eligible emergency medicine
3 physician, advanced practice nurse, or physician assistant, who has
4 successfully completed an in-house practical competency-based
5 '[EMS] emergency medical services' orientation and training
6 guided by respective relevant professional standards and approved
7 by the agency EMS medical director, and is employed by the
8 hospital to deliver care within the approved scope of practice of the
9 '[board certified] board-certified' or '[board eligible] board-
10 eligible' emergency medicine physician, advanced practice nurse,
11 or physician assistant in a '[prehospital] pre-hospital' setting or an
12 interfacility setting, as determined by the agency EMS medical
13 director] The commissioner with the approval of the State Board of
14 Medical Examiners shall establish education and competency
15 requirements which a board-certified or board-eligible emergency
16 medicine physician, advanced practice nurse, or physician assistant
17 who is employed by a hospital with a mobile intensive care unit
18 shall be required to meet in order to obtain authorization from the
19 department to deliver care within the respective scope of practice of
20 the board-certified or board-eligible emergency medicine physician,
21 advanced practice nurse, or physician assistant, as the case may be,
22 in a pre-hospital setting or an interfacility setting. An authorized
23 board-certified or board-eligible emergency medicine physician,
24 advanced practice nurse, or physician assistant may deliver such
25 care if and to the extent approved by the agency EMS medical
26 director³.

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

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

32 d. The commissioner may withdraw his authorization if the
33 hospital or unit violates any provision of this act or rules or
34 regulations promulgated pursuant thereto.

35 e. Nothing in this section shall be construed to alter the scope
36 of practice of any licensed health care professional under Title 45 of
37 the Revised Statutes or the scope or authority of any agency, board,
38 department, or other entity in this State that is responsible for
39 licensing health care workers.

40 (cf: P.L.1985, c.351, s.2)

41
42 ³[6.] 9.³ Section 7 of P.L.1984, c.146 (C.26:2K-13) is
43 amended to read as follows:

44 7. a. No person may advertise or disseminate information to
45 the public that the person provides advanced life support services
46 by a mobile intensive care unit unless the person is authorized to do

1 so pursuant to section 6 of ¹~~["this act"]~~ P.L.1984, c.146 (C.26:2K-
2 12)¹ .

3 b. No person may impersonate or refer to himself or herself as
4 a mobile intensive care paramedic unless ¹~~["he or she"]~~ the person¹ is
5 ~~["certified"]~~ licensed or approved therefor, as appropriate.
6 (cf: P.L.1984, c.146, s.7)

7
8 ³~~["7."]~~ 10.³ Section 8 of P.L.1984, c.146 (C.26:2K-14) is
9 amended to read as follows:

10 8. No emergency medical technician, mobile intensive care
11 paramedic, licensed physician, hospital or its board of trustees,
12 officers and members of the medical staff, ~~["nurses"]~~ registered
13 nurse, advanced practice nurse, physician assistant, or other
14 employees of the hospital, first aid, ~~["ambulance"]~~ ¹~~["emergency~~
15 medical service"] ambulance¹ or rescue squad, licensed emergency
16 medical ¹~~["service"]~~ services¹ agency, or officers and members of a
17 first aid, ¹~~["emergency medical service"]~~ ambulance¹ or rescue squad
18 shall be liable for any civil damages as the result of an act or the
19 omission of an act committed while in training for or in the
20 rendering of basic and advanced life support services in good faith
21 and in accordance with this act.

22 (cf: P.L.1984, c.146, s.8)

23
24 ³~~["8."]~~ 11.³ Section 10 of P.L.1984, c.146 (C.26:2K-16) is
25 amended to read as follows:

26 10. ¹~~["a"]~~ a.¹ (1) The Commissioner of Health shall appoint a
27 State Emergency Medical Services Medical Director to the Office
28 of Emergency Medical Services ¹~~["in the Department of Health"]~~ .
29 The State Emergency Medical Services Medical Director shall be a
30 licensed physician in this State and board certified in emergency
31 medicine with leadership experience in the medical oversight of
32 emergency medical services, specifically in advanced life support,
33 basic life support, critical care transport, and emergency medical
34 services dispatching. In selecting the State Emergency Medical
35 Services Medical Director, the Commissioner of Health shall give
36 preference to a candidate who is board certified in emergency
37 medical services. The State Emergency Medical Services Medical
38 Director shall not be permitted to be employed as an agency EMS
39 medical director while serving as State Emergency Medical
40 Services Medical Director.

41 (2)³~~["~~ The State Emergency Medical Services Medical
42 Director shall be coequal with the Director of Emergency Medical
43 Services.]³ The State Emergency Medical Services Medical
44 Director shall have primary responsibility for the oversight,
45 regulation, and discipline related to clinical issues pertaining to the
46 provision of emergency medical services in New Jersey, and the
47 Director of Emergency Medical Services shall have primary

1 responsibility for the oversight of non-clinical issues related to the
2 provision of emergency medical services in New Jersey. The State
3 Emergency Medical Services Medical Director shall additionally be
4 responsible for aiding the commissioner in promulgating rules and
5 regulations establishing the scope of practice for providers of
6 emergency medical services, including new standards for basic and
7 advanced life support based on the ³National Highway Traffic
8 Safety Administration's³ National EMS Scope of Practice Model
9 ³[and],³ the recommendations of the mobile intensive care advisory
10 council³, and standards established by the commissioner³.

11 b. The commissioner shall establish a State mobile intensive
12 care advisory council, which shall: advise the department on all
13 matters of [mobile intensive care services] advanced life support,
14 the Emergency Medical Service Helicopter Response Program and
15 emergency medical transportation; annually review advanced life
16 support scope of practice; and provide recommendations directly to
17 the commissioner for clinical updates. The council shall [select a
18 chairman annually to chair the meetings and coordinate the
19 activities of the advisory council] ³[be chaired by the State
20 Emergency Medical Services Medical Director] annually select a
21 chairperson and a vice-chair from among its members. The
22 chairperson shall coordinate the activities of the advisory council³.
23 Within 60 days following the effective date of ¹[this act] P.L. , c.
24 (pending before the Legislature as this bill)¹, the council shall
25 create new by-laws, and select a ³chair and³ vice-chair from among
26 its members. In the event that the ³[State Emergency Medical
27 Services Medical Director] chair³ position is vacant, the vice-chair
28 shall act as chair of the council until the ³[State Emergency
29 Medical Services Medical Director] chair³ position is no longer
30 vacant. The [chairman] chair shall appoint subcommittees to
31 review and recommend policy on subjects including, but not limited
32 to, advanced life support training programs, advanced life support
33 patient care equipment, biomedical and telecommunications
34 equipment and procedures, treatment protocols, and helicopter
35 equipment and procedures, as well as other medical matters.

36 (cf: P.L.1986, c.106, s.5)

37

38 ³[^{19.}] 12.³ (New section) a. The Department of Health shall
39 establish a mobile integrated health program. In establishing the
40 mobile integrated health program, the Department of Health shall
41 consider relevant standards and criteria developed or adopted by
42 nationally recognized agencies or organizations, as well as
43 recommendations of interested stakeholders, including, but not
44 limited to, the State Trauma System Advisory Committee and the
45 Mobile Intensive Care Advisory Council.

46 b. The Department of Health shall establish, in writing, criteria
47 by which an entity may apply for and receive authorization from the

1 department to participate in the mobile integrated health program,
2 and criteria by which an entity may lose authorization to participate
3 in the mobile integrated health program.

4 c. The Commissioner of Health shall adopt rules and
5 regulations as are necessary to effectuate the provisions of this
6 section, which rules and regulations shall be effective immediately
7 upon filing with the Office of Administrative Law for a period not
8 to exceed 18 months, and shall, thereafter, be amended, adopted, or
9 readopted in accordance with the provisions of the "Administrative
10 Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.)."¹

11

12 ¹~~[9.]~~ ³~~[10.1]~~ ^{13.}³ Section 11 of P.L.1984, c.146 (C.26:2K-17)
13 is amended to read as follows:

14 11. The commissioner shall promulgate such rules and
15 regulations in accordance with the "Administrative Procedure Act,"
16 P.L.1968, c.410 (C.52:14B-1 et seq.) as ~~[he]~~ the commissioner
17 deems necessary to effectuate the purposes of this act, and the
18 ~~[board of medical examiners]~~ State Board of Medical Examiners
19 and the [board of nursing] New Jersey Board of Nursing shall
20 promulgate such rules and regulations as they deem necessary to
21 carry out their functions under this act.

22 (cf: P.L.1984, c.146, s.11)

23

24 ¹~~[10.]~~ ³~~[11.1]~~ ^{14.}³ This act shall take effect immediately.

25

26

27

28

29 _____
30 Makes various changes concerning regulation of emergency
31 medical services; establishes mobile integrated health program and
new State Emergency Medical Services Medical Director in DOH.

ASSEMBLY, No. 4107

STATE OF NEW JERSEY 220th LEGISLATURE

INTRODUCED MAY 26, 2022

Sponsored by:

Assemblyman GARY S. SCHAER

District 36 (Bergen and Passaic)

Assemblyman HERB CONAWAY, JR.

District 7 (Burlington)

Assemblyman ANTHONY S. VERRELLI

District 15 (Hunterdon and Mercer)

Co-Sponsored by:

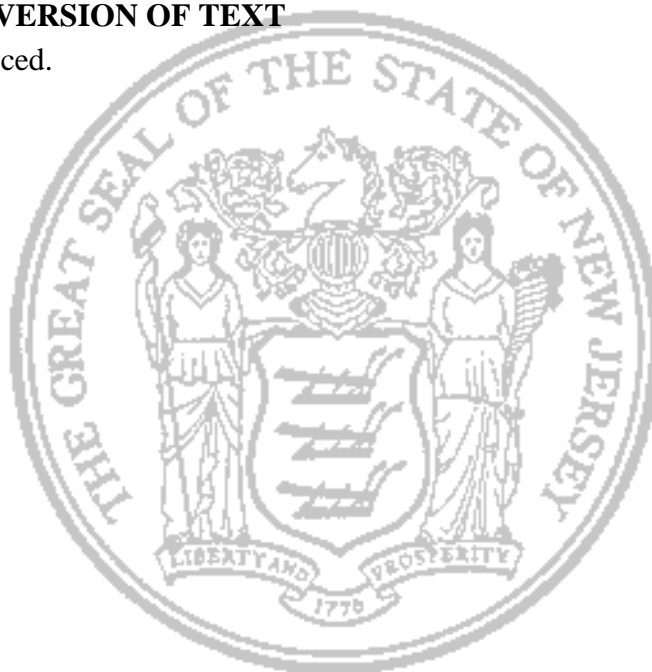
Assemblywoman McCarthy Patrick

SYNOPSIS

Makes various changes concerning regulation of emergency medical services; establishes new State Emergency Medical Services Medical Director in DOH.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 6/9/2022)

1 AN ACT concerning emergency medical services and amending
2 P.L.1984, c.146.

3

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

6

7 1. Section 1 of P.L.1984, c.146 (C.26:2K-7) is amended to read
8 as follows:

9 1. As used in this act:

10 a. "Advanced life support" means an advanced level of **[pre-**
11 **hospital, inter-hospital, and]** emergency **[service]** medical care,
12 including specialty care transport, which includes basic life support
13 functions**],** cardiac monitoring, cardiac defibrillation, telemetered
14 electrocardiography, administration of anti-arrhythmic agents,
15 intravenous therapy, administration of specific medications, drugs
16 and solutions, use of adjunctive ventilation devices, trauma care and
17 other techniques and procedures authorized in writing by the
18 commissioner**]** and procedures, medications, and equipment
19 established by the National Highway Traffic Safety
20 Administration's scope of practice for paramedics, and any other
21 such procedures, medications, and equipment as set forth in Section
22 6 of P.L.1984, c.146 (C.26:2K-12);

23 b. "Board of Medical Examiners" means the State Board of
24 Medical Examiners;

25 c. "Board of Nursing" means the New Jersey Board of Nursing;

26 d. "Commissioner" means the Commissioner of the State
27 Department of Health;

28 e. "Department" means the State Department of Health;

29 f. "Emergency **[service]** department" means a program in a
30 hospital staffed 24 hours a day by a licensed physician trained in
31 emergency medicine;

32 g. **["Inter-hospital]** "Specialty care transport" means **[those**
33 **emergency medical]** services that are above basic life support
34 services rendered [by mobile intensive care units] to [emergency]
35 patients before and during transportation between [emergency
36 treatment] licensed facilities, during retrieval from those facilities,
37 and upon arrival within those facilities;

38 h. "Mobile intensive care paramedic" means a person trained in
39 advanced life support services and **[certified]** licensed by the
40 commissioner to render advanced life support services as part of a
41 mobile intensive care unit or as otherwise provided in section 4 of
42 P.L.1984, c.146 (C.26:2K-10);

43 i. "Mobile intensive care unit" means a specialized emergency
44 medical service **[vehicle]** unit that is staffed **[by mobile intensive**

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.

1 care paramedics or registered professional nurses trained in
2 advanced life support nursing] in accordance with paragraph (2) of
3 subsection a. of section 6 of P.L.1984, c.146 (C.26:2K-12) and
4 operated for the provision of advanced life support services under
5 the direction of an authorized hospital;

6 j. "Pre-hospital care" means those [emergency] medical
7 services rendered by [mobile intensive care units to emergency
8 patients] emergency medical services personnel before and during,
9 or in lieu of, transportation to [emergency treatment] medical
10 facilities, and upon arrival within those facilities.

11 k. "Volunteer paramedic unit" means an operational subunit
12 within a mobile intensive care unit that is exclusively staffed by at
13 least two volunteer paramedics with access to any vehicle,
14 including a personal vehicle.

15 l. "Agency EMS medical director" means a physician licensed
16 in this State who is certified in emergency medicine or emergency
17 medical services, or both, and is responsible for the medical
18 oversight of a hospital mobile intensive care program.

19 m. "Mobile integrated health" means the provision of non-
20 emergency health care services by a paramedic, registered nurse,
21 advanced practice nurse, or physician assistant under a mobile
22 intensive care program using patient-centered, mobile resources in a
23 prehospital care environment through an approved mobile intensive
24 care hospital.

25 (cf: P.L.2021, c.480, s.1)

26

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

29 2. a. A mobile intensive care paramedic shall obtain
30 [certification] licensure from the commissioner to [staff a mobile
31 intensive care unit] provide advanced life support and shall make
32 application therefor on forms prescribed by the commissioner.

33 b. The commissioner with the approval of the [board of
34 medical examiners] State Board of Medical Examiners shall
35 establish written standards which a mobile intensive care paramedic
36 shall meet in order to obtain [certification] licensure. The
37 commissioner shall act on a regular basis upon applications of
38 candidates for [certification] licensure as a mobile intensive care
39 paramedic. [The commissioner shall certify a candidate who
40 provides satisfactory evidence of the successful completion of an
41 educational program approved by the commissioner for the training
42 of mobile intensive care paramedics and who passes an examination
43 in the provision of advance life support services, which examination
44 shall be conducted by the department at least twice a year.] The
45 commissioner shall [certify] license a candidate for a mobile
46 intensive care paramedic [certification] who has equivalent
47 military training or experience in any branch of the active duty or

1 reserve component of the Armed Forces of the United States or the
2 National Guard of any state if the commissioner determines that the
3 candidate's military training and experience exceed or are
4 equivalent to the certification standards established by the
5 **【commissioner】** National Registry of Emergency Medical
6 Technicians. The commissioner shall license a candidate for a
7 mobile intensive care paramedic who is registered as a paramedic
8 with the National Registry of Emergency Medical Technicians.

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

12 (1) The name and residence of the applicant;

13 (2) The date of the application;

14 (3) Information as to whether the applicant was rejected or
15 **【certified】** licensed and the date of that action.

16 The department shall annually compile a list of mobile intensive
17 care paramedics. This list shall be available to the public.

18 (cf: P.L.2013, c.101, s.2)

19

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

22 3. The commissioner after notice and hearing may revoke the
23 **【certification】** license of a mobile intensive care paramedic for
24 violation of any provision of this act or regulation promulgated
25 hereunder.

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

27

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

30 4. a. A mobile intensive care paramedic may perform
31 advanced life support services, provided that the paramedic is
32 following a standing order, or if the paramedic maintains direct
33 voice communication with and is taking orders from a licensed
34 physician or physician directed registered professional nurse, both
35 of whom are affiliated with a mobile intensive care hospital which
36 is approved by the commissioner to provide advanced life support
37 services. **【A telemetered electrocardiogram shall be monitored**
38 **when deemed appropriate by the licensed physician or when**
39 **required by written rules and regulations established by the mobile**
40 **intensive care hospital and approved by the commissioner.】**

41 b. (1) A mobile intensive care paramedic may deliver advanced
42 life support services, or any other services within the approved
43 scope of practice for mobile intensive care paramedics, in a pre-
44 hospital setting, in a mobile integrated health care setting, health
45 care specialty setting, or any other hospital-controlled setting,
46 through an approved mobile intensive care hospital, as determined
47 by the commissioner and as authorized by the agency EMS medical
48 director. A mobile intensive care paramedic shall be permitted to

1 provide advanced life support services when operating outside of a
2 mobile intensive care unit in situations directly related to EMS first
3 response or mobile integrated health as authorized by the mobile
4 intensive care paramedic's agency EMS medical director. A single
5 mobile intensive care paramedic shall not be acknowledged as a
6 mobile intensive care unit.

7 (2) The authorized services provided under a mobile integrated
8 health program shall be determined by the agency EMS medical
9 director overseeing the program, and may include, but need not be
10 limited to: providing paramedicine care, chronic disease
11 management, preventive care, and post-discharge follow-up visits;
12 or providing referrals and transportation assistance to appropriate
13 care and services to patients requiring health care services who do
14 not require hospital-based treatment.

15 c. Nothing in this section shall be construed to alter the scope
16 of practice of any licensed health care professional under Title 45 of
17 the Revised Statutes or the scope or authority of any agency, board,
18 department, or other entity in this State that is responsible for
19 licensing health care workers.

20 (cf: P.L.2021, c.480, s.2)

21

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

24 6. a. (1) Only a hospital exclusively authorized to develop and
25 maintain advanced life support services in the municipality in which
26 the trauma center is located pursuant to section 1 of P.L.2015, c.70
27 (C.26:2K-12.1), or a hospital authorized by the commissioner with
28 an accredited emergency [service] department may develop and
29 maintain a mobile intensive care unit, and provide advanced life
30 support services utilizing licensed physicians, registered
31 professional nurses trained in advanced life support nursing, and
32 mobile intensive care paramedics.

33 (2) A mobile intensive care unit, when in service, shall be staffed
34 by a minimum of two persons, which two persons may be two mobile
35 intensive care paramedics, two registered professional nurses trained
36 in advanced life support nursing, one mobile intensive care paramedic
37 and one registered professional nurse trained in advanced life support
38 nursing, or one emergency medical technician and one mobile
39 intensive care paramedic or registered professional nurse trained in
40 advanced life support nursing. Any individual providing advanced life
41 support as provided in this paragraph shall be authorized to render care
42 within that individual's scope of practice based on the agency EMS
43 medical director's determination of competency. In the case of a
44 mobile intensive care unit staffed by one emergency medical
45 technician and one mobile intensive care paramedic or registered
46 professional nurse trained in advanced life support nursing treating a
47 patient in need of advanced life support services, the mobile intensive
48 care paramedic or registered professional nurse trained in advanced

1 life support nursing shall provide primary patient care. A mobile
2 intensive care unit shall not be staffed by an emergency medical
3 technician under this paragraph unless approved by the agency EMS
4 medical director, based on the EMS medical director's determination
5 of the competency of the mobile intensive care paramedic or registered
6 professional nurse trained in advanced life support nursing and the
7 emergency medical technician to work together to provide mobile
8 intensive care services.

9 (3) Agency EMS medical directors shall have the authority to
10 establish advanced life support protocols, within the scope of
11 practice for advanced life support providers established by the
12 commissioner, which protocols shall include, but shall not be
13 limited to, protocols concerning medications, equipment,
14 procedures, and clinical practice. Aspects of clinical practice that
15 exceed the scope established by commissioner shall be submitted by
16 an agency EMS medical director to the mobile intensive care
17 advisory council for review and recommendation to the
18 commissioner.

19 (4) A hospital with a mobile intensive care unit may authorize a
20 board-certified or board-eligible emergency medicine physician,
21 advanced practice nurse, or physician assistant, who has
22 successfully completed an in-house practical competency-based
23 EMS orientation and training guided by respective relevant
24 professional standards and approved by the agency EMS medical
25 director, and is employed by the hospital to deliver care within the
26 approved scope of practice of the board certified or board eligible
27 emergency medicine physician, advanced practice nurse, or
28 physician assistant in a prehospital setting or an interfacility setting,
29 as determined by the agency EMS medical director.

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

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

35 d. The commissioner may withdraw his authorization if the
36 hospital or unit violates any provision of this act or rules or
37 regulations promulgated pursuant thereto.

38 e. Nothing in this section shall be construed to alter the scope
39 of practice of any licensed health care professional under Title 45 of
40 the Revised Statutes or the scope or authority of any agency, board,
41 department, or other entity in this State that is responsible for
42 licensing health care workers.

43 (cf: P.L.1985, c.351, s.2)

44

45 6. Section 7 of P.L.1984, c.146 (C.26:2K-13) is amended to
46 read as follows:

47 7. a. No person may advertise or disseminate information to
48 the public that the person provides advanced life support services

1 by a mobile intensive care unit unless the person is authorized to do
2 so pursuant to section 6 of this act.

3 b. No person may impersonate or refer to himself or herself as
4 a mobile intensive care paramedic unless he or she is **【certified】**
5 licensed or approved therefor, as appropriate.

6 (cf: P.L.1984, c.146, s.7)

7

8 7. Section 8 of P.L.1984, c.146 (C.26:2K-14) is amended to
9 read as follows:

10 8. No emergency medical technician, mobile intensive care
11 paramedic, licensed physician, hospital or its board of trustees,
12 officers and members of the medical staff, **【nurses】** registered
13 nurse, advanced practice nurse, physician assistant, or other
14 employees of the hospital, first aid, **【ambulance】** emergency
15 medical service or rescue squad, licensed emergency medical
16 service agency, or officers and members of a first aid, emergency
17 medical service or rescue squad shall be liable for any civil
18 damages as the result of an act or the omission of an act committed
19 while in training for or in the rendering of basic and advanced life
20 support services in good faith and in accordance with this act.

21 (cf: P.L.1984, c.146, s.8)

22

23 8. Section 10 of P.L.1984, c.146 (C.26:2K-16) is amended to
24 read as follows:

25 10. a (1) The Commissioner of Health shall appoint a State
26 Emergency Medical Services Medical Director to the Office of
27 Emergency Medical Services. The State Emergency Medical
28 Services Medical Director shall be a licensed physician in this State
29 and board certified in emergency medicine with leadership
30 experience in the medical oversight of emergency medical services,
31 specifically in advanced life support, basic life support, critical care
32 transport, and emergency medical services dispatching. In selecting
33 the State Emergency Medical Services Medical Director, the
34 Commissioner of Health shall give preference to a candidate who is
35 board certified in emergency medical services. The State
36 Emergency Medical Services Medical Director shall not be
37 permitted to be employed as an agency EMS medical director while
38 serving as State Emergency Medical Services Medical Director.

39 (2) The State Emergency Medical Services Medical Director
40 shall be coequal with the Director of Emergency Medical Services.
41 The State Emergency Medical Services Medical Director shall have
42 primary responsibility for the oversight, regulation, and discipline
43 related to clinical issues pertaining to the provision of emergency
44 medical services in New Jersey, and the Director of Emergency
45 Medical Services shall have primary responsibility for the oversight
46 of non-clinical issues related to the provision of emergency medical
47 services in New Jersey. The State Emergency Medical Services
48 Medical Director shall additionally be responsible for aiding the

1 commissioner in promulgating rules and regulations establishing the
2 scope of practice for providers of emergency medical services,
3 including new standards for basic and advanced life support based
4 on the National EMS Scope of Practice Model and the
5 recommendations of the mobile intensive care advisory council.

6 b. The commissioner shall establish a State mobile intensive
7 care advisory council, which shall: advise the department on all
8 matters of **mobile intensive care services** advanced life support,
9 the Emergency Medical Service Helicopter Response Program and
10 emergency medical transportation; annually review advanced life
11 support scope of practice; and provide recommendations directly to
12 the commissioner for clinical updates. The council shall **select a**
13 **chairman** annually to chair the meetings and coordinate the
14 activities of the advisory council **be chaired by the State**
15 **Emergency Medical Services Medical Director.** Within 60 days
16 following the effective date of this act, the council shall create new
17 by-laws, and select a vice-chair from among its members. In the
18 event that the State Emergency Medical Services Medical Director
19 position is vacant, the vice-chair shall act as chair of the council
20 until the State Emergency Medical Services Medical Director
21 position is no longer vacant. The **chairman** chair shall appoint
22 subcommittees to review and recommend policy on subjects
23 including, but not limited to, advanced life support training
24 programs, advanced life support patient care equipment, biomedical
25 and telecommunications equipment and procedures, treatment
26 protocols, and helicopter equipment and procedures, as well as
27 other medical matters.

28 (cf: P.L.1986, c.106, s.5)

29
30 9. Section 11 of P.L.1984, c.146 (C.26:2K-17) is amended to
31 read as follows:

32 11. The commissioner shall promulgate such rules and
33 regulations in accordance with the "Administrative Procedure Act,"
34 P.L.1968, c.410 (C.52:14B-1 et seq.) as **he** the commissioner
35 deems necessary to effectuate the purposes of this act, and the
36 **board of medical examiners** State Board of Medical Examiners
37 and the **board of nursing** New Jersey Board of Nursing shall
38 promulgate such rules and regulations as they deem necessary to
39 carry out their functions under this act.

40 (cf: P.L.1984, c.146, s.11)

41
42 10. This act shall take effect immediately.

45 STATEMENT

46
47 This bill makes various changes to the regulation of emergency
48 medical services and establishes the position of State Emergency

1 Medical Services Medical Director in the Office of Emergency
2 Medical Services in the Department of Health (DOH).

3 Under the bill, the Commissioner of Health (commissioner) is to
4 appoint a State Emergency Medical Services Medical Director to
5 the Office of Emergency Medical Services. The State Emergency
6 Medical Services Medical Director is to be a licensed physician in
7 this State and board certified in emergency medicine with
8 leadership experience in the medical oversight of emergency
9 medical services, specifically in advanced life support, basic life
10 support, critical care transport, and emergency medical services
11 dispatching. In selecting the State Emergency Medical Services
12 Medical Director, the commissioner is to give preference to a
13 candidate who is board certified in emergency medical services.
14 The State Emergency Medical Services Medical Director is not to
15 be permitted to be employed as an agency EMS medical director
16 while serving as State Emergency Medical Services Medical
17 Director. The State Emergency Medical Services Medical Director
18 is to be coequal with the Director of Emergency Medical Services.
19 The State Emergency Medical Services Medical Director is to have
20 primary responsibility for the oversight, regulation, and discipline
21 related to clinical issues pertaining to the provision of emergency
22 medical services in New Jersey, and the Director of Emergency
23 Medical Services is to have primary responsibility for the oversight
24 of non-clinical issues related to the provision of emergency medical
25 services in New Jersey. The State Emergency Medical Services
26 Medical Director is to additionally be responsible for aiding the
27 commissioner in promulgating rules and regulations establishing the
28 scope of practice for providers of emergency medical services,
29 including new standards for basic and advanced life support based
30 on the National EMS Scope of Practice Model and the
31 recommendations of the mobile intensive care advisory council.

32 The bill provides that the mobile intensive care advisory council,
33 which is established under current law, is to: (1) advise the
34 Department of Health on all matters of advanced life support, (2)
35 directly provide recommendations to the commissioner for clinical
36 updates; (3) annually review advanced life support scope of
37 practice; (4) be chaired by the State Emergency Medical Services
38 Medical Director; (5) establish new by-laws; and (6) select a vice-
39 chair from among its members.

40 The bill makes various amendments and additions to statutory
41 definitions within Section 1 of P.L.1984, c.146 (C.26:2K-7).

42 The bill amends section 2 of P.L.1984, c.146 (C.26:2K-8) to
43 provide that a mobile intensive care paramedic is to obtain
44 licensure, as opposed to certification, as is provided under current
45 law, from the commissioner to provide advanced life support. In
46 addition, the amendments remove a provision regarding the
47 commissioner's certification of a candidate who provides
48 satisfactory evidence of the successful completion of an educational

1 program approved by the commissioner for the training of mobile
2 intensive care paramedics and who passes an examination in the
3 provision of advanced life support services. The amendments
4 provide that the commissioner is to approve licensure for a
5 candidate for a mobile intensive care paramedic who has equivalent
6 military training or experience in any branch of the active duty or
7 reserve component of the Armed Forces of the United States or the
8 National Guard of any state if the commissioner determines that the
9 candidate's military training and experience exceed or are
10 equivalent to the licensure standards established by the National
11 Registry of Emergency Medical Technicians. The commissioner is
12 to approve the licensure of a candidate for a mobile intensive care
13 paramedic who is registered as a paramedic with the National
14 Registry of Emergency Medical Technicians.

15 The bill amends section 4 of P.L.1984, c.146 (C.26:2K-10) to
16 remove a section that provides that a telemetered electrocardiogram
17 is to be monitored when deemed appropriate by the licensed
18 physician or when required by written rules and regulations
19 established by the mobile intensive care hospital and approved by
20 the commissioner. The amendments provide that a mobile intensive
21 care paramedic may deliver advanced life support services, or any
22 other services within the approved scope of practice for mobile
23 intensive care paramedics, in a pre-hospital setting, in a mobile
24 integrated health care setting, health care specialty setting, or any
25 other hospital-controlled setting, through an approved mobile
26 intensive care hospital, as determined by the commissioner and as
27 authorized by the agency EMS medical director. A mobile
28 intensive care paramedic is to be permitted to provide advanced life
29 support services when operating outside of a mobile intensive care
30 unit in situations directly related to EMS first response or mobile
31 integrated health as authorized by the mobile intensive care
32 paramedic's agency EMS medical director. A single mobile
33 intensive care paramedic is not to be acknowledged as a mobile
34 intensive care unit. The authorized services provided under a
35 mobile integrated health program are to be determined by the
36 agency EMS medical director overseeing the program, and may
37 include, but need not be limited to: providing paramedicine care,
38 chronic disease management, preventive care, and post-discharge
39 follow-up visits; or providing referrals and transportation assistance
40 to appropriate care and services to patients requiring health care
41 services who do not require hospital-based treatment.

42 The bill amends section 6 of P.L.1984, c.146 (C.26:2K-12) to
43 provide that a mobile intensive care unit, when in service, is to be
44 staffed by a minimum of two persons, which two persons may be two
45 mobile intensive care paramedics, two registered professional nurses
46 trained in advanced life support nursing, one mobile intensive care
47 paramedic and one registered professional nurse trained in advanced
48 life support nursing, or one emergency medical technician and one

1 mobile intensive care paramedic or registered professional nurse
2 trained in advanced life support nursing. Any individual providing
3 advanced life support as provided in the bill is to be authorized to
4 render care within that individual's scope of practice based on the
5 agency EMS medical director's determination of competency. In the
6 case of a mobile intensive care unit staffed by one emergency medical
7 technician and one mobile intensive care paramedic or registered
8 professional nurse trained in advanced life support nursing treating a
9 patient in need of advanced life support services, the mobile intensive
10 care paramedic or registered professional nurse trained in advanced
11 life support nursing is to provide primary patient care. A mobile
12 intensive care unit is not to be staffed by an emergency medical
13 technician, as provided in the bill, unless approved by the agency EMS
14 medical director, based on the EMS medical director's determination
15 of the competency of the mobile intensive care paramedic or registered
16 professional nurse trained in advanced life support nursing and the
17 emergency medical technician to work together to provide mobile
18 intensive care services. Agency EMS medical directors are to have
19 the authority to establish advanced life support protocols, within the
20 scope of practice for advanced life support providers established by
21 the commissioner, which protocols are to include, but not be limited
22 to, protocols concerning medications, equipment, procedures, and
23 clinical practice. Aspects of clinical practice that exceed the scope
24 established by commissioner are to be submitted by an agency EMS
25 medical director to the mobile intensive care advisory council for
26 review and recommendation to the commissioner. A hospital with a
27 mobile intensive care unit may authorize a board-certified or board-
28 eligible emergency medicine physician, advanced practice nurse, or
29 physician assistant, who has successfully completed an in-house
30 practical competency-based EMS orientation and training guided by
31 respective relevant professional standards and approved by the
32 agency EMS medical director, and is employed by the hospital to
33 deliver care within the approved scope of practice of the board
34 certified or board eligible emergency medicine physician, advanced
35 practice nurse, or physician assistant in a prehospital setting or an
36 interfacility setting, as determined by the agency EMS medical
37 director.

38 The bill amends section 8 of P.L.1984, c.146 (C.26:2K-14) to
39 provide that no emergency medical technician, registered nurse,
40 advanced practice nurse, physician assistant, or other employees of
41 the hospital, first aid, emergency medical service or rescue squad,
42 licensed emergency medical service agency, or officers and
43 members of a first aid, emergency medical service or rescue squad
44 are to be liable for any civil damages as the result of an act or the
45 omission of an act committed while in training for or in the
46 rendering of basic and advanced life support services in good faith.

47 Finally, nothing in the bill is to be construed to alter the scope of
48 practice of any licensed health care professional under Title 45 of

A4107 SCHAER, CONAWAY

12

- 1 the Revised Statutes or the scope or authority of any agency, board,
- 2 department, or other entity in this State that is responsible for
- 3 licensing health care workers.

ASSEMBLY HEALTH COMMITTEE

STATEMENT TO

ASSEMBLY, No. 4107

STATE OF NEW JERSEY

DATED: JUNE 2, 2022

The Assembly Health Committee reports favorably Assembly Bill No. 4107.

This bill makes various changes to the regulation of emergency medical services and establishes the position of State Emergency Medical Services Medical Director in the Office of Emergency Medical Services in the Department of Health (DOH).

Under the bill, the Commissioner of Health (commissioner) is to appoint a State Emergency Medical Services Medical Director to the Office of Emergency Medical Services. The State Emergency Medical Services Medical Director is to be a licensed physician in this State and board certified in emergency medicine with leadership experience in the medical oversight of emergency medical services, specifically in advanced life support, basic life support, critical care transport, and emergency medical services dispatching. In selecting the State Emergency Medical Services Medical Director, the commissioner is to give preference to a candidate who is board certified in emergency medical services. The State Emergency Medical Services Medical Director is not to be permitted to be employed as an agency EMS medical director while serving as State Emergency Medical Services Medical Director. The State Emergency Medical Services Medical Director is to be coequal with the Director of Emergency Medical Services. The State Emergency Medical Services Medical Director is to have primary responsibility for the oversight, regulation, and discipline related to clinical issues pertaining to the provision of emergency medical services in New Jersey, and the Director of Emergency Medical Services is to have primary responsibility for the oversight of non-clinical issues related to the provision of emergency medical services in New Jersey. The State Emergency Medical Services Medical Director is to additionally be responsible for aiding the commissioner in promulgating rules and regulations establishing the scope of practice for providers of emergency medical services, including new standards for basic and advanced life support based on the National EMS Scope of Practice Model and the recommendations of the mobile intensive care advisory council.

The bill provides that the mobile intensive care advisory council, which is established under current law, is to: (1) advise the Department of Health on all matters of advanced life support, (2) directly provide recommendations to the commissioner for clinical

updates; (3) annually review advanced life support scope of practice; (4) be chaired by the State Emergency Medical Services Medical Director; (5) establish new by-laws; and (6) select a vice-chair from among its members.

The bill makes various amendments and additions to statutory definitions within Section 1 of P.L.1984, c.146 (C.26:2K-7).

The bill amends section 2 of P.L.1984, c.146 (C.26:2K-8) to provide that a mobile intensive care paramedic is to obtain licensure, as opposed to certification, as is provided under current law, from the commissioner to provide advanced life support. In addition, the amendments remove a provision regarding the commissioner's certification of a candidate who provides satisfactory evidence of the successful completion of an educational program approved by the commissioner for the training of mobile intensive care paramedics and who passes an examination in the provision of advanced life support services. The amendments provide that the commissioner is to approve licensure for a candidate for a mobile intensive care paramedic who has equivalent 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 of any state if the commissioner determines that the candidate's military training and experience exceed or are equivalent to the licensure standards established by the National Registry of Emergency Medical Technicians. The commissioner is to approve the licensure of a candidate for a mobile intensive care paramedic who is registered as a paramedic with the National Registry of Emergency Medical Technicians.

The bill amends section 4 of P.L.1984, c.146 (C.26:2K-10) to remove a section that provides that a telemetered electrocardiogram is to be monitored when deemed appropriate by the licensed physician or when required by written rules and regulations established by the mobile intensive care hospital and approved by the commissioner. The amendments provide that a mobile intensive care paramedic may deliver advanced life support services, or any other services within the approved scope of practice for mobile intensive care paramedics, in a pre-hospital setting, in a mobile integrated health care setting, health care specialty setting, or any other hospital-controlled setting, through an approved mobile intensive care hospital, as determined by the commissioner and as authorized by the agency EMS medical director. A mobile intensive care paramedic is to be permitted to provide advanced life support services when operating outside of a mobile intensive care unit in situations directly related to EMS first response or mobile integrated health as authorized by the mobile intensive care paramedic's agency EMS medical director. A single mobile intensive care paramedic is not to be acknowledged as a mobile intensive care unit. The authorized services provided under a mobile integrated health program are to be determined by the agency EMS medical

director overseeing the program, and may include, but need not be limited to: providing 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 who do not require hospital-based treatment.

The bill amends section 6 of P.L.1984, c.146 (C.26:2K-12) to provide that a mobile intensive care unit, when in service, is to be staffed by a minimum of two persons, which two persons may be two mobile intensive care paramedics, two registered professional nurses trained in advanced life support nursing, one mobile intensive care paramedic and one registered professional nurse trained in advanced life support nursing, or one emergency medical technician and one mobile intensive care paramedic or registered professional nurse trained in advanced life support nursing. Any individual providing advanced life support as provided in the bill is to be authorized to render care within that individual's scope of practice based on the agency EMS medical director's determination of competency. In the case of a mobile intensive care unit staffed by one emergency medical technician and one mobile intensive care paramedic or registered professional nurse trained in advanced life support nursing treating a patient in need of advanced life support services, the mobile intensive care paramedic or registered professional nurse trained in advanced life support nursing is to provide primary patient care. A mobile intensive care unit is not to be staffed by an emergency medical technician, as provided in the bill, unless approved by the agency EMS medical director, based on the EMS medical director's determination of the competency of the mobile intensive care paramedic or registered professional nurse trained in advanced life support nursing and the emergency medical technician to work together to provide mobile intensive care services. Agency EMS medical directors are to have the authority to establish advanced life support protocols, within the scope of practice for advanced life support providers established by the commissioner, which protocols are to include, but not be limited to, protocols concerning medications, equipment, procedures, and clinical practice. Aspects of clinical practice that exceed the scope established by commissioner are to be submitted by an agency EMS medical director to the mobile intensive care advisory council for review and recommendation to the commissioner. A hospital with a mobile intensive care unit may authorize a board-certified or board-eligible emergency medicine physician, advanced practice nurse, or physician assistant, who has successfully completed an in-house practical competency-based EMS orientation and training guided by respective relevant professional standards and approved by the agency EMS medical director, and is employed by the hospital to deliver care within the approved scope of practice of the board certified or board eligible emergency medicine physician, advanced practice nurse, or physician

assistant in a prehospital setting or an interfacility setting, as determined by the agency EMS medical director.

The bill amends section 8 of P.L.1984, c.146 (C.26:2K-14) to provide that no emergency medical technician, registered nurse, advanced practice nurse, physician assistant, or other employees of the hospital, first aid, emergency medical service or rescue squad, licensed emergency medical service agency, or officers and members of a first aid, emergency medical service or rescue squad are to be liable for any civil damages as the result of an act or the omission of an act committed while in training for or in the rendering of basic and advanced life support services in good faith.

Finally, nothing in the bill is to be construed to alter the scope of practice of any licensed health care professional under Title 45 of the Revised Statutes or the scope or authority of any agency, board, department, or other entity in this State that is responsible for licensing health care workers.

ASSEMBLY APPROPRIATIONS COMMITTEE

STATEMENT TO

ASSEMBLY, No. 4107

with committee amendments

STATE OF NEW JERSEY

DATED: JUNE 23, 2022

The Assembly Appropriations Committee reports favorably and with committee amendments Assembly Bill No. 4107.

As amended by the committee, this bill makes various changes to the regulation of emergency medical services (EMS), establishes the position of State Emergency Medical Services Medical Director in the Office of Emergency Medical Services in the Department of Health (DOH), and requires the DOH to establish a mobile integrated health program.

Under the amended bill, the Commissioner of Health (commissioner) is to appoint a State Emergency Medical Services Medical Director to the Office of Emergency Medical Services. The State Emergency Medical Services Medical Director is to be a licensed physician in this State and board certified in emergency medicine with leadership experience in the medical oversight of EMS, specifically in advanced life support, basic life support, critical care transport, and EMS dispatching. In selecting the State Emergency Medical Services Medical Director, the commissioner is to give preference to a candidate who is board certified in EMS. The State Emergency Medical Services Medical Director is not to be permitted to be employed as an agency EMS medical director while serving as State Emergency Medical Services Medical Director. The State Emergency Medical Services Medical Director is to be coequal with the Director of Emergency Medical Services. The State Emergency Medical Services Medical Director is to have primary responsibility for the oversight, regulation, and discipline related to clinical issues pertaining to the provision of EMS in New Jersey, and the Director of Emergency Medical Services is to have primary responsibility for the oversight of non-clinical issues related to the provision of EMS in New Jersey. The State Emergency Medical Services Medical Director is to additionally be responsible for aiding the commissioner in promulgating rules and regulations establishing the scope of practice for providers of EMS, including new standards for basic and advanced life support based on the National EMS Scope of Practice Model and the recommendations of the mobile intensive care advisory council.

The bill provides that the mobile intensive care advisory council, which is established under current law, is to: (1) advise the DOH on

all matters of advanced life support, (2) directly provide recommendations to the commissioner for clinical updates; (3) annually review advanced life support scope of practice; (4) be chaired by the State Emergency Medical Services Medical Director; (5) establish new by-laws; and (6) select a vice-chair from among its members.

The bill makes various amendments and additions to statutory definitions within Section 1 of P.L.1984, c.146 (C.26:2K-7).

The bill amends section 2 of P.L.1984, c.146 (C.26:2K-8) to provide that a mobile intensive care paramedic is to obtain licensure, as opposed to certification, as is provided under current law, from the commissioner to provide advanced life support. In addition, the amendments remove a provision regarding the commissioner's certification of a candidate who provides satisfactory evidence of the successful completion of an educational program approved by the commissioner for the training of mobile intensive care paramedics and who passes an examination in the provision of advanced life support services. The amendments provide that the commissioner is to approve licensure for a candidate as a mobile intensive care paramedic who has equivalent 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 of any state if the commissioner determines that the candidate's military training and experience exceed or are equivalent to the licensure standards established by the National Registry of Emergency Medical Technicians. The commissioner is to approve the licensure of a candidate as a mobile intensive care paramedic who is registered as a paramedic with the National Registry of Emergency Medical Technicians.

The bill amends section 4 of P.L.1984, c.146 (C.26:2K-10) to remove a section that provides that a telemetered electrocardiogram is to be monitored when deemed appropriate by the licensed physician or when required by written rules and regulations established by the mobile intensive care hospital and approved by the commissioner. The bill provides that a mobile intensive care paramedic may deliver advanced life support services, or any other services within the approved scope of practice for mobile intensive care paramedics, in a pre-hospital setting, a mobile integrated health care setting, a health care specialty setting, or any other hospital-controlled setting, through an approved mobile intensive care hospital, as determined by the commissioner and as authorized by the agency EMS medical director.

A mobile intensive care paramedic is to be permitted to provide advanced life support services when operating outside of a mobile intensive care unit in situations directly related to EMS first response or mobile integrated health as authorized by the mobile intensive care paramedic's agency EMS medical director. A single mobile intensive care paramedic is not to be acknowledged as a mobile intensive care unit. The authorized services provided under a mobile integrated

health program are to be determined by the agency EMS medical director overseeing the program, and may include, but need not be limited to: providing 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 who do not require hospital-based treatment.

The bill amends section 6 of P.L.1984, c.146 (C.26:2K-12) to provide that a mobile intensive care unit, when in service, is to be staffed by a minimum of two persons, which two persons may be two mobile intensive care paramedics, two registered professional nurses trained in advanced life support nursing, one mobile intensive care paramedic and one registered professional nurse trained in advanced life support nursing, or one emergency medical technician (EMT) and one mobile intensive care paramedic or registered professional nurse trained in advanced life support nursing. Any individual providing advanced life support as provided in the bill is to be authorized to render care within that individual's scope of practice based on the agency EMS medical director's determination of competency.

In the case of a mobile intensive care unit staffed by one EMT and one mobile intensive care paramedic or registered professional nurse trained in advanced life support nursing treating a patient in need of advanced life support services, the mobile intensive care paramedic or registered professional nurse trained in advanced life support nursing is to provide primary patient care. A mobile intensive care unit is not to be staffed by an EMT, as provided in the bill, unless approved by the agency EMS medical director, based on the EMS medical director's determination of the competency of the mobile intensive care paramedic or registered professional nurse trained in advanced life support nursing and the EMT to work together to provide mobile intensive care services.

The bill provides that agency EMS medical directors are to have the authority to establish advanced life support protocols, within the scope of practice for advanced life support providers established by the commissioner, which protocols are to include, but not be limited to, protocols concerning medications, equipment, procedures, and clinical practice. Aspects of clinical practice that exceed the scope established by commissioner are to be submitted by an agency EMS medical director to the mobile intensive care advisory council for review and recommendation to the commissioner. A hospital with a mobile intensive care unit may authorize a board-certified or board-eligible emergency medicine physician, advanced practice nurse, or physician assistant, who has successfully completed an in-house practical competency-based EMS orientation and training guided by respective relevant professional standards and approved by the agency EMS medical director, and is employed by the hospital to deliver care within the approved scope of practice of the board-certified or board-eligible

emergency medicine physician, advanced practice nurse, or physician assistant in a prehospital setting or an interfacility setting, as determined by the agency EMS medical director.

The bill amends section 8 of P.L.1984, c.146 (C.26:2K-14), which generally provides immunity from civil damages for entities providing services under a mobile intensive care program, to provide that the section applies to EMTs, registered nurses, advanced practice nurses, physician assistants, and other employees of the hospital, first aid, ambulance or rescue squad, licensed emergency medical services agency, or officers and members of a first aid, ambulance or rescue squad. The bill additionally expands the section to apply to basic life support services provided by any of these entities.

The bill directs the DOH to establish a mobile integrated health program. In establishing the program, the DOH is to consider relevant standards and criteria developed or adopted by nationally recognized agencies or organizations, as well as recommendations of interested stakeholders, including, but not limited to, the State Trauma System Advisory Committee and the Mobile Intensive Care Advisory Council. The DOH will additionally be required to establish written criteria to apply for and be authorized to participate in the mobile integrated health program, as well as criteria by which an entity may lose authorization to participate in the mobile integrated health program.

The bill specifies that nothing in its provisions is to be construed to alter the scope of practice of any licensed health care professional under Title 45 of the Revised Statutes or the scope or authority of any agency, board, department, or other entity in this State that is responsible for licensing health care workers.

COMMITTEE AMENDMENTS:

The committee amendments:

- (1) direct the DOH to establish a mobile integrated health program as provided in the bill;
- (2) revise the definition of “mobile integrated health”;
- (3) update the title and synopsis to reflect the amendments; and
- (4) make various technical changes involving grammar, capitalization, punctuation, statutory cross-citations, and gendered language.

FISCAL IMPACT:

The Office of Legislative Services (OLS) concludes that the Department of Health will incur approximately \$200,000 in annual salary and benefit costs for the State Emergency Medical Services Medical Director position to be established under the bill. Additionally, one-time indeterminate expenses will result due to the department’s regulatory responsibilities in establishing a mobile integrated health program.

The effects of the various changes to the regulation of EMS under the bill generally provide for flexibilities and streamlining in the provision of services. Therefore, the OLS concludes that the bill may lead to potential cost savings for entities that operate certain EMS programs, including University Hospital, an independent non-profit legal entity that is an instrumentality of the State located in Newark, and Bergen New Bridge Medical Center, (formerly the Bergen Regional Medical Center), a county-owned entity in Paramus.

ASSEMBLY BUDGET COMMITTEE

STATEMENT TO

[First Reprint]

ASSEMBLY, No. 4107

with committee amendments

STATE OF NEW JERSEY

DATED: JUNE 27, 2022

The Assembly Budget Committee reports favorably and with committee amendments Assembly Bill No. 4107 (1R).

As amended by the committee, this bill makes various changes to the regulation of emergency medical services (EMS), establishes the position of State Emergency Medical Services Medical Director in the Office of Emergency Medical Services in the Department of Health (DOH), and requires the DOH to establish a mobile integrated health program.

Under the amended bill, the Commissioner of Health (commissioner) is to appoint a State Emergency Medical Services Medical Director to the Office of Emergency Medical Services. The State Emergency Medical Services Medical Director is to be a licensed physician in this State and board certified in emergency medicine with leadership experience in the medical oversight of EMS, specifically in advanced life support, basic life support, critical care transport, and EMS dispatching. In selecting the State Emergency Medical Services Medical Director, the commissioner is to give preference to a candidate who is board certified in EMS. The State Emergency Medical Services Medical Director is not to be permitted to be employed as an agency EMS medical director while serving as State Emergency Medical Services Medical Director. The State Emergency Medical Services Medical Director is to be coequal with the Director of Emergency Medical Services. The State Emergency Medical Services Medical Director is to have primary responsibility for the oversight, regulation, and discipline related to clinical issues pertaining to the provision of EMS in New Jersey, and the Director of Emergency Medical Services is to have primary responsibility for the oversight of non-clinical issues related to the provision of EMS in New Jersey. The State Emergency Medical Services Medical Director is to additionally be responsible for aiding the commissioner in promulgating rules and regulations establishing the scope of practice for providers of EMS, including new standards for basic and advanced life support based on the National EMS Scope of Practice Model and the recommendations of the mobile intensive care advisory council.

The bill provides that the mobile intensive care advisory council, which is established under current law, is to: (1) advise the DOH on all matters of advanced life support, (2) directly provide recommendations to the commissioner for clinical updates; (3) annually review advanced life support scope of practice; (4) be chaired by the State Emergency Medical Services Medical Director; (5) establish new by-laws; and (6) select a vice-chair from among its members.

The bill makes various amendments and additions to statutory definitions within section 1 of P.L.1984, c.146 (C.26:2K-7).

The bill amends section 2 of P.L.1984, c.146 (C.26:2K-8) to provide that a mobile intensive care paramedic is to obtain licensure, as opposed to certification, as is provided under current law, from the commissioner to provide advanced life support. In addition, the amendments remove a provision regarding the commissioner's certification of a candidate who provides satisfactory evidence of the successful completion of an educational program approved by the commissioner for the training of mobile intensive care paramedics and who passes an examination in the provision of advanced life support services. The amendments provide that the commissioner is to approve licensure for a candidate as a mobile intensive care paramedic who has equivalent 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 of any state if the commissioner determines that the candidate's military training and experience exceed or are equivalent to the licensure standards established by the National Registry of Emergency Medical Technicians. The commissioner is to approve the licensure of a candidate as a mobile intensive care paramedic who is registered as a paramedic with the National Registry of Emergency Medical Technicians.

The bill amends section 4 of P.L.1984, c.146 (C.26:2K-10) to remove a section that provides that a telemetered electrocardiogram is to be monitored when deemed appropriate by the licensed physician or when required by written rules and regulations established by the mobile intensive care hospital and approved by the commissioner. The bill provides that a mobile intensive care paramedic may deliver advanced life support services, or any other services within the approved scope of practice for mobile intensive care paramedics, in a pre-hospital setting, a mobile integrated health care setting, a health care specialty setting, or any other hospital-controlled setting, through an approved mobile intensive care hospital, as determined by the commissioner and as authorized by the agency EMS medical director.

A mobile intensive care paramedic is to be permitted to provide advanced life support services when operating outside of a mobile intensive care unit in situations directly related to EMS first response or mobile integrated health as authorized by the mobile intensive care paramedic's agency EMS medical director. A single mobile intensive

care paramedic is not to be acknowledged as a mobile intensive care unit. The authorized services provided under a mobile integrated health program are to be determined by the agency EMS medical director overseeing the program, and may include, but need not be limited to: providing 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 who do not require hospital-based treatment.

The bill amends section 6 of P.L.1984, c.146 (C.26:2K-12) to provide that a mobile intensive care unit, when in service, is to be staffed by a minimum of two persons, which two persons may be two mobile intensive care paramedics, two registered professional nurses trained in advanced life support nursing, or one mobile intensive care paramedic and one registered professional nurse trained in advanced life support nursing. Any individual providing advanced life support as provided in the bill is to be authorized to render care within that individual's scope of practice based on the agency EMS medical director's determination of competency.

The bill provides that agency EMS medical directors are to have the authority to establish advanced life support protocols, within the scope of practice for advanced life support providers established by the commissioner, which protocols are to include, but not be limited to, protocols concerning medications, equipment, procedures, and clinical practice. Aspects of clinical practice that exceed the scope established by commissioner are to be submitted by an agency EMS medical director to the mobile intensive care advisory council for review and recommendation to the commissioner. A hospital with a mobile intensive care unit may authorize a board-certified or board-eligible emergency medicine physician, advanced practice nurse, or physician assistant, who has successfully completed an in-house practical competency-based EMS orientation and training guided by respective relevant professional standards and approved by the agency EMS medical director, and is employed by the hospital to deliver care within the approved scope of practice of the board-certified or board-eligible emergency medicine physician, advanced practice nurse, or physician assistant in a prehospital setting or an interfacility setting, as determined by the agency EMS medical director.

The bill amends section 8 of P.L.1984, c.146 (C.26:2K-14), which generally provides immunity from civil damages for entities providing services under a mobile intensive care program, to provide that the section applies to emergency medical technicians, registered nurses, advanced practice nurses, physician assistants, and other employees of the hospital, first aid, ambulance or rescue squad, licensed emergency medical services agency, or officers and members of a first aid, ambulance or rescue squad. The bill additionally expands the section to apply to basic life support services provided by any of these entities.

The bill directs the DOH to establish a mobile integrated health program. In establishing the program, the DOH is to consider relevant standards and criteria developed or adopted by nationally recognized agencies or organizations, as well as recommendations of interested stakeholders, including, but not limited to, the State Trauma System Advisory Committee and the Mobile Intensive Care Advisory Council. The DOH will additionally be required to establish written criteria to apply for and be authorized to participate in the mobile integrated health program, as well as criteria by which an entity may lose authorization to participate in the mobile integrated health program.

The bill specifies that nothing in its provisions is to be construed to alter the scope of practice of any licensed health care professional under Title 45 of the Revised Statutes or the scope or authority of any agency, board, department, or other entity in this State that is responsible for licensing health care workers.

COMMITTEE AMENDMENTS:

The committee amendments:

1) provide that the provisions of section 4 of the bill are to apply notwithstanding the provisions of section 12 of P.L.1984, c.146 (C.26:2K-18) and notwithstanding the provisions of any law to the contrary;

2) remove the staffing configuration of a mobile intensive care unit consisting of one emergency medical technician and one mobile intensive care paramedic or registered professional nurse trained in advanced life support nursing and related provisions; and

3) provide that the Department of Health is to establish criteria for and a process by which a hospital may apply to the department for permission to operate a mobile intensive care unit that is staffed by one emergency medical technician and one mobile intensive care paramedic or registered professional nurse trained in advanced life support nursing, if the hospital is experiencing a staffing shortage.

FISCAL IMPACT:

Fiscal information for this bill is currently unavailable.

LEGISLATIVE FISCAL ESTIMATE

[Second Reprint]

ASSEMBLY, No. 4107

STATE OF NEW JERSEY 220th LEGISLATURE

DATED: JULY 5, 2022

SUMMARY

- Synopsis:** Makes various changes concerning regulation of emergency medical services; establishes mobile integrated health program and new State Emergency Medical Services Medical Director in DOH.
- Type of Impact:** Increased State costs; Potential cost savings for certain hospitals.
- Agencies Affected:** Department of Health; University Hospital and Bergen New Bridge Medical Center.

Office of Legislative Services Estimate

Fiscal Impact	<u>Annual</u>
State Cost Increase	Approximately \$0.2 million
Potential Cost Savings for University Hospital and Bergen New Bridge Medical Center	Indeterminate

- The Office of Legislative Services (OLS) concludes that the Department of Health (DOH) will incur approximately \$0.2 million in annual salary and benefit costs for the State Emergency Medical Services Medical Director to be established under the bill. Additionally, one-time indeterminate expenses will result due to the department's regulatory responsibilities in establishing a mobile integrated health program.
- The effects of the various changes to the regulation of advance life support emergency medical services (EMS) under the bill generally provide for flexibilities and streamlining in the provision of services. Therefore, the OLS assumes that the bill will lead to certain cost savings for entities that operate EMS Programs, which includes University Hospital, an independent non-profit legal entity that is an instrumentality of the State located in Newark, and Bergen New Bridge Medical Center (formerly the Bergen Regional Medical Center), a county-owned entity in Paramus.

BILL DESCRIPTION

Under the bill, the Commissioner of Health is to appoint a State Emergency Medical Services Medical Director to the Office of Emergency Medical Services. The State Emergency Medical

Services Medical Director is to be a licensed physician in this State and board certified in emergency medicine. In selecting the State Emergency Medical Services Medical Director, the commissioner is to give preference to a candidate who is board certified in emergency medical services. The State Emergency Medical Services Medical Director is to be coequal with the Director of Emergency Medical Services.

The DOH is also required to establish a mobile integrated health program. In establishing the program, the department is to consider relevant standards and recommendations from interested stakeholders, and is to develop criteria by which an entity may apply for and receive authorization from the department to participate in the mobile integrated health program. The bill defines "mobile integrated health" to mean health care services delivered with the approval of the department to patients outside of a hospital setting, using mobile resources, and employing team-based and patient-centered care.

The bill provides that the Mobile Intensive Care Advisory Council is to: (1) advise the DOH on all matters of advanced life support, (2) directly provide recommendations to the commissioner for clinical updates; (3) annually review advanced life support scope of practice; (4) be chaired by the State Emergency Medical Services Medical Director; (5) establish new by-laws; and (6) select a vice-chair from among its members.

This bill also makes various changes to the regulation of advance life support EMS, as specified in the bill.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS concludes that the DOH will incur approximately \$0.2 million in annual salary and benefit costs for the State Emergency Medical Services Medical Director to be established under the bill. Additionally, one-time indeterminate expenses will result due to the department's regulatory responsibilities in establishing a mobile integrated health program.

The effects of the various changes to the regulation of advance life support EMS under the bill generally provide for flexibilities and streamlining in the provision of services. Therefore, the OLS assumes that the bill will lead to certain cost savings for entities that operate EMS Programs, which includes University Hospital, an independent non-profit legal entity that is an instrumentality of the State located in Newark, and Bergen New Bridge Medical Center (formerly the Bergen Regional Medical Center), a county-owned entity in Paramus.

The OLS notes that the provisions of this bill only affect the second level of the State's two-tiered EMS response system, usually provided by a paramedic, for critical or life-threatening emergencies, medication administration, and advanced care under the command of a physician. This tier is mandated by State law to be provided by hospitals through a certificate of need. The Commissioner of Health is responsible for designating providers to serve a region, where they interface with the first level of the EMS response system, local agencies which provide basic life support services. As such, the bill does not have an impact on local or county governments.

Section: Human Services

*Analyst: Sarah Schmidt
Lead Research Analyst*

*Approved: Thomas Koenig
Legislative Budget and Finance Officer*

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

LEGISLATIVE FISCAL ESTIMATE

[Third Reprint]

ASSEMBLY, No. 4107

STATE OF NEW JERSEY 220th LEGISLATURE

DATED: OCTOBER 3, 2022

SUMMARY

- Synopsis:** Makes various changes concerning regulation of emergency medical services; establishes mobile integrated health program and new State Emergency Medical Services Medical Director in DOH.
- Type of Impact:** Increased annual State costs; Potential annual cost savings for certain hospitals.
- Agencies Affected:** Department of Health; University Hospital and Bergen New Bridge Medical Center.

Office of Legislative Services Estimate

Fiscal Impact	<u>Annual</u>
State Cost Increase	Minimum of \$200,000
Potential Cost Savings for University Hospital and Bergen New Bridge Medical Center	Indeterminate

- The Office of Legislative Services (OLS) concludes that the Department of Health (DOH) will incur approximately \$200,000 in annual salary and benefit costs for the State Emergency Medical Services Medical Director position to be established under the bill. Additionally, indeterminate expenses will result due to the department's responsibilities in establishing a mobile integrated health program, evaluating the criminal history background of applicants for licensure as mobile intensive care paramedics, and monitoring and approving protocols for emergency medical services (EMS).
- The bill authorizes the department, when deemed necessary, to place the responsibility for the cost of a criminal history background check, as required under the bill, on a mobile intensive care paramedic licensee applicant; however, it is unclear how the department will make this determination. To the extent that the department absorbs these costs, department expenditures would increase by an indeterminate amount.
- The effects of the various changes to the regulation of advanced life support EMS under the bill generally provide for flexibilities and streamlining in the provision of services. Therefore,

the OLS assumes that the bill will lead to certain cost savings for entities that operate EMS programs.

BILL DESCRIPTION

Under the bill, the Commissioner of Health is to appoint a State Emergency Medical Services Medical Director to the Office of Emergency Medical Services. The State Emergency Medical Services Medical Director is to be a licensed physician in this State and board certified in emergency medicine. In selecting the State Emergency Medical Services Medical Director, the department is to give preference to a candidate who is board certified in emergency medical services.

The DOH is also required to establish a mobile integrated health program. In establishing the program, the department is to consider relevant standards and recommendations from interested stakeholders, and is to develop criteria by which an entity may apply for and receive authorization from the department to participate in the mobile integrated health program. The bill defines "mobile integrated health" to mean health care services delivered with the approval of the department to patients outside of a hospital setting, using mobile resources, and employing team-based and patient-centered care.

The bill provides that the existing Mobile Intensive Care Advisory Council is to: (1) advise the DOH on all matters of advanced life support, (2) annually review advanced life support scope of practice; (3) directly provide recommendations to the department for clinical updates; (4) establish new by-laws; and (5) select a chair and vice-chair from among its members.

This bill also makes various changes to the regulation of advanced life support EMS. The bill requires an applicant for licensure as a mobile intensive care paramedic to undergo a criminal history background check, as well as bear the cost of the background check when deemed necessary by the department.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS concludes that the DOH will incur approximately \$200,000 in annual salary and benefit costs for the State Emergency Medical Services Medical Director position to be established under the bill. Additionally, indeterminate annual expenses will result due to the department's regulatory responsibilities in establishing a mobile integrated health program, evaluating the criminal history background of applicants for licensure as mobile intensive care paramedics, and monitoring and approving protocols for emergency medical services.

The bill authorizes the department, when deemed necessary, to place the responsibility for the cost of a criminal history background check, as required under the bill, on a mobile intensive care paramedic licensee applicant; however, it is unclear how the department will make this determination. To the extent that the department absorbs these costs, department expenditures would increase by an indeterminate amount. By way of comparison with other credentials issued

by the DOH, New Jersey requires all new nurse aide candidates, new personal care assistant candidates, and nurse aides, and home health aides to undergo a criminal history background check; however, applicants are not charged for processing the application or fingerprint form.

The effects of the various changes to the regulation of advanced life support EMS under the bill generally provide for flexibilities and streamlining in the provision of services. Therefore, the OLS assumes that the bill will lead to certain cost savings for entities that operate EMS programs, which include University Hospital, an independent non-profit legal entity that is an instrumentality of the State located in Newark, and Bergen New Bridge Medical Center (formerly the Bergen Regional Medical Center), a county-owned entity in Paramus.

The OLS notes that the provisions of this bill only affect the second level of the State's two-tiered EMS response system, usually provided by a paramedic, for critical or life-threatening emergencies, medication administration, and advanced care under the command of a physician. This tier is mandated by State law to be provided by hospitals through a certificate of need. The Department of Health is responsible for designating providers to serve a region, where they interface with the first level of the EMS response system, local agencies which provide basic life support services. As such, the bill does not have an impact on local or county governments.

Section: Human Services

*Analyst: Sarah Schmidt
Lead Research Analyst*

*Approved: Thomas Koenig
Legislative Budget and Finance Officer*

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

SENATE, No. 2768

STATE OF NEW JERSEY
220th LEGISLATURE

INTRODUCED MAY 26, 2022

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

SYNOPSIS

Makes various changes concerning regulation of emergency medical services; establishes new State Emergency Medical Services Medical Director in DOH.

CURRENT VERSION OF TEXT

As introduced.



1 AN ACT concerning emergency medical services and amending
2 P.L.1984, c.146.

3

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

6

7 1. Section 1 of P.L.1984, c.146 (C.26:2K-7) is amended to read
8 as follows:

9 1. As used in this act:

10 a. "Advanced life support" means an advanced level of **[pre-**
11 **hospital, inter-hospital, and]** emergency **[service]** medical care,
12 including specialty care transport, which includes basic life support
13 functions**],** cardiac monitoring, cardiac defibrillation, telemetered
14 electrocardiography, administration of anti-arrhythmic agents,
15 intravenous therapy, administration of specific medications, drugs
16 and solutions, use of adjunctive ventilation devices, trauma care and
17 other techniques and procedures authorized in writing by the
18 commissioner**]** and procedures, medications, and equipment
19 established by the National Highway Traffic Safety
20 Administration's scope of practice for paramedics, and any other
21 such procedures, medications, and equipment as set forth in Section
22 6 of P.L.1984, c.146 (C.26:2K-12);

23 b. "Board of Medical Examiners" means the State Board of
24 Medical Examiners;

25 c. "Board of Nursing" means the New Jersey Board of Nursing;

26 d. "Commissioner" means the Commissioner of the State
27 Department of Health;

28 e. "Department" means the State Department of Health;

29 f. "Emergency **[service]** department" means a program in a
30 hospital staffed 24 hours a day by a licensed physician trained in
31 emergency medicine;

32 g. **["Inter-hospital]** "Specialty care transport" means **[those**
33 **emergency medical]** services that are above basic life support
34 services rendered [by mobile intensive care units] to [emergency]
35 patients before and during transportation between [emergency
36 treatment] licensed facilities, during retrieval from those facilities,
37 and upon arrival within those facilities;

38 h. "Mobile intensive care paramedic" means a person trained in
39 advanced life support services and **[certified]** licensed by the
40 commissioner to render advanced life support services as part of a
41 mobile intensive care unit or as otherwise provided in section 4 of
42 P.L.1984, c.146 (C.26:2K-10);

43 i. "Mobile intensive care unit" means a specialized emergency
44 medical service **[vehicle]** unit that is staffed [by mobile intensive
45 care paramedics or registered professional nurses trained in
46 advanced life support nursing] in accordance with paragraph (2) of

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.

1 subsection a. of section 6 of P.L.1984, c.146 (C.26:2K-12) and
2 operated for the provision of advanced life support services under
3 the direction of an authorized hospital;

4 j. "Pre-hospital care" means those **【emergency】** medical
5 services rendered by **【mobile intensive care units to emergency**
6 **patients】** emergency medical services personnel before and during,
7 or in lieu of, transportation to **【emergency treatment】** medical
8 facilities, and upon arrival within those facilities.

9 k. "Volunteer paramedic unit" means an operational subunit
10 within a mobile intensive care unit that is exclusively staffed by at
11 least two volunteer paramedics with access to any vehicle,
12 including a personal vehicle.

13 l. "Agency EMS medical director" means a physician licensed
14 in this State who is certified in emergency medicine or emergency
15 medical services, or both, and is responsible for the medical
16 oversight of a hospital mobile intensive care program.

17 m. "Mobile integrated health" means the provision of non-
18 emergency health care services by a paramedic, registered nurse,
19 advanced practice nurse, or physician assistant under a mobile
20 intensive care program using patient-centered, mobile resources in a
21 prehospital care environment through an approved mobile intensive
22 care hospital.

23 (cf: P.L.2021, c.480, s.1)

24

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

27 2. a. A mobile intensive care paramedic shall obtain
28 **【certification】** licensure from the commissioner to **【staff a mobile**
29 **intensive care unit】** provide advanced life support and shall make
30 application therefor on forms prescribed by the commissioner.

31 b. The commissioner with the approval of the **【board of**
32 **medical examiners】** State Board of Medical Examiners shall
33 establish written standards which a mobile intensive care paramedic
34 shall meet in order to obtain **【certification】** licensure. The
35 commissioner shall act on a regular basis upon applications of
36 candidates for **【certification】** licensure as a mobile intensive care
37 paramedic. **【The commissioner shall certify a candidate who**
38 **provides satisfactory evidence of the successful completion of an**
39 **educational program approved by the commissioner for the training**
40 **of mobile intensive care paramedics and who passes an examination**
41 **in the provision of advance life support services, which examination**
42 **shall be conducted by the department at least twice a year.】** The
43 commissioner shall **【certify】** license a candidate for a mobile
44 intensive care paramedic **【certification】** who has equivalent
45 military training or experience in any branch of the active duty or
46 reserve component of the Armed Forces of the United States or the
47 National Guard of any state if the commissioner determines that the

1 candidate's military training and experience exceed or are
2 equivalent to the certification standards established by the
3 **【commissioner】** National Registry of Emergency Medical
4 Technicians. The commissioner shall license a candidate for a
5 mobile intensive care paramedic who is registered as a paramedic
6 with the National Registry of Emergency Medical Technicians.

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

- 10 (1) The name and residence of the applicant;
11 (2) The date of the application;
12 (3) Information as to whether the applicant was rejected or
13 **【certified】** licensed and the date of that action.

14 The department shall annually compile a list of mobile intensive
15 care paramedics. This list shall be available to the public.

16 (cf: P.L.2013, c.101, s.2)

17

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

20 3. The commissioner after notice and hearing may revoke the
21 **【certification】** license of a mobile intensive care paramedic for
22 violation of any provision of this act or regulation promulgated
23 hereunder.

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

25

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

28 4. a. A mobile intensive care paramedic may perform
29 advanced life support services, provided that the paramedic is
30 following a standing order, or if the paramedic maintains direct
31 voice communication with and is taking orders from a licensed
32 physician or physician directed registered professional nurse, both
33 of whom are affiliated with a mobile intensive care hospital which
34 is approved by the commissioner to provide advanced life support
35 services. **【A telemetered electrocardiogram shall be monitored**
36 **when deemed appropriate by the licensed physician or when**
37 **required by written rules and regulations established by the mobile**
38 **intensive care hospital and approved by the commissioner.】**

39 b. (1) A mobile intensive care paramedic may deliver advanced
40 life support services, or any other services within the approved
41 scope of practice for mobile intensive care paramedics, in a pre-
42 hospital setting, in a mobile integrated health care setting, health
43 care specialty setting, or any other hospital-controlled setting,
44 through an approved mobile intensive care hospital, as determined
45 by the commissioner and as authorized by the agency EMS medical
46 director. A mobile intensive care paramedic shall be permitted to
47 provide advanced life support services when operating outside of a
48 mobile intensive care unit in situations directly related to EMS first

1 response or mobile integrated health as authorized by the mobile
2 intensive care paramedic's agency EMS medical director. A single
3 mobile intensive care paramedic shall not be acknowledged as a
4 mobile intensive care unit.

5 (2) The authorized services provided under a mobile integrated
6 health program shall be determined by the agency EMS medical
7 director overseeing the program, and may include, but need not be
8 limited to: providing paramedicine care, chronic disease
9 management, preventive care, and post-discharge follow-up visits;
10 or providing referrals and transportation assistance to appropriate
11 care and services to patients requiring health care services who do
12 not require hospital-based treatment.

13 c. Nothing in this section shall be construed to alter the scope
14 of practice of any licensed health care professional under Title 45 of
15 the Revised Statutes or the scope or authority of any agency, board,
16 department, or other entity in this State that is responsible for
17 licensing health care workers.

18 (cf: P.L.2021, c.480, s.2)

19

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

22 6. a. (1) Only a hospital exclusively authorized to develop and
23 maintain advanced life support services in the municipality in which
24 the trauma center is located pursuant to section 1 of P.L.2015, c.70
25 (C.26:2K-12.1), or a hospital authorized by the commissioner with
26 an accredited emergency [service] department may develop and
27 maintain a mobile intensive care unit, and provide advanced life
28 support services utilizing licensed physicians, registered
29 professional nurses trained in advanced life support nursing, and
30 mobile intensive care paramedics.

31 (2) A mobile intensive care unit, when in service, shall be staffed
32 by a minimum of two persons, which two persons may be two mobile
33 intensive care paramedics, two registered professional nurses trained
34 in advanced life support nursing, one mobile intensive care paramedic
35 and one registered professional nurse trained in advanced life support
36 nursing, or one emergency medical technician and one mobile
37 intensive care paramedic or registered professional nurse trained in
38 advanced life support nursing. Any individual providing advanced life
39 support as provided in this paragraph shall be authorized to render care
40 within that individual's scope of practice based on the agency EMS
41 medical director's determination of competency. In the case of a
42 mobile intensive care unit staffed by one emergency medical
43 technician and one mobile intensive care paramedic or registered
44 professional nurse trained in advanced life support nursing treating a
45 patient in need of advanced life support services, the mobile intensive
46 care paramedic or registered professional nurse trained in advanced
47 life support nursing shall provide primary patient care. A mobile
48 intensive care unit shall not be staffed by an emergency medical

1 technician under this paragraph unless approved by the agency EMS
2 medical director, based on the EMS medical director's determination
3 of the competency of the mobile intensive care paramedic or registered
4 professional nurse trained in advanced life support nursing and the
5 emergency medical technician to work together to provide mobile
6 intensive care services.

7 (3) Agency EMS medical directors shall have the authority to
8 establish advanced life support protocols, within the scope of
9 practice for advanced life support providers established by the
10 commissioner, which protocols shall include, but shall not be
11 limited to, protocols concerning medications, equipment,
12 procedures, and clinical practice. Aspects of clinical practice that
13 exceed the scope established by commissioner shall be submitted by
14 an agency EMS medical director to the mobile intensive care
15 advisory council for review and recommendation to the
16 commissioner.

17 (4) A hospital with a mobile intensive care unit may authorize a
18 board-certified or board-eligible emergency medicine physician,
19 advanced practice nurse, or physician assistant, who has
20 successfully completed an in-house practical competency-based
21 EMS orientation and training guided by respective relevant
22 professional standards and approved by the agency EMS medical
23 director, and is employed by the hospital to deliver care within the
24 approved scope of practice of the board certified or board eligible
25 emergency medicine physician, advanced practice nurse, or
26 physician assistant in a prehospital setting or an interfacility setting,
27 as determined by the agency EMS medical director.

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

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

33 d. The commissioner may withdraw his authorization if the
34 hospital or unit violates any provision of this act or rules or
35 regulations promulgated pursuant thereto.

36 e. Nothing in this section shall be construed to alter the scope
37 of practice of any licensed health care professional under Title 45 of
38 the Revised Statutes or the scope or authority of any agency, board,
39 department, or other entity in this State that is responsible for
40 licensing health care workers.

41 (cf: P.L.1985, c.351, s.2)

42

43 6. Section 7 of P.L.1984, c.146 (C.26:2K-13) is amended to read
44 as follows:

45 7. a. No person may advertise or disseminate information
46 to the public that the person provides advanced life support services
47 by a mobile intensive care unit unless the person is authorized to do
48 so pursuant to section 6 of this act.

1 b. No person may impersonate or refer to himself or herself as
2 a mobile intensive care paramedic unless he or she is **[certified]**
3 licensed or approved therefor, as appropriate.

4 (cf: P.L.1984, c.146, s.7)

5
6 7. Section 8 of P.L.1984, c.146 (C.26:2K-14) is amended to read
7 as follows:

8 8. No emergency medical technician, mobile intensive care
9 paramedic, licensed physician, hospital or its board of trustees,
10 officers and members of the medical staff, **[nurses]** registered
11 nurse, advanced practice nurse, physician assistant, or other
12 employees of the hospital, first aid, **[ambulance]** emergency
13 medical service or rescue squad, licensed emergency medical
14 service agency, or officers and members of a first aid, emergency
15 medical service or rescue squad shall be liable for any civil
16 damages as the result of an act or the omission of an act committed
17 while in training for or in the rendering of basic and advanced life
18 support services in good faith and in accordance with this act.

19 (cf: P.L.1984, c.146, s.8)

20
21 8. Section 10 of P.L.1984, c.146 (C.26:2K-16) is amended to
22 read as follows:

23 10. a (1) The Commissioner of Health shall appoint a State
24 Emergency Medical Services Medical Director to the Office of
25 Emergency Medical Services. The State Emergency Medical
26 Services Medical Director shall be a licensed physician in this State
27 and board certified in emergency medicine with leadership
28 experience in the medical oversight of emergency medical services,
29 specifically in advanced life support, basic life support, critical care
30 transport, and emergency medical services dispatching. In selecting
31 the State Emergency Medical Services Medical Director, the
32 Commissioner of Health shall give preference to a candidate who is
33 board certified in emergency medical services. The State
34 Emergency Medical Services Medical Director shall not be
35 permitted to be employed as an agency EMS medical director while
36 serving as State Emergency Medical Services Medical Director.

37 (2) The State Emergency Medical Services Medical Director
38 shall be coequal with the Director of Emergency Medical Services.
39 The State Emergency Medical Services Medical Director shall have
40 primary responsibility for the oversight, regulation, and discipline
41 related to clinical issues pertaining to the provision of emergency
42 medical services in New Jersey, and the Director of Emergency
43 Medical Services shall have primary responsibility for the oversight
44 of non-clinical issues related to the provision of emergency medical
45 services in New Jersey. The State Emergency Medical Services
46 Medical Director shall additionally be responsible for aiding the
47 commissioner in promulgating rules and regulations establishing the
48 scope of practice for providers of emergency medical services,

1 including new standards for basic and advanced life support based
2 on the National EMS Scope of Practice Model and the
3 recommendations of the mobile intensive care advisory council.
4 b. The commissioner shall establish a State mobile intensive
5 care advisory council, which shall: advise the department on all
6 matters of **mobile intensive care services** advanced life support,
7 the Emergency Medical Service Helicopter Response Program and
8 emergency medical transportation; annually review advanced life
9 support scope of practice; and provide recommendations directly to
10 the commissioner for clinical updates. The council shall **select a**
11 **chairman** annually to chair the meetings and coordinate the
12 activities of the advisory council **be chaired by the State**
13 **Emergency Medical Services Medical Director.** Within 60 days
14 following the effective date of this act, the council shall create new
15 by-laws, and select a vice-chair from among its members. In the
16 event that the State Emergency Medical Services Medical Director
17 position is vacant, the vice-chair shall act as chair of the council
18 until the State Emergency Medical Services Medical Director
19 position is no longer vacant. The **chairman** chair shall appoint
20 subcommittees to review and recommend policy on subjects
21 including, but not limited to, advanced life support training
22 programs, advanced life support patient care equipment, biomedical
23 and telecommunications equipment and procedures, treatment
24 protocols, and helicopter equipment and procedures, as well as
25 other medical matters.

26 (cf: P.L.1986, c.106, s.5)

27

28 9. Section 11 of P.L.1984, c.146 (C.26:2K-17) is amended to
29 read as follows:

30 11. The commissioner shall promulgate such rules and
31 regulations in accordance with the "Administrative Procedure Act,"
32 P.L.1968, c.410 (C.52:14B-1 et seq.) as **he** the commissioner
33 deems necessary to effectuate the purposes of this act, and the
34 **board of medical examiners** State Board of Medical Examiners
35 and the board of nursing New Jersey Board of Nursing shall
36 promulgate such rules and regulations as they deem necessary to
37 carry out their functions under this act.

38 (cf: P.L.1984, c.146, s.11)

39

40 10. This act shall take effect immediately.

41

42

43

STATEMENT

44

45 This bill makes various changes to the regulation of emergency
46 medical services and establishes the position of State Emergency
47 Medical Services Medical Director in the Office of Emergency

1 Medical Services in the Department of Health (DOH).

2 Under the bill, the Commissioner of Health (commissioner) is to
3 appoint a State Emergency Medical Services Medical Director to
4 the Office of Emergency Medical Services. The State Emergency
5 Medical Services Medical Director is to be a licensed physician in
6 this State and board certified in emergency medicine with
7 leadership experience in the medical oversight of emergency
8 medical services, specifically in advanced life support, basic life
9 support, critical care transport, and emergency medical services
10 dispatching. In selecting the State Emergency Medical Services
11 Medical Director, the commissioner is to give preference to a
12 candidate who is board certified in emergency medical services.
13 The State Emergency Medical Services Medical Director is not to
14 be permitted to be employed as an agency EMS medical director
15 while serving as State Emergency Medical Services Medical
16 Director. The State Emergency Medical Services Medical Director
17 is to be coequal with the Director of Emergency Medical Services.
18 The State Emergency Medical Services Medical Director is to have
19 primary responsibility for the oversight, regulation, and discipline
20 related to clinical issues pertaining to the provision of emergency
21 medical services in New Jersey, and the Director of Emergency
22 Medical Services is to have primary responsibility for the oversight
23 of non-clinical issues related to the provision of emergency medical
24 services in New Jersey. The State Emergency Medical Services
25 Medical Director is to additionally be responsible for aiding the
26 commissioner in promulgating rules and regulations establishing the
27 scope of practice for providers of emergency medical services,
28 including new standards for basic and advanced life support based
29 on the National EMS Scope of Practice Model and the
30 recommendations of the mobile intensive care advisory council.

31 The bill provides that the mobile intensive care advisory council,
32 which is established under current law, is to: (1) advise the
33 Department of Health on all matters of advanced life support, (2)
34 directly provide recommendations to the commissioner for clinical
35 updates; (3) annually review advanced life support scope of
36 practice; (4) be chaired by the State Emergency Medical Services
37 Medical Director; (5) establish new by-laws; and (6) select a vice-
38 chair from among its members.

39 The bill makes various amendments and additions to statutory
40 definitions within Section 1 of P.L.1984, c.146 (C.26:2K-7).

41 The bill amends section 2 of P.L.1984, c.146 (C.26:2K-8) to
42 provide that a mobile intensive care paramedic is to obtain
43 licensure, as opposed to certification, as is provided under current
44 law, from the commissioner to provide advanced life support. In
45 addition, the amendments remove a provision regarding the
46 commissioner's certification of a candidate who provides
47 satisfactory evidence of the successful completion of an educational
48 program approved by the commissioner for the training of mobile

1 intensive care paramedics and who passes an examination in the
2 provision of advance life support services. The amendments
3 provide that the commissioner is to approve licensure for a
4 candidate for a mobile intensive care paramedic who has equivalent
5 military training or experience in any branch of the active duty or
6 reserve component of the Armed Forces of the United States or the
7 National Guard of any state if the commissioner determines that the
8 candidate's military training and experience exceed or are
9 equivalent to the licensure standards established by the National
10 Registry of Emergency Medical Technicians. The commissioner is
11 to approve the licensure of a candidate for a mobile intensive care
12 paramedic who is registered as a paramedic with the National
13 Registry of Emergency Medical Technicians.

14 The bill amends section 4 of P.L.1984, c.146 (C.26:2K-10) to
15 remove a section that provides that a telemetered electrocardiogram
16 is to be monitored when deemed appropriate by the licensed
17 physician or when required by written rules and regulations
18 established by the mobile intensive care hospital and approved by
19 the commissioner. The amendments provide that a mobile intensive
20 care paramedic may deliver advanced life support services, or any
21 other services within the approved scope of practice for mobile
22 intensive care paramedics, in a pre-hospital setting, in a mobile
23 integrated health care setting, health care specialty setting, or any
24 other hospital-controlled setting, through an approved mobile
25 intensive care hospital, as determined by the commissioner and as
26 authorized by the agency EMS medical director. A mobile
27 intensive care paramedic is to be permitted to provide advanced life
28 support services when operating outside of a mobile intensive care
29 unit in situations directly related to EMS first response or mobile
30 integrated health as authorized by the mobile intensive care
31 paramedic's agency EMS medical director. A single mobile
32 intensive care paramedic is not to be acknowledged as a mobile
33 intensive care unit. The authorized services provided under a
34 mobile integrated health program are to be determined by the
35 agency EMS medical director overseeing the program, and may
36 include, but need not be limited to: providing paramedicine care,
37 chronic disease management, preventive care, and post-discharge
38 follow-up visits; or providing referrals and transportation assistance
39 to appropriate care and services to patients requiring health care
40 services who do not require hospital-based treatment.

41 The bill amends section 6 of P.L.1984, c.146 (C.26:2K-12) to
42 provide that a mobile intensive care unit, when in service, is to be
43 staffed by a minimum of two persons, which two persons may be two
44 mobile intensive care paramedics, two registered professional nurses
45 trained in advanced life support nursing, one mobile intensive care
46 paramedic and one registered professional nurse trained in advanced
47 life support nursing, or one emergency medical technician and one
48 mobile intensive care paramedic or registered professional nurse

1 trained in advanced life support nursing. Any individual providing
2 advanced life support as provided in the bill is to be authorized to
3 render care within that individual's scope of practice based on the
4 agency EMS medical director's determination of competency. In the
5 case of a mobile intensive care unit staffed by one emergency medical
6 technician and one mobile intensive care paramedic or registered
7 professional nurse trained in advanced life support nursing treating a
8 patient in need of advanced life support services, the mobile intensive
9 care paramedic or registered professional nurse trained in advanced
10 life support nursing is to provide primary patient care. A mobile
11 intensive care unit is not to be staffed by an emergency medical
12 technician, as provided in the bill, unless approved by the agency EMS
13 medical director, based on the EMS medical director's determination
14 of the competency of the mobile intensive care paramedic or registered
15 professional nurse trained in advanced life support nursing and the
16 emergency medical technician to work together to provide mobile
17 intensive care services. Agency EMS medical directors are to have
18 the authority to establish advanced life support protocols, within the
19 scope of practice for advanced life support providers established by
20 the commissioner, which protocols are to include, but not be limited
21 to, protocols concerning medications, equipment, procedures, and
22 clinical practice. Aspects of clinical practice that exceed the scope
23 established by commissioner are to be submitted by an agency EMS
24 medical director to the mobile intensive care advisory council for
25 review and recommendation to the commissioner. A hospital with a
26 mobile intensive care unit may authorize a board-certified or board-
27 eligible emergency medicine physician, advanced practice nurse, or
28 physician assistant, who has successfully completed an in-house
29 practical competency-based EMS orientation and training guided by
30 respective relevant professional standards and approved by the
31 agency EMS medical director, and is employed by the hospital to
32 deliver care within the approved scope of practice of the board
33 certified or board eligible emergency medicine physician, advanced
34 practice nurse, or physician assistant in a prehospital setting or an
35 interfacility setting, as determined by the agency EMS medical
36 director.

37 The bill amends section 8 of P.L.1984, c.146 (C.26:2K-14) to
38 provide that no emergency medical technician, registered nurse,
39 advanced practice nurse, physician assistant, or other employees of
40 the hospital, first aid, emergency medical service or rescue squad,
41 licensed emergency medical service agency, or officers and
42 members of a first aid, emergency medical service or rescue squad
43 are to be liable for any civil damages as the result of an act or the
44 omission of an act committed while in training for or in the
45 rendering of basic and advanced life support services in good faith.

46 Finally, nothing in the bill is to be construed to alter the scope of

S2768 VITALE

12

1 practice of any licensed health care professional under Title 45 of
2 the Revised Statutes or the scope or authority of any agency, board,
3 department, or other entity in this State that is responsible for
4 licensing health care workers.

SENATE HEALTH, HUMAN SERVICES AND SENIOR
CITIZENS COMMITTEE

STATEMENT TO
SENATE, No. 2768

with committee amendments

STATE OF NEW JERSEY

DATED: JUNE 23, 2022

The Senate Health, Human Services and Senior Citizens Committee reports favorably and with committee amendments Senate Bill No. 2768.

As amended by the committee, this bill makes various changes to the regulation of emergency medical services (EMS), establishes the position of State Emergency Medical Services Medical Director in the Office of Emergency Medical Services in the Department of Health (DOH), and requires the DOH to establish a mobile integrated health program.

Under the amended bill, the Commissioner of Health (commissioner) is to appoint a State Emergency Medical Services Medical Director to the Office of Emergency Medical Services. The State Emergency Medical Services Medical Director is to be a licensed physician in this State and board certified in emergency medicine with leadership experience in the medical oversight of EMS, specifically in advanced life support, basic life support, critical care transport, and EMS dispatching. In selecting the State Emergency Medical Services Medical Director, the commissioner is to give preference to a candidate who is board certified in EMS. The State Emergency Medical Services Medical Director is not to be permitted to be employed as an agency EMS medical director while serving as State Emergency Medical Services Medical Director. The State Emergency Medical Services Medical Director is to be coequal with the Director of Emergency Medical Services. The State Emergency Medical Services Medical Director is to have primary responsibility for the oversight, regulation, and discipline related to clinical issues pertaining to the provision of EMS in New Jersey, and the Director of Emergency Medical Services is to have primary responsibility for the oversight of non-clinical issues related to the provision of EMS in New Jersey. The State Emergency Medical Services Medical Director is to additionally be responsible for aiding the commissioner in promulgating rules and regulations establishing the scope of practice for providers of EMS, including new standards for basic and advanced

life support based on the National EMS Scope of Practice Model and the recommendations of the mobile intensive care advisory council.

The bill provides that the mobile intensive care advisory council, which is established under current law, is to: (1) advise the DOH on all matters of advanced life support, (2) directly provide recommendations to the commissioner for clinical updates; (3) annually review advanced life support scope of practice; (4) be chaired by the State Emergency Medical Services Medical Director; (5) establish new by-laws; and (6) select a vice-chair from among its members.

The bill makes various amendments and additions to statutory definitions within Section 1 of P.L.1984, c.146 (C.26:2K-7).

The bill amends section 2 of P.L.1984, c.146 (C.26:2K-8) to provide that a mobile intensive care paramedic is to obtain licensure, as opposed to certification, as is provided under current law, from the commissioner to provide advanced life support. In addition, the amendments remove a provision regarding the commissioner's certification of a candidate who provides satisfactory evidence of the successful completion of an educational program approved by the commissioner for the training of mobile intensive care paramedics and who passes an examination in the provision of advanced life support services. The amendments provide that the commissioner is to approve licensure for a candidate as a mobile intensive care paramedic who has equivalent 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 of any state if the commissioner determines that the candidate's military training and experience exceed or are equivalent to the licensure standards established by the National Registry of Emergency Medical Technicians. The commissioner is to approve the licensure of a candidate as a mobile intensive care paramedic who is registered as a paramedic with the National Registry of Emergency Medical Technicians.

The bill amends section 4 of P.L.1984, c.146 (C.26:2K-10) to remove a section that provides that a telemetered electrocardiogram is to be monitored when deemed appropriate by the licensed physician or when required by written rules and regulations established by the mobile intensive care hospital and approved by the commissioner. The bill provides that a mobile intensive care paramedic may deliver advanced life support services, or any other services within the approved scope of practice for mobile intensive care paramedics, in a pre-hospital setting, a mobile integrated health care setting, a health care specialty setting, or any other hospital-controlled setting, through an approved mobile intensive care hospital, as determined by the commissioner and as authorized by the agency EMS medical director.

A mobile intensive care paramedic is to be permitted to provide advanced life support services when operating outside of a mobile intensive care unit in situations directly related to EMS first response

or mobile integrated health as authorized by the mobile intensive care paramedic's agency EMS medical director. A single mobile intensive care paramedic is not to be acknowledged as a mobile intensive care unit. The authorized services provided under a mobile integrated health program are to be determined by the agency EMS medical director overseeing the program, and may include, but need not be limited to: providing 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 who do not require hospital-based treatment.

The bill amends section 6 of P.L.1984, c.146 (C.26:2K-12) to provide that a mobile intensive care unit, when in service, is to be staffed by a minimum of two persons, which two persons may be two mobile intensive care paramedics, two registered professional nurses trained in advanced life support nursing, one mobile intensive care paramedic and one registered professional nurse trained in advanced life support nursing, or one emergency medical technician (EMT) and one mobile intensive care paramedic or registered professional nurse trained in advanced life support nursing. Any individual providing advanced life support as provided in the bill is to be authorized to render care within that individual's scope of practice based on the agency EMS medical director's determination of competency.

In the case of a mobile intensive care unit staffed by one EMT and one mobile intensive care paramedic or registered professional nurse trained in advanced life support nursing treating a patient in need of advanced life support services, the mobile intensive care paramedic or registered professional nurse trained in advanced life support nursing is to provide primary patient care. A mobile intensive care unit is not to be staffed by an EMT, as provided in the bill, unless approved by the agency EMS medical director, based on the EMS medical director's determination of the competency of the mobile intensive care paramedic or registered professional nurse trained in advanced life support nursing and the EMT to work together to provide mobile intensive care services.

The bill provides that agency EMS medical directors are to have the authority to establish advanced life support protocols, within the scope of practice for advanced life support providers established by the commissioner, which protocols are to include, but not be limited to, protocols concerning medications, equipment, procedures, and clinical practice. Aspects of clinical practice that exceed the scope established by commissioner are to be submitted by an agency EMS medical director to the mobile intensive care advisory council for review and recommendation to the commissioner. A hospital with a mobile intensive care unit may authorize a board-certified or board-eligible emergency medicine physician, advanced practice nurse, or physician assistant, who has successfully completed an in-house practical

competency-based EMS orientation and training guided by respective relevant professional standards and approved by the agency EMS medical director, and is employed by the hospital to deliver care within the approved scope of practice of the board-certified or board-eligible emergency medicine physician, advanced practice nurse, or physician assistant in a prehospital setting or an interfacility setting, as determined by the agency EMS medical director.

The bill amends section 8 of P.L.1984, c.146 (C.26:2K-14), which generally provides immunity from civil damages for entities providing services under a mobile intensive care program, to provide that the section applies to EMTs, registered nurses, advanced practice nurses, physician assistants, and other employees of the hospital, first aid, ambulance or rescue squad, licensed emergency medical services agency, or officers and members of a first aid, ambulance or rescue squad. The bill additionally expands the section to apply to basic life support services provided by any of these entities.

The bill directs the DOH to establish a mobile integrated health program. In establishing the program, the DOH is to consider relevant standards and criteria developed or adopted by nationally recognized agencies or organizations, as well as recommendations of interested stakeholders, including, but not limited to, the State Trauma System Advisory Committee and the Mobile Intensive Care Advisory Council. The DOH will additionally be required to establish written criteria to apply for and be authorized to participate in the mobile integrated health program, as well as criteria by which an entity may lose authorization to participate in the mobile integrated health program.

The bill specifies that nothing in its provisions is to be construed to alter the scope of practice of any licensed health care professional under Title 45 of the Revised Statutes or the scope or authority of any agency, board, department, or other entity in this State that is responsible for licensing health care workers.

COMMITTEE AMENDMENTS:

The committee amendments direct the DOH to establish a mobile integrated health program, revise the definition of “mobile integrated health,” and update the title and synopsis of the bill to reflect these changes.

The committee amendments make various technical changes involving grammar, capitalization, punctuation, statutory cross-citations, and gendered language.

SENATE BUDGET AND APPROPRIATIONS COMMITTEE

STATEMENT TO

[First Reprint]

SENATE, No. 2768

with committee amendments

STATE OF NEW JERSEY

DATED: JUNE 27, 2022

The Senate Budget and Appropriations Committee reports favorably Senate Bill No. 2768 (1R), with committee amendments.

As amended by the committee, this bill makes various changes to the regulation of emergency medical services (EMS), establishes the position of State Emergency Medical Services Medical Director in the Office of Emergency Medical Services in the Department of Health (DOH), and requires the DOH to establish a mobile integrated health program.

Under the amended bill, the Commissioner of Health (commissioner) is to appoint a State Emergency Medical Services Medical Director to the Office of Emergency Medical Services. The State Emergency Medical Services Medical Director is to be a licensed physician in this State and board certified in emergency medicine with leadership experience in the medical oversight of EMS, specifically in advanced life support, basic life support, critical care transport, and EMS dispatching. In selecting the State Emergency Medical Services Medical Director, the commissioner is to give preference to a candidate who is board certified in EMS. The State Emergency Medical Services Medical Director is not to be permitted to be employed as an agency EMS medical director while serving as State Emergency Medical Services Medical Director. The State Emergency Medical Services Medical Director is to be coequal with the Director of Emergency Medical Services. The State Emergency Medical Services Medical Director is to have primary responsibility for the oversight, regulation, and discipline related to clinical issues pertaining to the provision of EMS in New Jersey, and the Director of Emergency Medical Services is to have primary responsibility for the oversight of non-clinical issues related to the provision of EMS in New Jersey. The State Emergency Medical Services Medical Director is to additionally be responsible for aiding the commissioner in promulgating rules and regulations establishing the scope of practice for providers of EMS, including new standards for basic and advanced life support based on the National EMS Scope of Practice Model and the recommendations of the mobile intensive care advisory council.

The bill provides that the mobile intensive care advisory council, which is established under current law, is to: (1) advise the DOH on all matters of advanced life support, (2) directly provide recommendations to the commissioner for clinical updates; (3) annually review advanced life support scope of practice; (4) be chaired by the State Emergency Medical Services Medical Director; (5) establish new by-laws; and (6) select a vice-chair from among its members.

The bill makes various amendments and additions to statutory definitions within section 1 of P.L.1984, c.146 (C.26:2K-7).

The bill amends section 2 of P.L.1984, c.146 (C.26:2K-8) to provide that a mobile intensive care paramedic is to obtain licensure, as opposed to certification, as is provided under current law, from the commissioner to provide advanced life support. In addition, the amendments remove a provision regarding the commissioner's certification of a candidate who provides satisfactory evidence of the successful completion of an educational program approved by the commissioner for the training of mobile intensive care paramedics and who passes an examination in the provision of advanced life support services. The amendments provide that the commissioner is to approve licensure for a candidate as a mobile intensive care paramedic who has equivalent 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 of any state if the commissioner determines that the candidate's military training and experience exceed or are equivalent to the licensure standards established by the National Registry of Emergency Medical Technicians. The commissioner is to approve the licensure of a candidate as a mobile intensive care paramedic who is registered as a paramedic with the National Registry of Emergency Medical Technicians.

The bill amends section 4 of P.L.1984, c.146 (C.26:2K-10) to remove a section that provides that a telemetered electrocardiogram is to be monitored when deemed appropriate by the licensed physician or when required by written rules and regulations established by the mobile intensive care hospital and approved by the commissioner. The bill provides that a mobile intensive care paramedic may deliver advanced life support services, or any other services within the approved scope of practice for mobile intensive care paramedics, in a pre-hospital setting, a mobile integrated health care setting, a health care specialty setting, or any other hospital-controlled setting, through an approved mobile intensive care hospital, as determined by the commissioner and as authorized by the agency EMS medical director.

A mobile intensive care paramedic is to be permitted to provide advanced life support services when operating outside of a mobile intensive care unit in situations directly related to EMS first response or mobile integrated health as authorized by the mobile intensive care paramedic's agency EMS medical director. A single mobile intensive

care paramedic is not to be acknowledged as a mobile intensive care unit. The authorized services provided under a mobile integrated health program are to be determined by the agency EMS medical director overseeing the program, and may include, but need not be limited to: providing 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 who do not require hospital-based treatment.

The bill amends section 6 of P.L.1984, c.146 (C.26:2K-12) to provide that a mobile intensive care unit, when in service, is to be staffed by a minimum of two persons, which two persons may be two mobile intensive care paramedics, two registered professional nurses trained in advanced life support nursing, or one mobile intensive care paramedic and one registered professional nurse trained in advanced life support nursing. Any individual providing advanced life support as provided in the bill is to be authorized to render care within that individual's scope of practice based on the agency EMS medical director's determination of competency.

The bill provides that agency EMS medical directors are to have the authority to establish advanced life support protocols, within the scope of practice for advanced life support providers established by the commissioner, which protocols are to include, but not be limited to, protocols concerning medications, equipment, procedures, and clinical practice. Aspects of clinical practice that exceed the scope established by commissioner are to be submitted by an agency EMS medical director to the mobile intensive care advisory council for review and recommendation to the commissioner. A hospital with a mobile intensive care unit may authorize a board-certified or board-eligible emergency medicine physician, advanced practice nurse, or physician assistant, who has successfully completed an in-house practical competency-based EMS orientation and training guided by respective relevant professional standards and approved by the agency EMS medical director, and is employed by the hospital to deliver care within the approved scope of practice of the board-certified or board-eligible emergency medicine physician, advanced practice nurse, or physician assistant in a prehospital setting or an interfacility setting, as determined by the agency EMS medical director.

The bill amends section 8 of P.L.1984, c.146 (C.26:2K-14), which generally provides immunity from civil damages for entities providing services under a mobile intensive care program, to provide that the section applies to emergency medical technicians, registered nurses, advanced practice nurses, physician assistants, and other employees of the hospital, first aid, ambulance or rescue squad, licensed emergency medical services agency, or officers and members of a first aid, ambulance or rescue squad. The bill additionally expands the section to apply to basic life support services provided by any of these entities.

The bill directs the DOH to establish a mobile integrated health program. In establishing the program, the DOH is to consider relevant standards and criteria developed or adopted by nationally recognized agencies or organizations, as well as recommendations of interested stakeholders, including, but not limited to, the State Trauma System Advisory Committee and the Mobile Intensive Care Advisory Council. The DOH will additionally be required to establish written criteria to apply for and be authorized to participate in the mobile integrated health program, as well as criteria by which an entity may lose authorization to participate in the mobile integrated health program.

The bill specifies that nothing in its provisions is to be construed to alter the scope of practice of any licensed health care professional under Title 45 of the Revised Statutes or the scope or authority of any agency, board, department, or other entity in this State that is responsible for licensing health care workers.

COMMITTEE AMENDMENTS:

The committee amendments:

1) provide that the provisions of section 4 of the bill are to apply notwithstanding the provisions of section 12 of P.L.1984, c.146 (C.26:2K-18) and notwithstanding the provisions of any law to the contrary;

2) remove the staffing configuration of a mobile intensive care unit consisting of one emergency medical technician and one mobile intensive care paramedic or registered professional nurse trained in advanced life support nursing and related provisions; and

3) provide that the Department of Health is to establish criteria for and a process by which a hospital may apply to the department for permission to operate a mobile intensive care unit that is staffed by one emergency medical technician and one mobile intensive care paramedic or registered professional nurse trained in advanced life support nursing, if the hospital is experiencing a staffing shortage.

FISCAL IMPACT:

Fiscal information for this bill is currently unavailable.

LEGISLATIVE FISCAL ESTIMATE

[Second Reprint]

SENATE, No. 2768

STATE OF NEW JERSEY 220th LEGISLATURE

DATED: JULY 5, 2022

SUMMARY

- Synopsis:** Makes various changes concerning regulation of emergency medical services; establishes mobile integrated health program and new State Emergency Medical Services Medical Director in DOH.
- Type of Impact:** Increased State costs; Potential cost savings for certain hospitals.
- Agencies Affected:** Department of Health; University Hospital and Bergen New Bridge Medical Center.

Office of Legislative Services Estimate

Fiscal Impact	<u>Annual</u>
State Cost Increase	Approximately \$0.2 million
Potential Cost Savings for University Hospital and Bergen New Bridge Medical Center	Indeterminate

- The Office of Legislative Services (OLS) concludes that the Department of Health (DOH) will incur approximately \$0.2 million in annual salary and benefit costs for the State Emergency Medical Services Medical Director to be established under the bill. Additionally, one-time indeterminate expenses will result due to the department's regulatory responsibilities in establishing a mobile integrated health program.
- The effects of the various changes to the regulation of advance life support emergency medical services (EMS) under the bill generally provide for flexibilities and streamlining in the provision of services. Therefore, the OLS assumes that the bill will lead to certain cost savings for entities that operate EMS Programs, which includes University Hospital, an independent non-profit legal entity that is an instrumentality of the State located in Newark, and Bergen New Bridge Medical Center (formerly the Bergen Regional Medical Center), a county-owned entity in Paramus.

BILL DESCRIPTION

Under the bill, the Commissioner of Health is to appoint a State Emergency Medical Services Medical Director to the Office of Emergency Medical Services. The State Emergency Medical Services Medical Director is to be a licensed physician in this State and board certified in emergency medicine. In selecting the State Emergency Medical Services Medical Director, the commissioner is to give preference to a candidate who is board certified in emergency medical services. The State Emergency Medical Services Medical Director is to be coequal with the Director of Emergency Medical Services.

The DOH is also required to establish a mobile integrated health program. In establishing the program, the department is to consider relevant standards and recommendations from interested stakeholders, and is to develop criteria by which an entity may apply for and receive authorization from the department to participate in the mobile integrated health program. The bill defines "mobile integrated health" to mean health care services delivered with the approval of the department to patients outside of a hospital setting, using mobile resources, and employing team-based and patient-centered care.

The bill provides that the Mobile Intensive Care Advisory Council is to: (1) advise the DOH on all matters of advanced life support, (2) directly provide recommendations to the commissioner for clinical updates; (3) annually review advanced life support scope of practice; (4) be chaired by the State Emergency Medical Services Medical Director; (5) establish new by-laws; and (6) select a vice-chair from among its members.

This bill also makes various changes to the regulation of advanced life support EMS, as specified in the bill.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS concludes that the DOH will incur approximately \$0.2 million in annual salary and benefit costs for the State Emergency Medical Services Medical Director to be established under the bill. Additionally, one-time indeterminate expenses will result due to the department's regulatory responsibilities in establishing a mobile integrated health program.

The effects of the various changes to the regulation of advanced life support EMS under the bill generally provide for flexibilities and streamlining in the provision of services. Therefore, the OLS assumes that the bill will lead to certain cost savings for entities that operate EMS Programs, which includes University Hospital, an independent non-profit legal entity that is an instrumentality of the State located in Newark, and Bergen New Bridge Medical Center (formerly the Bergen Regional Medical Center), a county-owned entity in Paramus.

The OLS notes that the provisions of this bill only affect the second level of the State's two-tiered EMS response system, usually provided by a paramedic, for critical or life-threatening emergencies, medication administration, and advanced care under the command of a physician. This tier is mandated by State law to be provided by hospitals through a certificate of need. The Commissioner of Health is responsible for designating providers to serve a region, where they

interface with the first level of the EMS response system, local agencies which provide basic life support services. As such, the bill does not have an impact on local or county governments.

Section: Human Services

*Analyst: Sarah Schmidt
Lead Research Analyst*

*Approved: Thomas Koenig
Legislative Budget and Finance Officer*

This legislative fiscal estimate has been produced by the Office of Legislative Services due to the failure of the Executive Branch to respond to our request for a fiscal note.

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

Governor Murphy Takes Action on Legislation

09/15/2022

TRENTON – Today, Governor Murphy signed the following bills and resolutions into law:

A-2021/S-1138 (Conaway, Benson/Gopal) - Requires embryo storage facilities to record and report health information of patients in manner that is consistent with certain federal laws

A-3329/S-994 (McKnight/Ruiz) - Requires BPU to conduct study of effect of coronavirus 2019 pandemic on local and public utility service and to quarterly collect and publish certain local and public utility service and customer information

A-3694/S-1800 (Moen, McKnight/Gopal, Stanfield) - Establishes “Purple Star Schools Program” in DOE to recognize schools which emphasize importance of assisting children of military families

A-4127/S-2743 (Stanley, Spearman, Murphy/Greenstein, Singleton) - Mandates access to periodic cancer screening examinations for professional firefighters not enrolled in SHBP; makes appropriation

A-4254/S-2852 (Coughlin, Karabinchak, Kennedy, Lopez/Diegnan) - Excludes electricity supplied to recycled materials manufacturing facilities from renewable energy portfolio standards

A-4373/S-2900 (Calabrese, Speight/Sarlo) - Permits municipal emergency management coordinators to reside within reasonable proximity to municipality in which they are employed

AJR-57/SJR-47 (Moen, Mukherji, Dancer/Beach, Cruz-Perez) - Expresses support for commissioning of SSN-796, U.S.S. New Jersey, in New Jersey

The Governor vetoed the following bills:

A-793/S-1427 (Timberlake, Tucker, Reynolds-Jackson/Gill, Turner) – **CONDITIONAL** - Creates “Community Wealth Preservation Program”; expands access for certain buyers to purchase property from sheriff’s sales

[Copy of Statement](#)

A-3149/S-438 (McKeon, Dancer, Benson/Smith, Codey) - **CONDITIONAL** - Changes entity responsible for management of NJ School of Conservation to nonprofit organization, and directs DOE to request funding for center annually

[Copy of Statement](#)

A-4101/S-2666 (Lopez, Coughlin/Vitale, Corrado) - **CONDITIONAL** - Requires MVC to prompt applicant for certain documents to enter information into "Next-of-Kin Registry

[Copy of Statement](#)

A-4107/S-2768 (Schaer, Conaway, Verrelli/Vitale, Singer) - **CONDITIONAL** - Makes various changes concerning regulation of emergency medical services; establishes mobile integrated health program and new State Emergency Medical Services Medical Director in DOH

[Copy of Statement](#)

A-2676/S-1212 (McClellan/Testa) – **ABSOLUTE** - Revises permitting thresholds for certain types of development requiring CAFRA permit from DEP

September 15, 2022

**ASSEMBLY BILL NO. 4107
(SECOND REPRINT)**

To the General Assembly:

Pursuant to Article V, Section I, Paragraph 14 of the New Jersey Constitution, I am returning Assembly Bill No. 4107 (Second Reprint) with my recommendations for reconsideration.

Assembly Bill No. 4107 (Second Reprint) seeks to modernize New Jersey's emergency medical service ("EMS") health care system, and particularly, the framework governing where and how paramedics provide advanced life support. The bill makes long overdue changes to the Emergency Medical Services Act, N.J.S.A. 26:2K-7 to -53, in four key areas that are designed to improve the paramedic profession and ensure that the most current treatment protocols are used to manage emergency response situations.

First, the bill aims to strengthen the paramedic workforce by creating new pathways to licensure and allowing more flexibility in the staffing structure of mobile intensive care units ("MICUs"). Second, the bill would improve the quality of emergency care by allowing paramedics to treat patients more promptly and in a wider range of settings. Third, the bill would fill gaps in our health care system by requiring the Department of Health ("DOH") to establish a "mobile integrated health" program through which paramedics and other health care professionals may perform advanced life support in increasingly mobile environments, including at-home care. Finally, the bill would put structures in place to streamline future policy decisions related to advanced life support, including establishing a State EMS Medical Director to collaborate with DOH on rulemaking, and enhancing the purview of the mobile intensive care advisory council to guide the DOH through its consideration of new and evolving treatment protocols, medications, and equipment.

I commend the bill's sponsors for their commitment to improving New Jersey's advanced life support system. In particular, the establishment of a mobile integrated healthcare program will lead to

better patient outcomes, alleviate burdens on our primary care infrastructure, and provide new job opportunities for licensed paramedics. Nevertheless, as we expand the settings in which mobile intensive care paramedics render care, it is critical that we continue to uphold New Jersey's superior training and licensing standards and equip DOH with the tools necessary to ensure the health and safety of emergency patients.

I am therefore recommending amendments to allow DOH to maintain State licensing standards as the benchmark by which an applicant for paramedic licensure is measured, and to conduct background checks on prospective candidates. Similarly, my recommendations clarify that the treatment protocols each agency may use must be reviewed and approved by the DOH to ensure patient safety. And, while I agree that the approved scope of practice for advanced life support should be informed by the National Highway Traffic Safety Administration's National EMS Scope of Practice Model for paramedics, I recommend maintaining some of the bill original text to allow the Commissioner of Health discretion to expand upon or modify that model.

To be clear, my recommended revisions maintain the bill's overarching goals of integrating mobile health care into our larger health care system and providing local EMS medical directors with the discretion to utilize and manage their paramedic staff. Importantly, my revisions leave in place language providing DOH with flexibility to approve candidates for paramedic licensure who hold qualifications with the National Registry of Emergency Medical Technicians and whose training and experience, including training and experience acquired from military service, meet or exceed State standards. Moreover, my recommended amendments maintain the expanded range of settings where paramedics will be authorized to provide care, which was proven invaluable to our healthcare system in the immediate response to the Coronavirus disease 2019 ("COVID-19") pandemic, as more and more paramedics were dispatched to COVID-19 treatment clinics, testing

centers, and vaccine sites. I again commend the sponsors of this bill for initiating these long overdue reforms to New Jersey's Emergency Medical Services Act. I am confident that the changes I am recommending will modernize our law to reflect current medical needs without jeopardizing DOH's authority to keep patients and professionals safe and, ultimately, ensure a high quality of emergency care.

Therefore, I herewith return Assembly Bill No. 4107 (Second Reprint) and recommend that it be amended as follows:

- Page 2, Section 1, Line 19: Before "procedures" insert "the use of"
- Page 2, Section 1, Line 21: Delete "scope of practice for paramedics" and insert "'National EMS Scope of Practice Model' for paramedics, except for any provisions of the National EMS Scope of Practice Model expressly excluded by the commissioner in rules or regulations"
- Page 2, Section 1, Line 23: After "(C.26:2K-12)" insert "or as otherwise authorized in rules or regulations promulgated by the commissioner"
- Page 3, Section 1, Line 8: After "those" insert "emergency"
- Page 3, Section 1, Line 10: Delete "emergency medical services personnel" and insert "mobile intensive care units to emergency patients"
- Page 3, Section 1, Line 10: After "during" delete ","
- Page 3, Section 1, Line 11: Delete "or in lieu of,"
- Page 3, Section 1, Line 11: Delete "medical" and insert "emergency treatment"
- Page 3, Section 2, Line 41: Delete "act on a regular basis" and insert "make a determination"
- Page 3, Section 2, Line 43: After "paramedic" insert "within 30 days of the receipt of a complete application and background check. Such determination may include a determination that the commissioner requires more time to adequately review the application. The commissioner shall license a candidate who provides satisfactory evidence of the successful completion of an educational program approved

by the commissioner for the training of mobile intensive care paramedics and who passes an examination in the provision of advanced life support services, which examination shall be approved by the commissioner"

Page 4, Section 2, Line 8:

Delete "certification" and insert "licensure"

Page 4, Section 2, Lines 9-10:

Delete "National Registry of Emergency Medical Technicians" and insert "commissioner"

Page 4, Section 2, Line 12:

After "Technicians" insert "if the commissioner determines that the candidate's training and experience exceed or are equivalent to the licensure standards established by the commissioner"

Page 4, Line 23:

Insert new sections:

"3. (New section)

a. The department shall not issue a license to a candidate as a mobile intensive care paramedic unless the commissioner first determines, consistent with the requirements of sections 3 through 5 of P.L. c. (C.) (pending before the Legislature as this bill), that no criminal history record information exists on file in the Federal Bureau of Investigation, Identification Division, or in the State Bureau of Identification in the Division of State Police, which would disqualify that person from being licensed. A mobile intensive care paramedic licensed by the department prior to the effective date of P.L. c. (pending before the Legislature as this bill) upon whom a criminal history record background check has not been conducted pursuant to this act, shall be required to undergo that criminal history record background check as a condition of that individual's initial relicensure following the effective date of P.L. c. (pending before the Legislature as this bill).

In addition, a follow-up criminal history record background check of federal records shall be conducted at least once every two years as a

condition of relicensure for every mobile intensive care paramedic.

b. A person shall be disqualified from licensure if that person's criminal history record background check reveals a record of conviction of any of the following crimes or offenses:

(1) In New Jersey, any crime or disorderly persons offense:

(a) involving danger to the person, meaning those crimes and disorderly persons offenses set forth in N.J.S.2C:11-1 et seq., N.J.S.2C:12-1 et seq., N.J.S.2C:13-1 et seq., N.J.S.2C:14-1 et seq., or N.J.S.2C:15-1 et seq.; or

(b) involving arson as set forth in N.J.S.2C:17-1 or causing or risking widespread injury or damage as set forth at N.J.S.2C:17-2; or

(c) involving forgery and fraudulent offenses as set forth in chapter 21 of Title 2C of the New Jersey Statutes; or

(d) against the family, children, or incompetents, meaning those crimes and disorderly persons offenses set forth in N.J.S.2C:24-1 et seq.; or

(e) involving theft as set forth in chapter 20 of Title 2C of the New Jersey Statutes; or

(f) involving any controlled dangerous substance or controlled substance analog as set forth in chapter 35 of Title 2C of the New Jersey Statutes; or

(g) that would qualify the person for registration pursuant to section 2 of P.L.1994, c.133 (C.2C:7-2).

(2) In any other state or jurisdiction, of any crime or disorderly persons offense involving conduct which, if committed in New Jersey, would constitute any of the crimes or disorderly persons offenses described in paragraph (1) of this subsection.

c. Except for a disqualification based on conviction for a crime enumerated in subparagraph (g) of paragraph (1) of subsection b. of this section or a crime in any other state or jurisdiction which, if committed in New Jersey, would constitute a crime enumerated in subparagraph (g) of paragraph (1) of subsection b. of this section, no person shall be disqualified from licensure on the basis of any conviction disclosed by a criminal history record background check performed pursuant to the requirements of this act if the person has affirmatively demonstrated to the commissioner clear and convincing evidence of the person's rehabilitation. In determining whether a person has affirmatively demonstrated rehabilitation, the following factors shall be considered:

(1) the nature and responsibility of the position which the convicted person would hold, has held or currently holds, as the case may be;

(2) the nature and seriousness of the offense;

(3) the circumstances under which the offense occurred;

(4) the date of the offense;

(5) the age of the person when the offense was committed;

(6) whether the offense was an isolated or repeated incident;

(7) any social conditions which may have contributed to the offense; and

(8) any evidence of rehabilitation, including good conduct in prison or in the community, counseling or psychiatric treatment received, acquisition of additional academic or vocational schooling, successful participation in correctional work-release programs, or the recommendation of those who have had the person under their supervision.

d. If a person subject to the provisions of sections 3 through 5 of P.L. c. (C.) (pending before the Legislature as this bill) refuses to consent to, or cooperate in, the securing of a criminal history record background check, the commissioner shall, as applicable:

(1) not issue a mobile intensive care paramedic license; or

(2) revoke the person's mobile intensive care paramedic license

4. (New section)

a. An applicant for licensure as a mobile intensive care paramedic who is required to undergo a criminal history record background check pursuant to P.L. c. (C.) (pending before the Legislature as this bill) shall submit to the commissioner that individual's name, address, and fingerprints in accordance with the standards established by the New Jersey State Police and the Federal Bureau of Investigation for civil applicants. The commissioner is authorized to exchange fingerprint data with and receive criminal history record information from the Federal Bureau of Investigation and the Division of State Police for use in making the determinations required by P.L. c. (C.) (pending before the Legislature as this bill).

b. Upon receipt of the criminal history record information for a person from the Federal Bureau of Investigation or the Division of State Police, the commissioner shall immediately notify, in writing, the applicant of the results of the criminal history record background check. If the person is disqualified, the conviction or convictions which constitute the basis for the disqualification shall be identified in the notice to the person, but shall not be identified to any other person.

c. The person who is the subject of the background check shall have 30 days from the date of the written notice of disqualification to petition the commissioner for a hearing on the accuracy of the person's criminal history record information or to establish the person's rehabilitation under subsection c. of section 3 of P.L. c. (C.) (pending before the Legislature as this bill). Upon the issuance of a final decision following a petition to the commissioner pursuant to this subsection, the commissioner shall notify the person as to whether the person remains disqualified from licensure.

5. (New section)

The department may require a candidate for a mobile intensive care paramedic license to bear the costs of the criminal history record background check as may be deemed necessary by the department."

- Page 4, Section 3, Line 24: Delete "3." and insert "6."
- Page 4, Section 4, Line 32: Delete "4." and insert "7."
- Page 4, Section 4, Line 36: Delete "a standing order" and insert "protocols which have been approved pursuant to paragraph 3 of subsection a. of section 8 of this act, any standing orders the department may issue"
- Page 5, Section 4, Line 8: After "health" insert "as determined by the commissioner and"
- Page 5, Section 4, Lines 13-14: Delete "agency EMS medical director overseeing the program" and insert "commissioner."
- Page 5, Section 5, Line 30: Delete "5." and insert "8."
- Page 6, Section 5, Line 3: After "practice" insert ", as determined by the commissioner and"
- Page 6, Section 5, Line 26: After "by" insert "this act and"
- Page 6, Section 5, Line 29: After "clinical practice." insert "Such advanced life support protocols shall be submitted to the commissioner for approval. The commissioner may approve or deny advanced life support protocols submitted by an agency EMS medical

director or may approve such protocols subject to amendments that the commissioner deems to be necessary."

Page 6, Section 5, Line 33:

After "commissioner" insert ", which shall be acted upon by the commissioner within 90 days"

Page 6, Section 5, Line 34:

Delete "A hospital with a mobile intensive care unit may authorize a"

Page 6, Section 5, Lines 35-46:

Delete in their entirety and insert "The commissioner with the approval of the State Board of Medical Examiners shall establish education and competency requirements which a board-certified or board-eligible emergency medicine physician, advanced practice nurse, or physician assistant who is employed by a hospital with a mobile intensive care unit shall be required to meet in order to obtain authorization from the department to deliver care within the respective scope of practice of the board-certified or board-eligible emergency medicine physician, advanced practice nurse, or physician assistant, as the case may be, in a pre-hospital setting or an interfacility setting. An authorized board-certified or board-eligible emergency medicine physician, advanced practice nurse, or physician assistant may deliver such care if and to the extent approved by the agency EMS medical director."

Page 7, Section 6, Line 16:

Delete "6." and insert "9."

Page 7, Section 7, Line 28:

Delete "7." and insert "10."

Page 7, Section 8, Line 44:

Delete "8." and insert "11."

Page 8, Section 8, Line 14:

Delete "The State Emergency Medical Services Medical Director"

Page 8, Section 8, Line 15:

Delete in its entirety

Page 8, Section 8, Line 27:

After "on the" insert "National Highway Traffic Safety Administration's"

Page 8, Section 8, Line 27:

Delete "and" and insert ",,"

Page 8, Section 8, Line 28:

After "council" insert ", and standards established by the commissioner"

Page 8, Section 8, Lines 37-38: Delete "be chaired by the State Emergency Medical Services Medical Director" and insert "annually select a chairperson and a vice-chair from among its members. The chairperson shall coordinate the activities of the advisory council"

Page 8, Section 8, Line 41: After "a" insert "chair and"

Page 8, Section 8, Line 42: Delete "State Emergency Medical Services Medical Director" and insert "chair"

Page 8, Section 8, Line 44: Delete "State Emergency Medical Services Medical Director" and insert "chair"

Page 9, Section 9, Line 6: Delete "9." and insert "12."

Page 9, Section 10, Line 27: Delete "10." and insert "13."

Page 9, Section 11, Line 39: Delete "11." and insert "14."

[seal]

Respectfully,

/s/ Philip D. Murphy

Governor

Attest:

/s/ Parimal Garg

Chief Counsel to the Governor

ASSEMBLY BILL NO. 4107
(SECOND REPRINT)

To the General Assembly:

Pursuant to Article V, Section I, Paragraph 14 of the New Jersey Constitution, I am returning Assembly Bill No. 4107 (Second Reprint) with my recommendations for reconsideration.

Assembly Bill No. 4107 (Second Reprint) seeks to modernize New Jersey's emergency medical service ("EMS") health care system, and particularly, the framework governing where and how paramedics provide advanced life support. The bill makes long overdue changes to the Emergency Medical Services Act, N.J.S.A. 26:2K-7 to -53, in four key areas that are designed to improve the paramedic profession and ensure that the most current treatment protocols are used to manage emergency response situations.

First, the bill aims to strengthen the paramedic workforce by creating new pathways to licensure and allowing more flexibility in the staffing structure of mobile intensive care units ("MICUs"). Second, the bill would improve the quality of emergency care by allowing paramedics to treat patients more promptly and in a wider range of settings. Third, the bill would fill gaps in our health care system by requiring the Department of Health ("DOH") to establish a "mobile integrated health" program through which paramedics and other health care professionals may perform advanced life support in increasingly mobile environments, including at-home care. Finally, the bill would put structures in place to streamline future policy decisions related to advanced life support, including establishing a State EMS Medical Director to collaborate with DOH on rulemaking, and enhancing the purview of the mobile intensive care advisory council to guide the DOH through its consideration of new and evolving treatment protocols, medications, and equipment.

I commend the bill's sponsors for their commitment to improving New Jersey's advanced life support system. In particular, the establishment of a mobile integrated healthcare program will lead to

better patient outcomes, alleviate burdens on our primary care infrastructure, and provide new job opportunities for licensed paramedics. Nevertheless, as we expand the settings in which mobile intensive care paramedics render care, it is critical that we continue to uphold New Jersey's superior training and licensing standards and equip DOH with the tools necessary to ensure the health and safety of emergency patients.

I am therefore recommending amendments to allow DOH to maintain State licensing standards as the benchmark by which an applicant for paramedic licensure is measured, and to conduct background checks on prospective candidates. Similarly, my recommendations clarify that the treatment protocols each agency may use must be reviewed and approved by the DOH to ensure patient safety. And, while I agree that the approved scope of practice for advanced life support should be informed by the National Highway Traffic Safety Administration's National EMS Scope of Practice Model for paramedics, I recommend maintaining some of the bill original text to allow the Commissioner of Health discretion to expand upon or modify that model.

To be clear, my recommended revisions maintain the bill's overarching goals of integrating mobile health care into our larger health care system and providing local EMS medical directors with the discretion to utilize and manage their paramedic staff. Importantly, my revisions leave in place language providing DOH with flexibility to approve candidates for paramedic licensure who hold qualifications with the National Registry of Emergency Medical Technicians and whose training and experience, including training and experience acquired from military service, meet or exceed State standards. Moreover, my recommended amendments maintain the expanded range of settings where paramedics will be authorized to provide care, which was proven invaluable to our healthcare system in the immediate response to the Coronavirus disease 2019 ("COVID-19") pandemic, as more and more paramedics were dispatched to COVID-19 treatment clinics, testing centers, and vaccine sites. I again commend the sponsors of this

bill for initiating these long overdue reforms to New Jersey's Emergency Medical Services Act. I am confident that the changes I am recommending will modernize our law to reflect current medical needs without jeopardizing DOH's authority to keep patients and professionals safe and, ultimately, ensure a high quality of emergency care.

Therefore, I herewith return Assembly Bill No. 4107 (Second Reprint) and recommend that it be amended as follows:

- Page 2, Section 1, Line 19: Before "procedures" insert "the use of"
- Page 2, Section 1, Line 21: Delete "scope of practice for paramedics" and insert "'National EMS Scope of Practice Model' for paramedics, except for any provisions of the National EMS Scope of Practice Model expressly excluded by the commissioner in rules or regulations"
- Page 2, Section 1, Line 23: After "(C.26:2K-12)" insert "or as otherwise authorized in rules or regulations promulgated by the commissioner"
- Page 3, Section 1, Line 8: After "those" insert "emergency"
- Page 3, Section 1, Line 10: Delete "emergency medical services personnel" and insert "mobile intensive care units to emergency patients"
- Page 3, Section 1, Line 10: After "during" delete ","
- Page 3, Section 1, Line 11: Delete "or in lieu of,"
- Page 3, Section 1, Line 11: Delete "medical" and insert "emergency treatment"
- Page 3, Section 2, Line 41: Delete "act on a regular basis" and insert "make a determination"
- Page 3, Section 2, Line 43: After "paramedic" insert "within 30 days of the receipt of a complete application and background check. Such determination may include a determination that the commissioner requires more time to adequately review the application. The commissioner shall license a candidate who provides satisfactory evidence of the successful completion of an educational program approved by the commissioner for the training of mobile intensive care paramedics and who passes an examination in the provision of advanced life support"

services, which examination shall be approved by the commissioner"

Page 4, Section 2, Line 8:

Delete "certification" and insert "licensure"

Page 4, Section 2, Lines 9-10:

Delete "National Registry of Emergency Medical Technicians" and insert "commissioner"

Page 4, Section 2, Line 12:

After "Technicians" insert "if the commissioner determines that the candidate's training and experience exceed or are equivalent to the licensure standards established by the commissioner"

Page 4, Line 23:

Insert new sections:

"3. (New section)

a. The department shall not issue a license to a candidate as a mobile intensive care paramedic unless the commissioner first determines, consistent with the requirements of sections 3 through 5 of P.L. c. (C.) (pending before the Legislature as this bill), that no criminal history record information exists on file in the Federal Bureau of Investigation, Identification Division, or in the State Bureau of Identification in the Division of State Police, which would disqualify that person from being licensed. A mobile intensive care paramedic licensed by the department prior to the effective date of P.L. c. (pending before the Legislature as this bill) upon whom a criminal history record background check has not been conducted pursuant to this act, shall be required to undergo that criminal history record background check as a condition of that individual's initial relicensure following the effective date of P.L. c. (pending before the Legislature as this bill).

In addition, a follow-up criminal history record background check of federal records shall be conducted at least once every two years as a condition of relicensure for every mobile intensive care paramedic.

b. A person shall be disqualified from licensure if that person's criminal history record background check reveals a record of conviction of any of

the following crimes or offenses:

(1) In New Jersey, any crime or disorderly persons offense:

(a) involving danger to the person, meaning those crimes and disorderly persons offenses set forth in N.J.S.2C:11-1 et seq., N.J.S.2C:12-1 et seq., N.J.S.2C:13-1 et seq., N.J.S.2C:14-1 et seq., or N.J.S.2C:15-1 et seq.; or

(b) involving arson as set forth in N.J.S.2C:17-1 or causing or risking widespread injury or damage as set forth at N.J.S.2C:17-2; or

(c) involving forgery and fraudulent offenses as set forth in chapter 21 of Title 2C of the New Jersey Statutes; or

(d) against the family, children, or incompetents, meaning those crimes and disorderly persons offenses set forth in N.J.S.2C:24-1 et seq.; or

(e) involving theft as set forth in chapter 20 of Title 2C of the New Jersey Statutes; or

(f) involving any controlled dangerous substance or controlled substance analog as set forth in chapter 35 of Title 2C of the New Jersey Statutes; or

(g) that would qualify the person for registration pursuant to section 2 of P.L.1994, c.133 (C.2C:7-2).

(2) In any other state or jurisdiction, of any crime or disorderly persons offense involving conduct which, if committed in New Jersey, would constitute any of the crimes or disorderly persons offenses described in paragraph (1) of this subsection.

c. Except for a disqualification based on conviction for a crime enumerated in subparagraph (g) of paragraph (1) of subsection b. of this section or a crime in any other state or jurisdiction which, if committed in New Jersey, would constitute a crime enumerated in subparagraph (g) of paragraph (1) of subsection b. of this section, no person shall be disqualified from

licensure on the basis of any conviction disclosed by a criminal history record background check performed pursuant to the requirements of this act if the person has affirmatively demonstrated to the commissioner clear and convincing evidence of the person's rehabilitation. In determining whether a person has affirmatively demonstrated rehabilitation, the following factors shall be considered:

(1) the nature and responsibility of the position which the convicted person would hold, has held or currently holds, as the case may be;

(2) the nature and seriousness of the offense;

(3) the circumstances under which the offense occurred;

(4) the date of the offense;

(5) the age of the person when the offense was committed;

(6) whether the offense was an isolated or repeated incident;

(7) any social conditions which may have contributed to the offense; and

(8) any evidence of rehabilitation, including good conduct in prison or in the community, counseling or psychiatric treatment received, acquisition of additional academic or vocational schooling, successful participation in correctional work-release programs, or the recommendation of those who have had the person under their supervision.

d. If a person subject to the provisions of sections 3 through 5 of P.L. c. (C.) (pending before the Legislature as this bill) refuses to consent to, or cooperate in, the securing of a criminal history record background check, the commissioner shall, as applicable:

(1) not issue a mobile intensive care paramedic license; or

(2) revoke the person's mobile intensive care paramedic license

4. (New section)

a. An applicant for licensure as a mobile intensive care paramedic who is required to undergo a criminal history record background check pursuant to P.L. c. (C.) (pending before the Legislature as this bill) shall submit to the commissioner that individual's name, address, and fingerprints in accordance with the standards established by the New Jersey State Police and the Federal Bureau of Investigation for civil applicants. The commissioner is authorized to exchange fingerprint data with and receive criminal history record information from the Federal Bureau of Investigation and the Division of State Police for use in making the determinations required by P.L. c. (C.) (pending before the Legislature as this bill).

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[seal]

Respectfully,

/s/ Philip D. Murphy

Governor

Attest:

/s/ Parimal Garg

Chief Counsel to the Governor