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 advance 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.