

SENATE, No. 818

STATE OF NEW JERSEY 214th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2010 SESSION

Sponsored by:

Senator JOSEPH F. VITALE

District 19 (Middlesex)

Senator STEPHEN M. SWEENEY

District 3 (Salem, Cumberland and Gloucester)

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Senator Beach

SYNOPSIS

Revises requirements for emergency medical services delivery.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 2/23/2010)

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

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]** chapter 2K of Title 26 of the Revised
11 Statutes:

12 **[a.]** "Advanced life support" means an advanced level of **[pre-**
13 **hospital, inter-hospital, and emergency service]** care which includes
14 basic life support functions, cardiac monitoring, cardiac
15 defibrillation, telemetered electrocardiography, administration of
16 anti-arrhythmic agents, intravenous therapy, administration of
17 specific medications, drugs and solutions, use of adjunctive
18 ventilation devices, trauma care, and other techniques and
19 procedures authorized in writing by the commissioner**[:]**.

20 "Agency" means an organization that is licensed or otherwise
21 authorized by the department to operate a pre-hospital or inter-
22 facility care ambulance service.

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

27 "Basic life support" means a basic level of pre-hospital care or
28 inter-facility care which includes patient stabilization, airway
29 clearance, cardiopulmonary resuscitation, hemorrhage control,
30 initial wound care, fracture stabilization, and other techniques and
31 procedures authorized in writing by the commissioner.

32 **[b.]** "Board of Medical Examiners" means the State Board of
33 Medical Examiners**[:]**.

34 **[c.]** "Board of Nursing" means the New Jersey State Board of
35 Nursing**[:]**.

36 "Clinician" means a person who is licensed or otherwise
37 authorized to provide patient care in a pre-hospital care or inter-
38 facility care setting.

39 **[d.]** "Commissioner" means the Commissioner of **[the State**
40 **Department of Health;]** Health and Senior Services.

41 **[e.]** "Department" means the **[State]** Department of Health**[:]**
42 and Senior Services.

43 **[f.]** "Emergency **[service]** department" means a program in a
44 general hospital staffed 24 hours a day by a licensed physician

EXPLANATION – Matter enclosed in bold-faced brackets **[thus]** in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

1 trained in emergency medicine[;] and as prescribed by regulation
2 of the commissioner.

3 “EMCAB” means the Emergency Medical Care Advisory Board
4 established pursuant to section 13 of P.L. , c. (C.)(pending
5 before the Legislature as this bill).

6 “Emergency medical responder” means a person trained to
7 provide emergency medical first response services in a program
8 recognized by the commissioner and licensed or otherwise
9 authorized by the department to provide those services.

10 “Emergency medical services personnel” means persons trained
11 and licensed or otherwise authorized to provide emergency medical
12 care, whether on a paid or volunteer basis, as part of a basic life
13 support or advanced life support pre-hospital care service or in an
14 emergency department in a general hospital.

15 “Emergency medical technician” or “EMT” means a person
16 trained to provide basic life support services in a program
17 recognized by the commissioner and licensed or otherwise
18 authorized by the department to provide those services.

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

22 “EMSC Advisory Council” means the Emergency Medical
23 Services for Children Advisory Council established pursuant to
24 section 5 of P.L.1992, c.96 (C.26:2K-52).

25 “EMSC coordinator” means the person coordinating the EMSC
26 program within the Office of Emergency Medical Services in the
27 department.

28 “EMSC program” means the Emergency Medical Services for
29 Children program established pursuant to section 3 of P.L.1992,
30 c.96 (C.26:2K-50), and other relevant programmatic activities
31 conducted by the Office of Emergency Medical Services in the
32 department in support of appropriate treatment, transport, and triage
33 of ill or injured children in New Jersey.

34 [g. “Inter-hospital care” means those emergency medical
35 services rendered by mobile intensive care units to emergency
36 patients before and during transportation between emergency
37 treatment facilities, and upon arrival within those facilities;]

38 “Health care facility” means a health care facility licensed
39 pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.).

40 “Inter-facility care” means those medical services rendered to
41 patients by emergency medical services personnel before and during
42 transportation between medical facilities, and upon arrival at those
43 facilities.

44 [h. “Mobile intensive care paramedic” means a person trained in
45 advanced life support services and certified by the commissioner to
46 render advanced life support services as part of a mobile intensive
47 care unit;]

1 **[i.]** "Mobile intensive care unit" means a specialized emergency
2 medical service vehicle that is operating under a mobile intensive
3 care program pursuant to section 6 of P.L.1984, c.146 (C.26:2K-12)
4 and is staffed by [mobile intensive care] paramedics or registered
5 professional nurses [trained in advanced life support nursing and
6 operated for the provision of advanced life support services]
7 recognized as mobile intensive care nurses, or other personnel
8 authorized by the commissioner, under the medical direction of an
9 authorized hospital[;].

10 "9-1-1 call" means a 9-1-1 telephone call for emergency medical
11 services in which the caller dials 9-1-1, or a method adopted in the
12 future to initiate the response of emergency medical services for a
13 medical reason through a public safety answering point as defined
14 in section 1 of P.L.1989, c.3 (C.52:17C-1).

15 "Paramedic" means a person licensed or otherwise authorized by
16 the commissioner as an Emergency Medical Technician-Paramedic
17 pursuant to regulation of the commissioner. Whenever, in any law,
18 rule, regulation, order, contract, document, judicial, or
19 administrative proceeding, or otherwise, reference is made to a
20 mobile intensive care paramedic, the same shall mean and refer to
21 an Emergency Medical Technician-Paramedic.

22 **[j.]** "Pre-hospital care" means those **[emergency medical**
23 **services rendered by mobile intensive care units to emergency]**
24 **medical services rendered to patients by emergency medical**
25 **services personnel** before and during transportation to **[emergency**
26 **treatment] medical** facilities, and upon arrival within those
27 facilities.

28 "Regional trauma center" means a State designated level one
29 hospital-based trauma center equipped and staffed to provide
30 emergency medical services to an accident or trauma victim.

31 (cf: P.L.1984, c.146, s.1)

32
33 2. Section 2 of P.L.1984, c.146 (C.26:2K-8) is amended to read
34 as follows:

35 2. a. (1) A **[mobile intensive care] paramedic** shall obtain
36 **[certification] licensure** from the commissioner to staff a mobile
37 intensive care unit or a health care facility and shall make
38 application therefor on forms prescribed by the commissioner.

39 (2) An EMT shall obtain licensure from the commissioner to
40 staff a licensed ambulance or a health care facility and shall make
41 application therefor on forms prescribed by the commissioner.

42 (3) An emergency medical responder shall obtain licensure from
43 the commissioner to respond to 9-1-1 calls and shall make
44 application therefor on forms prescribed by the commissioner.

45 b. The commissioner **[with the approval of the board of medical**
46 **examiners]** shall establish written standards which **[a mobile**

1 intensive care paramedic] an applicant shall meet in order to obtain
2 [certification] licensure as a paramedic, EMT, or emergency
3 medical responder. The commissioner shall act on a regular basis
4 upon applications of candidates for [certification] licensure as a
5 [mobile intensive care] paramedic, EMT, or emergency medical
6 responder. The commissioner shall [certify] license a candidate
7 who provides satisfactory evidence of the successful completion of
8 an educational program approved by the commissioner for the
9 training of [mobile intensive care] paramedics, EMTs, or
10 emergency medical responders, as applicable, and who passes an
11 examination [in the provision of advance life support services]
12 approved by the department for the applicable licensure, which
13 examination shall be conducted by the department at least twice a
14 year.

15 c. The department shall maintain a register of all applicants for
16 [certification] licensure hereunder, which register shall include but
17 not be limited to:

- 18 (1) The name and residence of the applicant;
- 19 (2) The date of the application;
- 20 (3) Information as to whether the applicant was rejected or
21 [certified] licensed and the date of that action.

22 The department shall [annually compile a] maintain a current
23 list of [mobile intensive care] paramedics and EMTs. This list
24 shall be available to the public on the Internet website of the
25 department.

26 (cf: P.L.1984, c.146, s.2)

27

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

30 3. The commissioner, after notice and hearing, may revoke the
31 [certification] license of a [mobile intensive care] paramedic,
32 EMT, or emergency medical responder for violation of any
33 provision of [this act] P.L.1984, c.146 (C.26:2K-7 et seq.) or
34 regulation promulgated hereunder.

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

36

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

39 4. A [mobile intensive care] paramedic may [perform]
40 provide advanced life support services, provided [they maintain]
41 that the paramedic:

42 a. maintains direct voice communication with and [are] is
43 taking orders from a licensed physician or physician directed
44 registered professional nurse, both of whom are affiliated with a
45 mobile intensive care [hospital which is approved by the
46 commissioner to provide advanced life support services. A

1 telemetered electrocardiogram shall be monitored when deemed
2 appropriate by the licensed physician or when required by written
3 rules and regulations established by the mobile intensive care
4 hospital and approved by the commissioner] program operating
5 pursuant to section 6 of P.L.1984, c.146 (C.26:2K-12); or

6 b. is operating under standing orders from a licensed physician
7 that have been developed or approved by a mobile intensive care
8 program.

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

10

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

13 6. a. Only a hospital [authorized by the commissioner with an
14 accredited emergency service may develop and maintain a mobile
15 intensive care unit, and provide advanced life support services
16 utilizing licensed physicians, registered professional nurses trained
17 in advanced life support nursing, and mobile intensive care
18 paramedics] licensed by the department to operate a mobile
19 intensive care program may develop or maintain such a program.
20 At a minimum, the hospital shall be required to maintain an
21 emergency department.

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

25 c. The commissioner shall establish, [in writing] by
26 regulation, criteria which a hospital shall meet in order to [qualify
27 for the authorization] obtain licensure to operate a mobile intensive
28 care program, and shall prescribe, in those regulations, standards
29 and responsibilities for the position of medical director for the
30 program. A hospital operating a mobile intensive care program
31 prior to, or on the effective date of, P.L. , c. (pending before the
32 Legislature as this bill), shall be required to meet any new
33 requirements for such licensure as may be established by the
34 commissioner by the date that the hospital is required to apply for
35 renewal of its license to operate a mobile intensive care program.

36 d. The commissioner [may withdraw his authorization] shall
37 provide by regulation for enforcement of the provisions of chapter
38 2K of Title 26 of the Revised Statutes, up to and including
39 revocation of licensure to operate a mobile intensive care program
40 if the hospital or unit violates any provision [of this act] thereof or
41 rules or regulations promulgated pursuant thereto.

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

43

44 6. (New section) a. The commissioner shall not issue an initial
45 license or other authorization to practice as a clinician unless the
46 commissioner first determines that no criminal history record
47 information exists on file in the Federal Bureau of Investigation,

- 1 Identification Division, or in the State Bureau of Identification in
2 the Division of State Police, which may disqualify the applicant
3 from being licensed or otherwise authorized to practice as a
4 clinician as determined by regulation of the commissioner.
- 5 b. (1) The commissioner shall not renew a license or other
6 authorization to practice as a clinician unless the commissioner first
7 determines that no criminal history record information exists on file
8 in the Federal Bureau of Investigation, Identification Division, or in
9 the State Bureau of Identification in the Division of State Police,
10 which may provide grounds for the refusal to renew the license or
11 other authorization to practice as a clinician.
- 12 (2) The commissioner shall revoke a license or other
13 authorization to practice as a clinician if the commissioner
14 determines that criminal history record information exists on file in
15 the Federal Bureau of Investigation, Identification Division, or in
16 the State Bureau of Identification in the Division of State Police,
17 which may provide grounds for the refusal to renew the license or
18 other authorization to practice as a clinician.
- 19 c. The commissioner shall establish, by regulation, a schedule
20 of dates by which the requirements of this section shall be
21 implemented no later than four years after the effective date of
22 P.L. , c. (pending before the Legislature as this bill).
- 23 d. The commissioner may, in an emergent circumstance as
24 determined by the commissioner, temporarily waive the
25 requirement for a person to undergo a criminal history record
26 background check as a condition of new or renewed licensure or
27 other authorization to practice as a clinician.
- 28 e. An applicant or licensee who is required to undergo a criminal
29 history record background check pursuant to this section shall
30 submit to the commissioner that individual's name, address, and
31 fingerprints taken on standard fingerprint cards, or through any
32 equivalent means, by a State or municipal law enforcement agency
33 or by a private entity under contract with the State. The
34 commissioner is authorized to exchange fingerprint data with and
35 receive criminal history record information from the Federal Bureau
36 of Investigation and the Division of State Police for use in making
37 the determinations required pursuant to this section.
- 38 f. Upon receipt of the criminal history record information for an
39 applicant or licensee from the Federal Bureau of Investigation or
40 the Division of State Police, the commissioner shall immediately
41 notify the applicant or licensee, as applicable.
- 42 g. If an applicant refuses to consent to, or cooperate in, the
43 securing of a criminal history record background check, the
44 commissioner shall not issue a clinician license and shall notify the
45 applicant of that denial.
- 46 h. If a licensee refuses to consent to, or cooperate in, the
47 securing of a criminal history record background check as required

1 during the licensure or other authorization renewal process, the
2 commissioner shall refuse to renew the license or other
3 authorization of the licensee, without a hearing, and shall notify the
4 licensee of that denial.

5 i. A licensee:

6 (1) who has permitted a license or other authorization to lapse,
7 or whose license, other authorization or privilege has been
8 suspended, revoked, or otherwise, and

9 (2) who has not already submitted to a criminal history record
10 background check,

11 shall be required to submit fingerprints as part of the licensure or
12 other authorization reinstatement process. If a reinstatement
13 applicant refuses to consent to, or cooperate in, the securing of a
14 criminal history record background check as required during the
15 reinstatement process, the commissioner shall automatically deny
16 reinstatement of the license or other authorization, without a
17 hearing, and shall notify the licensee of that denial.

18 j. An applicant for licensure or other authorization to practice
19 as a clinician shall be required to assume the cost of the criminal
20 history record background check conducted pursuant to this section,
21 in accordance with procedures determined by regulation of the
22 commissioner.

23 k. The provisions of this section shall not apply to a health care
24 professional who is subject to a criminal history record background
25 check pursuant to P.L.2002, c.104 (C.45:1-28 et al.)

26

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

29 14. a. In accordance with the provisions of sections 2 through 6
30 and sections 7 through 13 of P.L.1997, c.100 (C.26:2H-83 through
31 87 and C.45:11-24.3 through 24.9) **[and]**, P.L.2002, c.104 (C.45:1-
32 28 et al.), and section 6 of P.L. , c. (C.)(pending before the
33 Legislature as this bill), the Division of State Police in the
34 Department of Law and Public Safety shall conduct a criminal
35 history record background check, including a name and fingerprint
36 identification check, of:

37 (1) each applicant for nurse aide or personal care assistant
38 certification submitted to the Department of Health and Senior
39 Services and of each applicant for homemaker-home health aide
40 certification submitted to the New Jersey Board of Nursing in the
41 Division of Consumer Affairs;

42 (2) each nurse aide or personal care assistant certified by the
43 Department of Health and Senior Services and each homemaker-
44 home health aide certified by the New Jersey Board of Nursing, as
45 required pursuant to P.L.1997, c.100 (C.26:2H-83 et al.); **[and]**

46 (3) each applicant for licensure or other authorization to engage
47 in a health care profession who is required to undergo a criminal

1 history record background check pursuant to P.L.2002, c.104
2 (C.45:1-28 et al.); and

3 (4) each applicant for clinician licensure who is required to
4 undergo a criminal history record background check pursuant to
5 section 6 of P.L. , c. (C.)(pending before the Legislature as
6 this bill).

7 b. For the purpose of conducting a criminal history record
8 background check pursuant to subsection a. of this section, the
9 Division of State Police shall examine its own files and arrange for
10 a similar examination by federal authorities. The division shall
11 immediately forward the information obtained as a result of
12 conducting the check to: the Commissioner of Health and Senior
13 Services, in the case of an applicant for nurse aide or personal care
14 assistant certification **[or]**, a certified nurse aide or personal care
15 assistant, or an applicant for clinician licensure pursuant to chapter
16 2K of Title 26 of the Revised Statutes); the New Jersey Board of
17 Nursing in the Division of Consumer Affairs in the Department of
18 Law and Public Safety, in the case of an applicant for homemaker-
19 home health aide certification or a certified homemaker-home
20 health aide; and the Director of the Division of Consumer Affairs in
21 the Department of Law and Public Safety, in the case of an
22 applicant for licensure or other authorization to practice as a health
23 care professional as defined in section 1 of P.L.2002, c.104 (C.45:1-
24 28).

25 (cf: P.L.2002, c.104, s.5)

26

27 8. (New section) a. Only an agency as defined in section 1 of
28 P.L.1984, c.146 (C.26:2K-7) may develop or maintain a pre-
29 hospital or inter-facility care ambulance service.

30 b. The commissioner shall establish, by regulation, criteria
31 which an agency shall meet in order to obtain licensure to operate a
32 pre-hospital or inter-facility care ambulance service, and shall
33 prescribe in those regulations standards and responsibilities for the
34 position of agency medical director. An agency operating a pre-
35 hospital or inter-facility care ambulance service prior to or on the
36 effective date of P.L. , c. (pending before the Legislature as this
37 bill) shall be required to meet any new requirements for such
38 licensure as may be established by the commissioner by the date
39 that the agency is required to apply for renewal of its license to
40 operate the ambulance service.

41 c. The commissioner shall provide by regulation for
42 enforcement of the provisions of this section, up to and including
43 revocation of licensure to operate a pre-hospital or inter-facility
44 care ambulance service if the agency violates any provision thereof
45 or rules or regulations promulgated pursuant thereto.

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

3 7. a. No person may advertise or disseminate information to
4 the public that the person provides;

5 (1) advanced life support services by a mobile intensive care
6 unit unless the person is authorized to do so pursuant to section 6 of
7 **[this act]** P.L.1984, c.146 (C.26:2K-12); or

8 (2) basic life support services by an ambulance unless the person
9 is authorized to do so pursuant to section 8 of P.L. , c. (C.)
10 (pending before the Legislature as this bill).

11 b. No person may impersonate or refer to himself as a **[mobile**
12 **intensive care]** paramedic, EMT, or emergency medical responder
13 unless [he is certified or approved therefor, as appropriate] that
14 person is licensed as such.

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

16

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

19 8. No **[mobile intensive care]** paramedic, EMT, emergency
20 medical responder, other clinician, licensed physician, nurse,
21 mobile intensive care program, hospital or its board of trustees,
22 officers and members of the medical staff, [nurses or other
23 employees of the hospital, first aid, ambulance or rescue squad, or
24 officers and members of a rescue squad] or agency or officers,
25 members, or employees thereof, shall be liable for any civil
26 damages as the result of an act or the omission of an act committed
27 while in training for or in the rendering of basic or advanced life
28 support services in good faith and in accordance with [this act]
29 chapter 2K of Title 26 of the Revised Statutes.

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

31

32 11. (New section) Under the direction of the commissioner, the
33 Office of Emergency Medical Services in the department shall serve
34 as the lead State agency for the oversight of emergency medical
35 services delivery in the State, including both direct services and
36 support services and funding therefor, and shall have as its basic
37 purpose to ensure the continuous and timely Statewide availability
38 and dispatch of basic life support and advanced life support to all
39 persons in this State, through ground and air, adult and pediatric
40 triage, treatment and transport, emergency response capability. The
41 office shall exercise this responsibility in furtherance of the public
42 policy of this State to ensure, to the maximum extent practicable,
43 that quality medical care is available to persons residing in or
44 visiting this State at all times.

45

46 12. (New section) The commissioner shall appoint a State
47 Medical Director for Emergency Medical Services, who shall

1 assume responsibility for medical oversight of emergency medical
2 services delivery in the State. The State medical director shall be a
3 physician who is licensed in this State, has experience in the
4 medical oversight of emergency medical services delivery, and is
5 qualified to perform the duties of the position. The State medical
6 director, subject to the commissioner's approval, may appoint up to
7 three regional medical directors to provide medical oversight of
8 emergency medical services delivery in their respective geographic
9 areas as defined by the State medical director.

10

11 13. (New section) a. (1) The commissioner shall establish a
12 State Emergency Medical Care Advisory Board, or EMCAB, which
13 shall advise the commissioner on all matters of mobile intensive
14 care services, basic life support services, advanced life support
15 services, and pre-hospital and inter-facility care, and shall focus on:
16 improving quality of care; making patient-centered decisions; and
17 using technology to improve efficiency and the standard of care.

18 (2) EMCAB shall recommend standards to be adopted by the
19 commissioner on response time, crew complements, equipment,
20 minimum clinical proficiencies, benchmarking, processes, trending
21 of quality and performance data, and the use of electronic data to
22 support all goals.

23 b. EMCAB shall organize as soon as practicable following the
24 appointment of its members and shall hold its initial meeting no
25 later than the 90th day after the effective date of P.L. , c. (pending
26 before the Legislature as this bill).

27 c. (1) The membership of EMCAB shall include 16 members,
28 as follows:

29 (a) the commissioner, the Director of the Office of Emergency
30 Medical Services in the department, and the State Medical Director
31 for Emergency Medical Services, or their designees, as ex officio,
32 nonvoting members; and

33 (b) 13 public members, who shall initially be appointed by the
34 commissioner and thereafter shall be appointed in a manner to be
35 specified by regulation of the commissioner, including one
36 representative from each of the following: volunteer basic life
37 support services providers; paid basic life support services
38 providers; air medical programs; mobile intensive care programs;
39 emergency physicians; general hospitals; emergency care nurses;
40 municipal government; emergency telecommunications services;
41 county offices of emergency management; trauma services or burn
42 treatment providers; the EMSC program; and a member of the
43 general public who is not involved with the provision of health care
44 or emergency medical services.

45 (2) Each public member of EMCAB shall serve for a term of
46 three years and may be reappointed to one or more subsequent
47 terms; except that of the members first appointed, six shall serve for

1 a term of three years, five for a term of two years, and two for a
2 term of one year. Vacancies in the membership of EMCAB shall be
3 filled in the same manner provided for the original appointments.

4 (3) The members of EMCAB shall serve without compensation,
5 but shall be reimbursed for necessary expenses incurred in the
6 performance of their duties and within the limits of funds available
7 to EMCAB.

8 d. The members of EMCAB shall select a chairman biennially to
9 chair the meetings and coordinate the activities of EMCAB.

10 e. EMCAB shall establish standing committees, as well as any
11 additional committees that it determines appropriate, which in each
12 case shall include the number of members, utilize the criteria for
13 appointment, and provide for the manner of appointment and term
14 of service prescribed by regulation of the commissioner. The
15 standing committees shall research, review, assess, and recommend
16 policy, and analyze data as applicable, as specified by the
17 commissioner. The standing committees shall include the
18 following:

- 19 (1) Medical Services Committee;
- 20 (2) Pre-hospital Care Systems Operations Committee;
- 21 (3) Inter-facility Care Systems Operations Committee;
- 22 (4) Funding and Finance Committee;
- 23 (5) Public Awareness and Prevention Committee;
- 24 (6) Clinical Education Committee;
- 25 (7) Research and Data Committee; and
- 26 (8) Specialty Care Committee.

27 f. Each committee shall address how its specific purpose can add
28 to the discussion on the establishment of standards pursuant to
29 paragraph (2) of subsection a. of this section.

30 g. (1) EMCAB shall, no later than the 120th day after its initial
31 meeting, submit written recommendations to the commissioner for
32 new or revised regulations to be adopted by the commissioner
33 pursuant to P.L. , c. (pending before the Legislature as this bill),
34 which shall be designed to improve emergency medical services in
35 this State consistent with standards adopted by the National
36 Highway Traffic Safety Administration.

37 (2) EMCAB shall provide ongoing review of existing
38 regulations governing emergency medical services, and shall
39 recommend to the commissioner such revisions as EMCAB
40 determines are needed to achieve the goals of evidence-based
41 medical care and protecting the public health.

42 (3) EMCAB shall submit an annual report to the commissioner
43 on the state of pre-hospital and inter-facility care in New Jersey,
44 including evaluations and recommendations from each of its
45 standing committees.

46 h. All meetings of EMCAB and its committees shall be open to
47 the public. Prior public notice shall be provided for each meeting,

1 and input and discussion by members of the public shall be
2 encouraged at all such meetings.

3 i. The department shall provide staff support to EMCAB and
4 its committees.

5

6 14. (New section) a. The commissioner, in consultation with
7 EMCAB, shall establish, by regulation, requirements for:

8 (1) the collection of data that each agency providing pre-hospital
9 or inter-facility care is to obtain for each patient encounter;

10 (2) the creation and use of a patient care report by the agency to
11 provide this data in written or electronic form to the receiving
12 facility in a timely manner; and

13 (3) the reporting of this data to the department.

14 b. (1) The department shall develop and maintain an electronic
15 record of the data reported pursuant to subsection a. of this section
16 and shall make such non-identifying data available for research
17 purposes, in accordance with guidelines to be established by the
18 commissioner and subject to the requirements and restrictions of
19 State and federal law and regulations.

20 (2) An agency shall not be required to utilize a prescribed form
21 for reporting the data, provided that its reports include all data
22 specified by regulation of the commissioner.

23

24 15. (New section) a. (1) Commencing no later than two years
25 after the effective date of P.L. , c. (pending before the Legislature
26 as this bill), each municipality in the State shall ensure or arrange
27 for the provision of basic life support pre-hospital care in response
28 to 9-1-1 calls within its boundaries, including continuation of
29 coverage when the primary service is unavailable.

30 (2) The commissioner shall ensure or arrange for the provision
31 of advanced life support pre-hospital care in response to 9-1-1 calls
32 within the State.

33 (3) The commissioner, in consultation with EMCAB, shall
34 establish minimum standards for training, response times,
35 equipment, and quality of care with respect to basic life support pre-
36 hospital care and advanced life support pre-hospital care.

37 b. (1) The commissioner shall establish, by regulation,
38 minimum standards for licensing any clinician or agency as an
39 emergency medical services provider before that clinician or agency
40 is permitted to respond to 9-1-1 calls in this State.

41 (2) Any agency licensed to provide 9-1-1 emergency medical
42 services response in New Jersey shall be required to maintain a
43 written agreement with a dispatch agency approved by the
44 commissioner. The commissioner shall establish objective
45 standards to approve and monitor dispatch agencies; and these
46 standards shall be designed to improve response times and
47 appropriate triage of resources to respond to calls for emergency

1 medical services, and shall include requirements for global
2 positioning tracking of emergency medical services vehicles
3 through a standard electronic interface accessible to all dispatch and
4 responder agencies, in order to enhance agency interoperability.
5 Any licensed emergency medical services provider shall be
6 permitted to contract with any approved dispatch agency.

7 (3) The commissioner shall provide for the coordination of
8 dispatch agencies in accordance with protocols established by the
9 department.

10 c. The commissioner shall, no later than December 31 of each
11 year, present a report to the Governor, and to the Legislature
12 pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), on the
13 adequacy of emergency medical services provided pursuant to this
14 section, and shall identify in that report the funding needed for the
15 succeeding fiscal year in order to adequately fund the needed
16 infrastructure and research to encourage the continued improvement
17 of those emergency medical services.

18

19 16. Section 11 of P.L.1984, c.146 (C26:2K-17) is amended to
20 read as follows:

21 11. a. The commissioner shall promulgate such rules and
22 regulations, in accordance with the "Administrative Procedure Act,"
23 P.L.1968, c. 410 (C. 52:14B-1 et seq.), as **【he】** the commissioner
24 deems necessary to effectuate the purposes of 【this act, and the
25 board medical examiners and the board of nursing】 chapter 2K of
26 Title 26 of the Revised Statutes, with the advice of EMCAB in the
27 form of such written recommendations as EMCAB may submit to
28 the commissioner for his consideration.

29 b. The State Board of Medical Examiners and the New Jersey
30 Board of Nursing shall promulgate such rules and regulations as
31 they deem necessary to carry out their functions under 【this act】
32 chapter 2K of Title 26 of the Revised Statutes.
33 (cf: P.L.1984, c.146, s.11)

34

35 17. Section 13 of P.L.1984, c.146 (C26:2K-19) is amended to
36 read as follows:

37 13. Nothing in this act shall be construed as interfering with an
38 emergency service training program authorized and operated under
39 provisions of the "New Jersey Highway **【Safety Act of 1971,**"
40 P.L.1971, c. 351 (C. 27:5F-1 et seq.)】 Traffic Safety Act of 1987,"
41 P.L.1987, c.284 (C.27:5F-18 et seq.).

42 (cf: P.L.1984, c.146, s.13)

43

44 18. Section 14 of P.L.1984, c.146 (C.26:2K-20) is amended to
45 read as follows:

46 14. Nothing in this act shall be construed to prevent a licensed
47 and qualified member of the health care profession from performing

1 any **[of the]** duties that require the skills of a **[mobile intensive**
2 **care]** paramedic, EMT, or emergency medical responder if the
3 duties are consistent with the accepted standards of the member's
4 profession.

5 (cf: P.L.1984, c.146, s.14)

6

7 19. Section 2 of P.L.1986, c.106 (C.26:2K-36) is amended to
8 read as follows:

9 2. a. There is established the New Jersey **[Emergency]** Air
10 Medical **[Service Helicopter]** Response Program in the **[Division**
11 **of Local and Community Health Services]** Office of Emergency
12 Medical Services of the Department of Health and Senior Services.
13 The commissioner shall have overall responsibility for
14 administration of the program and shall designate a mobile
15 intensive care hospital in this State and a **[regional]** trauma **[or**
16 **critical care]** center which shall develop and maintain a hospital-
17 based **[emergency medical service helicopter response]** air medical
18 unit. The commissioner shall designate at least two units in the
19 State, of which no less than one unit each shall be designated for the
20 northern and southern portions of the State, respectively.

21 b. Each **[emergency medical service helicopter response]** air
22 medical unit shall be staffed by at least two persons trained in
23 advanced life support and approved by the commissioner. The staff
24 of the **[emergency medical service helicopter response]** air medical
25 unit shall render life support services to an accident or trauma
26 victim, as necessary, in the course of providing emergency medical
27 transportation.

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

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

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

38

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

41 2. a. (1) There is established in the General Fund a special
42 dedicated fund to be known as the New Jersey Emergency Medical
43 **[Service Helicopter Response Program]** Services System Support
44 Fund, which shall be administered by the State Treasurer. The
45 Treasurer shall credit to the fund all moneys received pursuant to

1 section 1 of P.L.1992, c.87 (C.39:3-8.2). Any interest earned on
2 moneys in the fund shall be credited to the fund.

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

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

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

38 c. **【Six months】** One year after the effective date of this section
39 and **【every six months】** annually thereafter, the Commissioner of
40 Health and Senior Services shall report to the Joint Budget
41 Oversight Committee, or its successor, and the Senate Health
42 **【and】**, Human Services and Senior Citizens Committee and the
43 Assembly Health and **【Human】** Senior Services Committee, or their
44 successors, on the use of moneys in the fund. **【The report shall**
45 **contain, but not be limited to, cost analyses concerning the response**
46 **program activities including the number of flights, types of**

1 accidents, hours spent waiting at accident sites, and fuel and
2 maintenance expenses].

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

4

5 21. Section 3 of P.L.1986, c.106 (C.26:2K-37) is amended to
6 read as follows:

7 3. The Division of State Police of the Department of Law and
8 Public Safety shall establish an emergency medical transportation
9 service to provide air medical transportation service pursuant to
10 **[this amendatory and supplementary act]** section 2 of P.L.1986,
11 c.106 (C.26:2K-36). The superintendent shall operate and maintain
12 at least one dedicated helicopter for each **[emergency medical**
13 **service helicopter response]** air medical unit designated by the
14 commissioner pursuant to section 2 of **[this amendatory and**
15 **supplementary act]** P.L.1986, c.106 (C.26:2K-36).

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

17

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

20 3. a. There is established within the Office of Emergency
21 Medical Services in the Department of Health and Senior Services,
22 the Emergency Medical Services for Children program.

23 b. The commissioner shall hire a full-time coordinator for the
24 EMSC program in consultation with, and by the recommendation of
25 the advisory council.

26 c. The coordinator shall implement the EMSC program
27 following consultation with, and at the recommendation of, the
28 advisory council. The coordinator shall serve as a liaison to the
29 advisory council.

30 d. The coordinator may employ professional, technical,
31 research and clerical staff as necessary within the limits of available
32 appropriations. The provisions of Title 11A of the New Jersey
33 Statutes shall apply to all personnel so employed.

34 e. The coordinator may solicit and accept grants of funds from
35 the federal government and from other public and private sources.

36 (cf: P.L.1992, c.96, s.3)

37

38 23. Section 5 of P.L.1992, c.96 (C.26:2K-52) is amended to read
39 as follows:

40 5. a. There is created an Emergency Medical Services for
41 Children Advisory Council to advise the Office of Emergency
42 Medical Services and the coordinator of the EMSC program on all
43 matters concerning emergency medical services for children. The
44 advisory council shall assist in the formulation of policy and
45 regulations to effectuate the purposes of this act.

46 b. The advisory council shall consist of a minimum of **[14]** 24
47 public members to be appointed by the **[Governor, with the advice**

1 and consent of the Senate] commissioner, in consultation with
2 EMCAB, for a term of three years. Membership of the advisory
3 council shall include: one [practicing] general practice pediatrician,
4 one pediatric critical care physician, one [board certified] pediatric
5 emergency physician and one pediatric physiatrist, to be appointed
6 upon the recommendation of the New Jersey chapter of the
7 American Academy of Pediatrics; one pediatric surgeon and one
8 trauma surgeon, to be appointed upon the recommendation of the
9 New Jersey chapter of the American College of Surgeons; one
10 general emergency physician, to be appointed upon the
11 recommendation of the New Jersey chapter of the American
12 College of Emergency Physicians; one injury prevention specialist,
13 to be appointed upon the recommendation of the New Jersey State
14 Safe Kids Coalition; [one emergency medical technician, to be
15 appointed upon the recommendation of the New Jersey State First
16 Aid Council;] one paramedic, to be appointed upon the
17 recommendation of the [State mobile intensive care advisory
18 council] subcommittee on advanced life support services of the
19 standing committee on Pre-hospital Care Systems Operations of
20 EMCAB; one family practice physician, to be appointed upon the
21 recommendation of the New Jersey chapter of the American
22 Academy of Family [Practice] Physicians; two registered
23 emergency nurses, one to be appointed upon the recommendation of
24 the New Jersey State Nurses Association and one to be appointed
25 upon the recommendation of the New Jersey Chapter of the
26 Emergency Nurses Association; one school nurse, to be appointed
27 upon the recommendation of the New Jersey State School Nurses
28 Association; one person to be appointed upon the recommendation
29 of the Medical Transportation Association of New Jersey; and three
30 members, each with a non-medical background, two of whom are
31 parents with children under the age of 18[, to be appointed upon the
32 joint recommendation of the Association for Children of New
33 Jersey and the Junior Leagues of New Jersey].

34 The advisory council shall also include the following members
35 who shall serve ex officio: the President of the New Jersey
36 Hospital Association or his designee; the EMSC coordinator; the
37 Director of the Office of Emergency Medical Services in the
38 department; a representative from the Division of Family Health
39 Services in the department who manages the federal Maternal and
40 Child Health Services Title V Block Grant for children with special
41 health care needs; the Director of the Division of Highway Traffic
42 Safety in the Department of Law and Public Safety or his designee;
43 the Commissioner of Children and Families or his designee; and the
44 Commissioner of Education or his designee.

45 c. Vacancies on the advisory council shall be filled for the
46 unexpired term by appointment of the [Governor] commissioner, in

1 consultation with EMCAB, in the same manner as originally filled.
2 The members of the advisory council shall serve without
3 compensation. The advisory council shall elect a chairperson, who
4 may select from among the members a vice-chairperson and other
5 officers or subcommittees which are deemed necessary or
6 appropriate. The council may further organize itself in any manner
7 it deems appropriate and enact bylaws as deemed necessary to carry
8 out the responsibilities of the council.

9 d. The council shall meet at least quarterly.
10 (cf: P.L.1992, c.96, s.5)

11
12 24. Section 1 of P.L.1992, c.143 (C.26:2K-54) is amended to
13 read as follows:

14 1. This act shall be known and may be cited as the "Emergency
15 Medical **【Technician】** Services Training Fund Act."
16 (cf: P.L.1992, c.143, s.1)

17
18 25. Section 3 of P.L.1992, c.143 (C.26:2K-56) is amended to
19 read as follows:

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

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

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

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

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

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

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

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

1 26. Section 1 of P.L.1993, c.58 (C.26:2K-60) is amended to read
2 as follows:

3 1. In the event of an emergency, the chief executive officer of
4 any **【volunteer】** basic life support service first aid, ambulance or
5 rescue squad or the mayor or chief executive officer of any
6 municipality may request assistance from the chief executive officer
7 of any **【volunteer】** basic life support service first aid, ambulance or
8 rescue squad located in and serving another municipality for the
9 protection and preservation of life within the territorial jurisdiction
10 served by the squad requesting the assistance.

11 The chief executive officer of the **【volunteer】** basic life support
12 service first aid, ambulance or rescue squad located in and normally
13 serving a contiguous municipality to whom such a request for
14 assistance is made shall, except as hereinafter otherwise set forth,
15 provide such personnel and equipment as requested to the extent
16 possible without endangering any person or property within the
17 municipality in which the assisting squad is located and which it
18 normally serves.

19 The members of any squad providing assistance shall have, while
20 so acting, the same rights and immunities as they otherwise enjoy in
21 the performance of their normal duties in the municipality, or other
22 territorial jurisdiction, in which the squad is located and which it
23 normally serves.

24 If any member of the assisting basic life support service first aid,
25 ambulance or rescue squad shall, in rendering such assistance,
26 suffer any injury or death, the member or his designee or legal
27 representative shall be entitled to all salary, pension rights, workers
28 compensation and other benefits to which the member would be
29 entitled if the casualty or death had occurred in the performance of
30 the member's duties in the municipality, or other territorial
31 jurisdiction, in which the squad is located and which it normally
32 serves.

33 (cf: P.L.1993, c.58, s.1)

34

35 27. Section 2 of P.L.1993, c.58 (C.26:2K-61) is amended to read
36 as follows:

37 2. The governing bodies of two or more municipalities may, by
38 enacting reciprocal ordinances, enter into agreements with each
39 other for mutual basic life support service first aid, ambulance or
40 rescue squad assistance in case of emergency, subject to the written
41 approval of the **【volunteer】** basic life support service first aid,
42 ambulance or rescue squad or squads involved. The agreements
43 may provide for:

44 a. Terms and conditions for payment by the municipality
45 receiving assistance to the municipality rendering assistance for
46 each member and each equipped basic life support service first aid,
47 ambulance or rescue squad apparatus for each hour supplied;

1 b. The reimbursement of the municipality or municipalities
2 rendering assistance for any damage to basic life support service
3 first aid, ambulance or rescue squad equipment or other property
4 and for payment to any member of a basic life support service first
5 aid, ambulance or rescue squad for injuries sustained while serving
6 pursuant to such agreements, or to a surviving spouse or other
7 dependent if death results; and

8 c. A joint meeting of the municipalities entering into such
9 agreements regarding other matters as are mutually deemed
10 necessary.

11 (cf: P.L.1993, c.58, s.2)

12
13 28. (New section) a. The commissioner shall establish, maintain,
14 and coordinate the activities of the New Jersey Emergency Medical
15 Services Task Force.

16 b. The purpose of the task force shall be to support and
17 enhance the provision of specialized response services, utilizing
18 personnel and equipment to respond as requested, for both pre-
19 planned and emergency events, including natural disasters and mass
20 casualty incidents, including chemical, biological, radiological,
21 nuclear, and explosive events, in order to reduce morbidity and
22 mortality through appropriate triage, incident management, and
23 coordinated pre-hospital care and transportation.

24 c. The membership of the task force shall represent all regions
25 of the State and shall include emergency medical responders,
26 EMTs, paramedics, registered nurses, physicians, communications
27 specialists, hospitals, agencies providing emergency medical
28 responder and other emergency medical services, and
29 communication centers utilized for the purpose of providing
30 emergency medical services.

31
32 29. N.J.S.22A:3-4 is amended to read as follows:

33 22A:3-4. Fees for criminal proceedings.

34 The fees provided in the following schedule, and no other
35 charges whatsoever, shall be allowed for court costs in any
36 proceedings of a criminal nature in the municipal courts but no
37 charge shall be made for the services of any salaried police officer
38 of the State, county or municipal police.

39 For violations of Title 39 of the Revised Statutes, or of traffic
40 ordinances, at the discretion of the court, up to but not exceeding
41 \$33.

42 For all other cases, at the discretion of the court, up to but not
43 exceeding \$33.

44 In municipal court proceedings, the court shall impose court
45 costs within the maximum limits authorized by this section, as
46 follows:

1 a. For every violation of any statute or ordinance the sum of
2 \$2.00. The court shall not suspend the collection of this \$2.00 court
3 cost assessment. These court cost assessments shall be collected by
4 the municipal court administrator for deposit into the Automated
5 Traffic System Fund, created pursuant to N.J.S.2B:12-30.

6 b. For each fine, penalty and forfeiture imposed and collected
7 under authority of law for any violation of the provisions of Title 39
8 of the Revised Statutes or any other motor vehicle or traffic
9 violation in this State the sum of ~~[\$.50]~~ \$5. The court shall not
10 suspend the collection of this ~~[\$.50]~~ \$5 court cost assessment.
11 These court cost assessments shall be collected by the municipal
12 court administrator for deposit into the "Emergency Medical
13 ~~[Technician]~~ Services Training Fund" established pursuant to
14 P.L.1992, c.143 (C.26:2K-54 et al.).

15 c. For every violation of any statute or ordinance the sum of \$3
16 to fund the Statewide modernization of the Automated Traffic
17 System. The court shall not suspend the collection of this \$3 court
18 cost assessment. These court cost assessments shall be collected by
19 the municipal court administrator for deposit into the Automated
20 Traffic System Statewide Modernization Fund, established pursuant
21 to section 1 of P.L.2004, c.62 (C.2B:12-30.1).

22 The provisions of this act shall not prohibit the taxing of
23 additional costs when authorized by R.S.39:5-39.

24 For certificate of judgment..... \$4.00

25 For certified copy of paper filed with the court as a public
26 record:

27 First page..... \$4.00

28 Each additional page or part thereof..... \$1.00

29 For copy of paper filed with the court as a public record:

30 First page..... \$2.00

31 Each additional page or part thereof..... \$1.00

32 In addition to any fine imposed, when a supplemental notice is
33 sent for failure to appear on a return date the cost shall be \$10.00
34 per notice, unless satisfactory evidence is presented to the court that
35 the notice was not received.

36 **CONSTABLES OR OTHER OFFICERS**

37 From the fees allowed for court costs in the foregoing schedule,
38 the clerk of the court shall pay the following fees to constables or
39 other officers:

40 Serving warrant or summons, \$1.50.

41 Serving every subpoena, \$0.70.

42 Serving every execution, \$1.50.

43 Advertising property under execution, \$0.70.

44 Sale of property under execution, \$1.00.

45 Serving every commitment, \$1.50.

46 Transport of defendant, actual cost.

1 Mileage, for every mile of travel in serving any warrant,
2 summons, commitment, subpoena or other process, computed by
3 counting the number of miles in and out, by the most direct route
4 from the place where such process is returnable, exclusive of the
5 first mile, \$0.20.

6 If defendant is found guilty of the charge laid against him, he
7 shall pay the costs herein provided, but if, on appeal, the judgment
8 is reversed, the costs shall be repaid to defendant. If defendant is
9 found not guilty of the charge laid against him, the costs shall be
10 paid by the prosecutor, except when the Chief Administrator of the
11 New Jersey Motor Vehicle Commission, a peace officer, or a police
12 officer shall have been prosecutor.

13 (cf: P.L.2004, c.62, s.2)

14
15 30. Section 4 of P.L.1987, c.284 (C.27:5F-21) is amended to
16 read as follows:

17 4. a. The Governor shall coordinate the highway traffic safety
18 activities of State and local agencies, other public and private
19 agencies, nonprofit organizations, and interested organizations and
20 individuals and shall be the official of this State having the ultimate
21 responsibility of dealing with the federal government with respect
22 to the State highway traffic safety program. In order to effectuate
23 the purposes of this act he, the Governor shall:

24 (1) Prepare for this State, the New Jersey Highway Traffic
25 Safety Program which shall consist of a comprehensive plan in
26 conformity with the laws of this State to reduce traffic accidents
27 and deaths, injuries, and property damage resulting therefrom~~].~~;

28 (2) Promulgate rules and regulations establishing standards and
29 procedures relating to the content, coordination, submission, and
30 approval of local highway traffic safety programs~~].~~;

31 (3) Contract and do all things necessary or convenient on behalf
32 of the State in order to insure that all departments of State
33 government, local political subdivisions and nonprofit
34 organizations, to the extent that nonprofit organizations qualify for
35 highway traffic safety grants pursuant to the provisions of section
36 12 of P.L.1987, c.284 (C.27:5F-29) as amended by section 6 of
37 P.L.2007, c.84, secure the full benefits available under the "U.S.
38 Highway Safety Act of 1966," Pub.L.89-564 (23 U.S.C. ss. 401-
39 404), and any acts amendatory or supplementary thereto~~].~~ and

40 (4) Adopt, through the Commissioner of Health and Senior
41 Services, training programs, guidelines, and standards for members
42 of ~~nonvolunteer~~ basic life support service first aid, rescue, and
43 ambulance squads and agencies providing emergency medical
44 service programs or pre-hospital or inter-facility care as defined in
45 section 1 of P.L.1984, c.146 (C.26:2K-7).

46 b. The New Jersey Highway Traffic Safety Program, and rules
47 and regulations, training programs, guidelines, and standards shall

1 comply with uniform standards promulgated by the United States
2 Secretary of Transportation in accordance with the "U.S. Highway
3 Safety Act of 1966," Pub.L.89-564 (23 U.S.C. ss. 401-404), and any
4 acts amendatory or supplementary thereto.
5 (cf: P.L.2007, c.84, s.2)

6
7 31. Section 5 of P.L.1987, c.284 (C.27:5F-22) is amended to
8 read as follows:

9 5. The New Jersey Highway Traffic Safety Program shall, in
10 addition to other provisions, include training programs for groups
11 such as, but not limited to, police, teachers, students, and public
12 employees, which programs shall comply with the uniform
13 standards promulgated by the United States Secretary of
14 Transportation in accordance with the "U.S. Highway Safety Act of
15 1966," Pub.L.89-564 (23 U.S.C. s.s. 401-404), and any acts
16 amendatory or supplementary thereto.

17 In addition, the New Jersey Highway Traffic Safety Program
18 shall include the training program for **members of volunteer first**
19 **aid, rescue and ambulance squads, adopted by the New Jersey State**
20 **First Aid Council** paramedics, emergency medical technicians, and
21 emergency medical responders licensed by the Commissioner of
22 Health and Senior Services, which shall comply with the uniform
23 standards promulgated by the United States Secretary of
24 Transportation in accordance with the "U.S. Highway Safety Act of
25 1966," Pub.L.89-564 (23 U.S.C. s.s. 401-404) and any amendments
26 or supplements to it.

27 (cf: P.L.1987, c.284, s.5)

28

29 32. Section 10 of P.L.1987, c.284 (C.27:5F-27) is amended to
30 read as follows:

31 10. **Each** basic life support service first aid, rescue, and ambulance squad
32 **providing emergency medical service** programs shall be
33 responsible for the training of its members and shall notify the
34 governing body of the political subdivision in which the squad is
35 located, or the person designated for this purpose by the governing
36 body, that particular applicants for membership (qualified under
37 sections 5 and 4 of this act respectively), ambulances, and
38 ambulance equipment meet the standards required by this act.
39 Upon receipt of such notification the governing body or person
40 designated shall certify the applicant, ambulances, and ambulance
41 equipment as being qualified for emergency medical service
42 programs, and shall issue a certificate to that effect at no charge.
43 Each member and piece of equipment of a volunteer and
44 nonvolunteer first aid, rescue and ambulance squad shall comply
45 with the requirements for certification annually. Any person who is
46 a member of a volunteer and nonvolunteer first aid, rescue and
47

1 ambulance squad providing emergency medical service programs
2 on the effective date of this act shall, if application is made to the
3 appropriate municipality within 90 days of the effective date, be
4 certified by the governing body or designated person as being
5 qualified for emergency medical service programs for a period of
6 two years. At the end of that period, the person] shall comply with
7 the requirements for [certification annually] licensure of personnel,
8 ambulances, and ambulance equipment established by the
9 Commissioner of Health and Senior Services and shall staff each
10 ambulance with at least two emergency medical technicians while it
11 is in service. No person or entity shall respond to a 9-1-1 call as
12 defined in section 1 of P.L.1984, c.146 (C.26:2K-7) unless that
13 person or entity is licensed to do so by the Department of Health
14 and Senior Services.
15 (cf: P.L.1987, c.284, s.10)

16
17 33. Section 1 of P.L.1992, c.87 (C.39:3-8.2) is amended to read
18 as follows:

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

26 b. In addition to the motor vehicle registration fees imposed
27 pursuant to the provisions of chapter 3 of Title 39 of the Revised
28 Statutes, the chief administrator shall impose and collect an
29 additional fee of \$.50 to be deposited in the Traumatic Brain Injury
30 Fund established pursuant to section 5 of P.L.2001, c.332 (C.30:6F-
31 5).

32 c. In addition to the motor vehicle registration fees imposed
33 pursuant to the provisions of chapter 3 of Title 39 of the Revised
34 Statutes, the chief administrator shall impose and collect an
35 additional fee of \$1, which shall be deposited to a separate account
36 dedicated for the funding of new State Police trooper classes. The
37 Legislature shall annually appropriate the balance of the separate
38 account to the Department of Law and Public Safety for the
39 Division of State Police for the funding of new State Police trooper
40 classes.
41 (cf: P.L.2005, c.311, s.1)

42
43 34. The following are repealed:

44 Sections 5, 10, and 12 of P.L.1984, c.146 (C.26:2K-11, C.26:2K-
45 16, and C.26:2K-18);

46 P.L.1985, c.351 (C.26:2K-21 et seq.);

1 Sections 1 and 4 of P.L.1986, c.106 (C.26:2K-35 and C.26:2K-
2 38);
3 P.L.1989, c.314 (C.26:2K-39 et seq.);
4 Sections 1, 2, 3, and 10 of P.L.2003, c.1 (C.26:2K-47.1,
5 C.26:2K-47.2, C.26:2K-47.3, and C.26:2K-47.9);
6 Section 2 of P.L.1992, c.96 (C.26:2K-49); and
7 Sections 2, 4, 5, and 6 of P.L.1992, c.143 (C.26:2K-55, C.26:2K-
8 57, C.26:2K-58, and C.26:2K-59).

9
10 35. This act shall take effect on the 180th day after enactment,
11 but the Commissioner of Health and Senior Services may take such
12 anticipatory administrative action in advance thereof as shall be
13 necessary for the implementation of the act.

14
15
16 STATEMENT

17
18 This bill provides for a variety of statutory measures to enhance
19 the scope and quality of the emergency medical services system in
20 New Jersey.

21 The bill:

- 22 • provides a new statutory approach to the regulation of emergency
23 medical services within chapter 2K of Title 26 of the Revised
24 Statutes, which encompasses both basic and advanced life support
25 services and governs the qualifications, training, and operations
26 of paramedics, emergency medical technicians (EMTs), and
27 emergency medical responders;
- 28 • revises and consolidates in section 1 of P.L.1984, c.146
29 (C.26:2K-7) the definitions of terms used in chapter 2K of Title
30 26 of the Revised Statutes governing emergency medical
31 services;
- 32 • provides that, under the direction of the Commissioner of Health
33 and Senior Services, the Office of Emergency Medical Services
34 in the Department of Health and Senior Services (DHSS) is to
35 serve as the lead State agency for the oversight of emergency
36 medical services delivery in the State, including both direct
37 services and support services and funding therefor, and to have as
38 its basic purpose to ensure the continuous and timely Statewide
39 availability and dispatch of basic life support and advanced life
40 support to all persons in this State, through ground and air, adult
41 and pediatric triage, treatment and transport, emergency response
42 capability;
- 43 • requires that each municipality in the State, commencing no later
44 than two years after the effective date of the bill, ensure or
45 arrange for the provision of basic life support pre-hospital care in
46 response to 9-1-1 calls within its boundaries, including
47 continuation of coverage when the primary service is unavailable;

- 1 • directs the commissioner to ensure or arrange for the provision of
2 advanced life support pre-hospital care in response to 9-1-1 calls
3 within the State;
- 4 • requires that licensure be obtained from the commissioner: by a
5 paramedic to staff a mobile intensive care unit; by an EMT to
6 staff a licensed ambulance; and by an emergency medical
7 responder to respond to 9-1-1 calls, who must each apply for
8 licensure on forms prescribed by the commissioner;
- 9 • authorizes the commissioner, after notice and hearing, to revoke
10 the license of a paramedic, EMT, or emergency medical
11 responder for violation of any provision of P.L.1984, c.146
12 (C.26:2K-7 et seq.) or applicable regulations;
- 13 • requires DHSS to make available to the public a current list of
14 licensed paramedics and EMTs on its Internet website;
- 15 • requires paramedics, EMTs, and emergency medical responders
16 to undergo a criminal history record background check, in
17 accordance with regulations adopted by the commissioner, as a
18 condition of licensure or other authorization to practice;
- 19 • authorizes a paramedic to perform advanced life support services
20 if the paramedic:
 - 21 -- maintains direct voice communication with and is taking
22 orders from a licensed physician or physician-directed registered
23 professional nurse, both of whom are affiliated with a mobile
24 intensive care program; or
 - 25 -- is operating under standing orders from a licensed physician
26 that were developed or approved by a mobile intensive care
27 program;
- 28 • authorizes a hospital licensed pursuant to P.L.1971, c.136
29 (C.26:2H-1 et seq.) to develop and maintain a mobile intensive
30 care program if it is licensed to do so pursuant to this bill; and
31 requires the hospital, at a minimum, to maintain an accredited
32 emergency department;
- 33 • directs the commissioner to establish, by regulation, criteria
34 which a hospital must meet in order to obtain licensure to operate
35 a mobile intensive care program;
- 36 • stipulates that a hospital operating a mobile intensive care
37 program prior to the effective date of this bill is required to meet
38 any new requirements for such licensure as may be established by
39 the commissioner by the date that the hospital is required to apply
40 for renewal of its license to operate a mobile intensive care
41 program;
- 42 • repeals the following:
 - 43 -- section 5 of P.L.1984, c.146 (C26:2K-11), concerning the
44 performance of advanced life support procedures by a paramedic
45 who is not in direct voice communication with a physician - which
46 would be obviated by the provisions of section 4 of P.L.1984, c.146
47 (C.26:2K-10);

- 1 -- section 12 of P.L.1984, c.146 (C.26:2K-18), concerning a
2 paramedic performing the duties or filling the position of another
3 health care professional employed by a hospital - which would be
4 obviated by the provisions of section 6 of P.L.1984, c.146
5 (C.26:2K-12);
- 6 -- section 4 of P.L.1986, c.106 (C.26:2K-38), concerning
7 immunity from liability for persons training for or rendering
8 advanced life support services - which would be obviated by the
9 provisions of section 8 of P.L.1984, c.146 (C.26:2K-14); and
- 10 -- P.L.1989, c.314 (C.26:2K-39 et seq.), concerning certification
11 of EMT-Ds by the commissioner to perform cardiac defibrillation -
12 which is obviated by the training in cardiac defibrillation provided
13 to EMTs and First Responders to meet American Heart Association
14 CPR certification requirements;
- 15 • renames the “New Jersey Emergency Medical Service Helicopter
16 Response Program” as the “New Jersey Air Medical Response
17 Program” and substitutes the term “air medical unit” for
18 “emergency medical service helicopter response unit” with
19 respect to those entities designated to operate an air medical
20 program;
 - 21 • renames the “New Jersey Emergency Medical Service Helicopter
22 Response Program Fund,” established pursuant to section 2 of
23 P.L.1992, c.87 (C.26:2K-36.1), as the “New Jersey Emergency
24 Medical Services System Support Fund,” and directs that the
25 moneys in the fund be utilized for the following purposes:
 - 26 -- basic life support services;
 - 27 -- advanced life support services;
 - 28 -- the New Jersey Air Medical Response Program;
 - 29 -- the New Jersey Poison Information and Education System;
 - 30 -- emergency medical services for children;
 - 31 -- health information technology initiatives relating to
32 emergency medical services;
 - 33 -- recruitment and retention of emergency medical services
34 providers;
 - 35 -- training and education of emergency medical services
36 providers;
 - 37 -- other activities or initiatives in support of the emergency
38 medical services system as specified in regulations adopted by the
39 commissioner; and
 - 40 -- administrative costs incurred by DHSS in connection with the
41 emergency medical services system, which are not to exceed 8% of
42 the moneys in the fund;
 - 43 • directs the commissioner to provide, by regulation, for the
44 licensure of privately operated air medical units, in addition to the
45 units designated pursuant to statute; and
 - 46 • directs the commissioner to promulgate rules and regulations
47 pursuant to P.L.1984, c.146 (C.26:2K-7 et seq.), with the advice

1 of the Emergency Medical Care Advisory Board (EMCAB)
2 established pursuant to this bill, in the form of such written
3 recommendations as EMCAB may submit to the commissioner
4 for his consideration.

5 In addition, the bill provides as follows:

6 • The commissioner is to appoint a State Medical Director for
7 Emergency Medical Services, who will assume responsibility for
8 medical oversight of emergency medical services delivery in the
9 State. The State medical director, who must be a New Jersey-
10 licensed physician with experience in the medical oversight of
11 emergency medical services delivery, may (subject to the
12 commissioner's approval) appoint up to three regional medical
13 directors to provide medical oversight of emergency medical
14 services delivery in their respective geographic areas as defined
15 by the State medical director.

16 • The commissioner is to establish EMCAB to advise the
17 commissioner on all matters of mobile intensive care services,
18 basic life support services, advanced life support services, and
19 pre-hospital and inter-facility care. EMCAB replaces the State
20 mobile intensive care advisory council; and section 10 of
21 P.L.1984, c.146 (C.26:2K-16), which established the council, is
22 repealed.

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

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

28 -- 13 public members, to be initially appointed by the
29 commissioner and thereafter appointed in a manner specified by
30 regulation of the commissioner, including one representative from
31 each of the following: volunteer basic life support services
32 providers; paid basic life support services providers; air medical
33 programs; mobile intensive care programs; emergency physicians;
34 general hospitals; emergency care nurses; municipal government;
35 emergency telecommunications services; county offices of
36 emergency management; trauma services or burn treatment
37 providers; the Emergency Medical Services for Children program;
38 and a member of the general public who is not involved with the
39 provision of health care or emergency medical services.

40 -- EMCAB is to establish the following standing committees of
41 the board, as well as any additional committees that it determines
42 appropriate, which in each case is to include the number of
43 members, utilize the criteria for appointment, and provide for the
44 manner of appointment and term of service prescribed by regulation
45 of the commissioner, and which are to research, review, assess, and
46 recommend policy, and analyze data as applicable: Medical
47 Services, Pre-hospital Care Systems Operations, Inter-facility Care

- 1 Systems Operations, Funding and Finance, Public Awareness and
2 Prevention, Clinical Education, Research and Data, and Specialty
3 Care.
- 4 -- EMCAB is to provide ongoing review of regulations
5 governing emergency medical services, and recommend to the
6 commissioner such revisions as it determines are needed to achieve
7 the goals of evidence-based medical care and protecting the public
8 health.
- 9 -- EMCAB is to submit an annual report to the commissioner on
10 the state of pre-hospital and inter-facility care in New Jersey,
11 including evaluations and recommendations from each of its
12 standing committees.
- 13 • Statutory authorization for the State advisory council for basic
14 and intermediate life support services training, established
15 pursuant to section 6 of P.L.1992, c.143 (C.26:2K-59), is deleted,
16 as that entity is obviated by the provisions of this bill.
 - 17 • The commissioner, in consultation with EMCAB, is to establish
18 by regulation requirements for:
 - 19 -- the collection of data that each agency providing pre-hospital
20 or inter-facility care is to obtain for each patient encounter;
 - 21 -- the creation and use of a patient care report by the agency to
22 provide this data to the receiving facility in a timely manner; and
 - 23 -- the reporting of this data to DHSS.
 - 24 • The commissioner, in consultation with EMCAB, is to establish
25 minimum standards for training, response times, equipment, and
26 quality of care with respect to basic life support pre-hospital care
27 and advanced life support pre-hospital care.
 - 28 • The commissioner is to establish, maintain, and coordinate the
29 activities of the New Jersey Emergency Medical Services Task
30 Force, which will include emergency medical services providers
31 from all regions of the State. The purpose of the task force will
32 be to support and enhance the provision of specialized response
33 services for both pre-planned and emergency events in order to
34 reduce morbidity and mortality through appropriate triage,
35 incident management, and coordinated pre-hospital care and
36 transportation.
 - 37 • The commissioner is directed to present a report to the Governor
38 and the Legislature, no later than December 31 of each year, on
39 the adequacy of emergency medical services provided pursuant to
40 the bill, and to identify in that report the funding needed for the
41 succeeding fiscal year in order to adequately fund the needed
42 infrastructure and research to encourage the continued
43 improvement of those emergency medical services.
 - 44 • The "Emergency Medical Technician Training Fund" established
45 pursuant to section 3 of P.L.1992, c.143 (C.26:2K-56) is renamed
46 as the "Emergency Medical Services Training Fund."

- 1 • The fund may be used for the following purposes, as specified in
2 regulations adopted by the commissioner, in accordance with the
3 recommendations of EMCAB:
4 -- to train any EMT at the basic level;
5 -- to pay for continuing education recertification requirements
6 for EMTs and paramedics;
7 -- to provide interest-free loans for initial paramedic training;
8 and
9 -- for recruitment and retention of EMTs and paramedics to
10 meet the needs of the community.
- 11 • The surcharge imposed on motor vehicle violations pursuant to
12 N.J.S.22A:3-5, for deposit into the "Emergency Medical Services
13 Training Fund," is increased from \$.50 to \$5 in order to ensure
14 adequate funding for EMT and paramedic training.
- 15 • The bill takes effect on the 180th day after enactment, but
16 authorizes the commissioner to take anticipatory administrative
17 action in advance as necessary for its implementation.