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To: New Jersey EMS Community
From: Candace Gardner *CJG* Acting Director, Office of Emergency Medical Services
Date: January 3, 2023
Subject: Guidance Memorandum Regarding Revisions of the New Jersey
Emergency Medical Services Act, N.J.S.A. 26:2K-1 et seq.

On October 21, 2022, Governor Murphy signed into law amendments to the New Jersey Emergency Medical Services Act (Act), N.J.S.A. 26:2K-7 to -74. See P.L. 2022, c.118. A copy of the new law is attached hereto.

In response to this legislation, the New Jersey Department of Health's (Department) Office of Emergency Medical Services (OEMS) is issuing this guidance memorandum to explain the amendments to the Act and how OEMS is implementing the amendments pending official changes to the rules at N.J.A.C. 8:41 and N.J.A.C. 8:41A. Given the breadth of the amendments, Emergency Medical Service (EMS) providers should thoroughly review the statutory changes and become familiar with the new provisions. To acclimate providers to the statutory amendments, the Department is providing the below summary of the amendments along with guidance regarding the Department's implementation of the legislation:

1. The new legislation directs the Department to establish a mobile integrated health (MIH) program, which the legislation defines as "health care services delivered with the approval of the Department of Health to patients outside of a hospital setting, using mobile resources, and employing team-based and patient-centered care." To establish the MIH program, the amendments require the Department to determine the types of services that may be provided under the MIH program and establish the criteria by which an entity may apply to the Department for approval to participate in the program.

To implement these new provisions of the Act, the Department will hold stakeholder workgroups to develop the framework for the MIH program and promulgate rules for the operation and oversight of the program. Please note that the rules must be promulgated before an MIH program can be established or implemented.

2. The amendments to the Act expand the service locations where a mobile intensive care paramedic (paramedic) may deliver advanced life support services or services within a paramedic's approved scope of practice. However, the

services must be offered by a paramedic operating under an approved mobile intensive care hospital, with the authorization of the hospital's Emergency Medical Services Medical Director.

For paramedics to operate in these expanded settings, the Department must first determine the parameters under which a paramedic may render services outside of a Mobile Intensive Care Unit (MICU) through rulemaking. As such, the Department will begin to hold stakeholder meetings and promulgate rules to implement these new statutory provisions.

Pending rulemaking, paramedics may continue to render services in the hospital setting to perform functions and duties within their scope of practice to enhance and supplement a hospital's existing medical staff, as permitted under the Department's COVID-19 Executive Directive 20-002, so long as Mobile Intensive Care Units (MICUs) are not taken offline to use those paramedics in the hospital setting. Please note that this Executive Directive remains in effect until modified or revoked by the Department or the State of Emergency for COVID-19 is lifted, whichever is sooner.

3. The statutory amendments grant an agency EMS medical director the authority to establish advanced life support protocols, within the scope of practice for advanced life support providers, and submit them to the Department for approval. Pursuant to the new legislation, the Department may approve or deny the protocols or may approve the protocols subject to revisions that the Department deems necessary.

The Department will begin stakeholder meetings to promulgate rules to implement the new statutory provisions regarding protocols. In the interim, to ensure the most up-to-date, high-quality medical care is provided, the Department is recommending that all NJ paramedics responding to 911 calls on MICUs use the 2022 New Jersey Clinical Practice Guidelines for the advanced life support provider that was recently developed and adopted by the Mobile Intensive Care Advisory Council. The protocols can be found at www.nj.gov/health/ems.

4. The amendments to the Act provide that a MICU, when in service, must be staffed by a minimum of two paramedics, two registered professional nurses trained in advanced life support nursing (MICNs), or one paramedic and one MICN. However, the amendments further provide that the Department may waive the crew member requirements and permit a MICU to be staffed with one Emergency Medical Technician (EMT) and one Paramedic or MICN in the limited circumstance of when a hospital is experiencing a staffing shortage. To implement this provision, the new legislation directs the Department to establish the criteria for and a process by which a hospital may apply to the Department for approval to operate a MICU with a reduced crew configuration.

The Department is beginning to promulgate rules to effectuate this new statutory provision. In the interim, if a hospital is experiencing a staffing shortage and is unable to meet the minimum crewmember requirements for its MICUs as a result, then the hospital should provide OEMS with the following so that it may determine whether to grant the hospital approval to operate with a reduced crewmember configuration on its MICUs:

- Name of Mobile Intensive Care Program;
- Nature of request;
- Degree of hardship that would result if the waiver is not granted;
- Alternate proposal that would ensure public safety;
- Name of authorized representative submitting the request;
- Contact phone number;
- Contact email;
- Mobile Intensive Care Unit (MICU) number in which the program is requesting approval for modified staffing (Must list each unit individually)
- Listing of all counties for which the MICU is the primary response;
- Listing of all municipalities/subdivisions that the MICU has response obligations;
- Number of paramedics employed by the Mobile Intensive Care Program (Full Time (FT), Part-Time (PT), Per Diem (PD));
- Number of MICNs employed by the agency (FT, PT, PD);
- Number of MICUs assigned to the Mobile Intensive Care Program's Certificate of Need coverage area(s);
- Minimum number of paramedics/MICNs needed to staff the MICUs without modified staffing;
- Number of newly hired paramedics/MICNs (FT, PT, PD) in the last 30, 60, and 90 days;
- Number of paramedics/MICNs who resigned/retired (FT, PT, PD) in the last 30, 60, and 90 days;
- Total out-of-service reportable events in the last 30, 60, and 90 days;
- Percentage of in-service time in the last 30, 60, and 90 days per MICU;
- Percentage of out-of-service time in the last 30, 60, and 90 days per MICU;
- Utilization of supervisor/leadership (not normally assigned to staff a MICU) in the last 30, 60, and 90 days;
- A detailed justification outlining the need for a staffing waiver;
- A detailed corrective action plan outlining the steps the Mobile Intensive Care Program will take to rectify the staffing shortage and staff the MICUs without a staffing waiver. The plan should lay out detailed, actionable, and

time-bound steps in addressing the structural workforce issues of the program; and

- If any one or more of the required items above is not available at the time of submission, a detailed explanation about why submitting with missing or incomplete information and how this data gap will be rectified.

Send all requests by email to ems@doh.nj.gov or by mail to:

The New Jersey Department of Health
Office of Emergency Medical Services
P.O. Box 360
Trenton, NJ 08625

Please note that under P.L. 2021, c 477, the ability for MICUs to operate with a reduced crewmember configuration expired on January 1, 2023.

5. The statutory amendments require the Department, in conjunction with the relevant professional boards, to establish education and competency requirements that an emergency medicine physician, advanced practice nurse, or physician assistant, who is employed by a hospital with a MICU, must meet to obtain authorization to deliver care, within their scope of practice, in a pre-hospital or an interfacility setting.

The Department will develop stakeholder workgroups and promulgate rules to establish the framework for education and competency requirements for an emergency medicine physician, advanced practice nurse, or physician assistant to obtain authorization to deliver care within their scope of practice in a prehospital or an interfacility setting. Please note that the rules must be promulgated before these statutory changes can be implemented.

6. The new legislation provides for the licensure of paramedics, rather than certification.

The Department is in the process of developing the licensure scheme for paramedics. Until the new licensure platform is fully developed, individuals seeking licensure and re-licensure as a paramedic should continue to use the current credentialing/re-credentialing application process at www.njems.njlincs.net until otherwise notified.

7. The statutory amendments also require an individual to submit to a criminal history record background check as a condition of initial licensure as a paramedic and re-licensure as a paramedic. Pursuant to the amendments, a person is disqualified from licensure if that person's criminal history record background check reveals a record of conviction for crimes or offenses relating to danger to the person, arson, forgery and fraud, theft, controlled or dangerous substances,

crimes or offenses against family, children or incompetents, and crimes that would qualify the person for registration under N.J.S.A. 2C:7-2. Except for crimes that would qualify the person for registration under N.J.S.A. 2C:7-2, an individual is not disqualified from licensure due to the individual's criminal history if the person affirmatively demonstrates rehabilitation to the Department, by clear and convincing evidence. To determine rehabilitation, the statutory amendments direct the Department to consider the nature and responsibility of the position which the convicted person would hold, has held, or currently holds; the nature and seriousness of the offense; the circumstances under which the offense occurred; the date of the offense; the age of the person when the offense was committed; whether the offense was an isolated or repeated incident; any social conditions which may have contributed to the offense; and any evidence of rehabilitation including good conduct while imprisoned, counseling received, academic or vocational schooling, or recommendations of those who have had the person under their supervision.

The Department is developing the framework to implement background checks for paramedic initial, reciprocity, re-entry, and renewal licensure. Individuals seeking licensure and re-licensure as a paramedic should continue to use the current application process at www.njems.njlincs.net until otherwise notified. The process for applicants who self-disclose a criminal history will remain unchanged and requires a full background check. Additionally, if an individual previously fully disclosed their criminal history to the Department and was determined to be rehabilitated, that former determination remains in place provided the individual remains conviction free from the time that the determination was rendered.

Please review P.L. 2022, c. 118 carefully. If you have any questions or comments, please contact me at Candace.Gardner@doh.nj.gov.

CHAPTER 118

AN ACT concerning emergency medical services and mobile integrated health and amending and supplementing P.L.1984, c.146.

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

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

C.26:2K-7 Definitions.

1. As used in this act:

a. "Advanced life support" means an advanced level of emergency medical care, including specialty care transport, which includes basic life support functions and the use of procedures, medications, and equipment established by the National Highway Traffic Safety Administration's National EMS Scope of Practice Model for paramedics, except for any provisions of the National EMS Scope of Practice Model expressly excluded by the commissioner in rules or regulations, and any other such procedures, medications, and equipment as set forth in section 6 of P.L.1984, c.146 (C.26:2K-12) or as otherwise authorized in rules or regulations promulgated by the commissioner;

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

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

d. "Commissioner" means the Commissioner of the Department of Health;

e. "Department" means the Department of Health;

f. "Emergency department" means a program in a hospital staffed 24 hours a day by a licensed physician trained in emergency medicine;

g. "Specialty care transport" means services that are above basic life support services rendered to patients before and during transportation between licensed facilities, during retrieval from those facilities, and upon arrival within those facilities;

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

i. "Mobile intensive care unit" means a specialized emergency medical service unit that is staffed in accordance with paragraph (2) of subsection a. of section 6 of P.L.1984, c.146 (C.26:2K-12) and operated for the provision of advanced life support services under the direction of an authorized hospital;

j. "Pre-hospital care" means those emergency medical services rendered by mobile intensive care units to emergency patients before and during transportation to emergency treatment facilities, and upon arrival within those facilities.

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

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

m. "Mobile integrated health" means health care services delivered with the approval of the Department of Health to patients outside of a hospital setting, using mobile resources, and employing team-based and patient-centered care.

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

C.26:2K-8 Mobile intensive care paramedic; licensure from commissioner; written standards; examination; register of applicants.

2. a. A mobile intensive care paramedic shall obtain licensure from the commissioner to provide advanced life support and shall make application therefor on forms prescribed by the commissioner.

b. The commissioner with the approval of the State Board of Medical Examiners shall establish written standards which a mobile intensive care paramedic shall meet in order to obtain licensure. The commissioner shall make a determination upon applications of candidates for licensure as a mobile intensive care paramedic within 30 days of the receipt of a complete application and background check. Such determination may include a determination that the commissioner requires more time to adequately review the application. The commissioner shall license a candidate who provides satisfactory evidence of the successful completion of an educational program approved by the commissioner for the training of mobile intensive care paramedics and who passes an examination in the provision of advanced life support services, which examination shall be approved by the commissioner. The commissioner shall license 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 commissioner. The commissioner shall license a candidate as a mobile intensive care paramedic who is registered as a paramedic with the National Registry of Emergency Medical Technicians if the commissioner determines that the candidate's training and experience exceed or are equivalent to the licensure standards established by the commissioner.

c. The department shall maintain a register of all applicants for licensure hereunder, which register shall include but not be limited to:

- (1) The name and residence of the applicant;
- (2) The date of the application;
- (3) Information as to whether the applicant was rejected or licensed and the date of that action.

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

C.26:2K-8.1 Licensure disqualification, revocation; criminal history record background check; relicensure conditions.

3. a. The department shall not issue a license to a candidate as a mobile intensive care paramedic unless the commissioner first determines, consistent with the requirements of sections 3 through 5 of P.L.2022, c.118 (C.26:2K-8.1 through C.26:2K-8.3), that no criminal history record information exists on file in the Federal Bureau of Investigation, Identification Division, or in the State Bureau of Identification in the Division of State Police, which would disqualify that person from being licensed. A mobile intensive care paramedic licensed by the department prior to the effective date of P.L.2022, c.118 (C.26:2K-8.1 et al.) upon whom a criminal history record background check has not been conducted pursuant to this act, shall be required to undergo that criminal history record background check as a condition of that individual's initial relicensure following the effective date of P.L.2022, c.118 (C.26:2K-8.1 et al.). In addition, a follow-up criminal history record background check of federal records shall

be conducted at least once every two years as a condition of relicensure for every mobile intensive care paramedic.

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

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

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

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

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

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

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

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

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

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

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

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

(2) the nature and seriousness of the offense;

(3) the circumstances under which the offense occurred;

(4) the date of the offense;

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

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

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

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

d. If a person subject to the provisions of sections 3 through 5 of P.L.2022, c.118 (C.26:2K-8.1 through C.26:2K-8.3) refuses to consent to, or cooperate in, the securing of a criminal history record background check, the commissioner shall, as applicable:

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

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

C.26:2K-8.2 Applicant information, criminal history record background check; fingerprint data; disqualification basis identified; petition, hearing.

4. a. An applicant for licensure as a mobile intensive care paramedic who is required to undergo a criminal history record background check pursuant to P.L.2022, c.118 (C.26:2K-8.1 et al.) shall submit to the commissioner that individual's name, address, and fingerprints in accordance with the standards established by the New Jersey State Police and the Federal Bureau of Investigation for civil applicants. The commissioner is authorized to exchange fingerprint data with and receive criminal history record information from the Federal Bureau of Investigation and the Division of State Police for use in making the determinations required by P.L.2022, c.118 (C.26:2K-8.1 et al.).

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

c. The person who is the subject of the background check shall have 30 days from the date of the written notice of disqualification to petition the commissioner for a hearing on the accuracy of the person's criminal history record information or to establish the person's rehabilitation under subsection c. of section 3 of P.L.2022, c.118 (C.26:2K-8.1 through C.26:2K-8.3). Upon the issuance of a final decision following a petition to the commissioner pursuant to this subsection, the commissioner shall notify the person as to whether the person remains disqualified from licensure.

C.26:2K-8.3 Criminal history record background check cost.

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

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

C.26:2K-9 Revocation of certificate.

3. The commissioner after notice and hearing may revoke the license of a mobile intensive care paramedic for violation of any provision of this act or regulation promulgated hereunder.

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

C.26:2K-10 Performance of advanced life support services; supervision from physician; authorized, approved scope of practice.

4. a. A mobile intensive care paramedic may perform advanced life support services, provided that the paramedic is following protocols which have been approved pursuant to paragraph (3) of subsection a. of section 8 of this act, any standing orders the department may issue, or if the paramedic maintains direct voice communication with and is taking orders from a licensed physician or physician directed registered professional nurse, both of whom are affiliated with a mobile intensive care hospital which is approved by the commissioner to provide advanced life support services.

b. (1) 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 shall 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 determined by the commissioner and as authorized by the mobile intensive care paramedic's agency EMS medical director. A single mobile intensive care paramedic shall not be acknowledged as a mobile intensive care unit.

(2) The authorized services provided under a mobile integrated health program shall be determined by the commissioner, and may include, but need not be limited to: providing paramedic 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.

c. Nothing in this section shall 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.

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

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

C.26:2K-12 Mobile intensive care units.

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

(2) (a) A mobile intensive care unit, when in service, shall be staffed by a minimum of two persons, which two persons may be two mobile intensive care paramedics, two registered professional nurses trained in advanced life support nursing, or one mobile intensive care paramedic and one registered professional nurse trained in advanced life support nursing. Any individual providing advanced life support as provided in this paragraph shall be authorized to render care within that individual's scope of practice, as determined by the commissioner and based on the agency EMS medical director's determination of competency.

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

(3) Agency EMS medical directors shall have the authority to establish advanced life support protocols, within the scope of practice for advanced life support providers established by this act and the commissioner, which protocols shall include, but shall not be limited to, protocols concerning medications, equipment, procedures, and clinical practice. Such advanced life support protocols shall be submitted to the commissioner for approval. The commissioner may approve or deny advanced life support protocols submitted by an agency EMS medical director or may approve such protocols subject to amendments that the commissioner deems to be necessary. Aspects of clinical practice that exceed the scope established by commissioner shall be submitted by an agency EMS medical director to the

mobile intensive care advisory council for review and recommendation to the commissioner, which shall be acted upon by the commissioner within 90 days.

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

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

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

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

e. Nothing in this section shall 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.

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

C.26:2K-13 Provision of life support services; advertisement or dissemination of information prohibited; impersonation of paramedic prohibited.

7. a. No person may advertise or disseminate information to the public that the person provides advanced life support services by a mobile intensive care unit unless the person is authorized to do so pursuant to section 6 of P.L.1984, c.146 (C.26:2K-12).

b. No person may impersonate or refer to himself or herself as a mobile intensive care paramedic unless the person is licensed or approved therefor, as appropriate.

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

C.26:2K-14 Liability for civil damages.

8. No emergency medical technician, mobile intensive care paramedic, licensed physician, hospital or its board of trustees, officers and members of the medical staff, registered nurse, advanced practice nurse, physician assistant, or 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 shall 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 and in accordance with this act.

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

C.26:2K-16 State Emergency Medical Services Medical Director, qualifications, responsibilities; mobile intensive care advisory council, purpose, roles.

10. a. (1) The Commissioner of Health shall appoint a State Emergency Medical Services Medical Director to the Office of Emergency Medical Services in the Department of Health. The State Emergency Medical Services Medical Director shall 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 of Health shall give preference to a candidate who is board certified in emergency medical services. The State Emergency Medical Services Medical Director shall not be permitted to be employed as an agency EMS medical director while serving as State Emergency Medical Services Medical Director.

(2) The State Emergency Medical Services Medical Director shall 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 shall 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 shall 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 Highway Traffic Safety Administration's National EMS Scope of Practice Model, the recommendations of the mobile intensive care advisory council, and standards established by the commissioner.

b. The commissioner shall establish a State mobile intensive care advisory council, which shall: advise the department on all matters of advanced life support, the Emergency Medical Service Helicopter Response Program and emergency medical transportation; annually review advanced life support scope of practice; and provide recommendations directly to the commissioner for clinical updates. The council shall annually select a chairperson and a vice-chair from among its members. The chairperson shall coordinate the activities of the advisory council. Within 60 days following the effective date of P.L.2022, c.118 (C.26:2K-8.1 et al.), the council shall create new by-laws, and select a chair and vice-chair from among its members. In the event that the chair position is vacant, the vice-chair shall act as chair of the council until the chair position is no longer vacant. The chair shall appoint subcommittees to review and recommend policy on subjects including, but not limited to, advanced life support training programs, advanced life support patient care equipment, biomedical and telecommunications equipment and procedures, treatment protocols, and helicopter equipment and procedures, as well as other medical matters.

C.26:2K-9.1 Mobile integrated health program established, Department of Health.

12. a. The Department of Health shall establish a mobile integrated health program. In establishing the mobile integrated health program, the Department of Health shall 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.

b. The Department of Health shall establish, in writing, criteria by which an entity may apply for and receive authorization from the department to participate in the mobile integrated health program, and criteria by which an entity may lose authorization to participate in the mobile integrated health program.

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

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

C.26:2K-17 Rules and regulations.

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

14. This act shall take effect immediately.

Approved October 21, 2022.