

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.