

FAQs Regarding the 2022 ALS Modernization Act (A4107)

How will this bill improve patient care? Currently, the protocols used by paramedics can only be changed by revising the EMS regulations. This process is challenging and takes time. By taking the medical protocols out of regulation, EMS physicians can update the protocols as needed using the most current evidence. This bill sets the “floor” for the scope of practice according to the NHSTA standards and allows additions to this scope if approved by the MAC and Commissioner of Health. Within those limits, each MICU medical director can set specific treatment protocols.

Doesn't 1 medic / 1 EMT staffing increase my liability as an EMT or paramedic? No, EMS providers are given “good faith” immunity for actions taken providing basic or advanced life support, so if you act reasonably under the circumstances, then you have no more liability than you did before.

Doesn't 1 medic / 1 EMT staffing put patients at risk? Under Executive Order, during New Jersey's Covid-19 State of Emergency, 1 medic / 1 EMT staffing was used safely for thousands of patient care encounters. After thousands of case reviews statewide there have been no adverse outcomes referred for further review under the EMS mandatory reporting requirements.

What can an EMT do when working with a paramedic on an ALS unit? The EMT can obtain vitals, demographics, history, medications, and allergy information. They can set up equipment and perform all BLS skills they normally perform in their role as an EMT.

How will this allow paramedics licensed in other states to obtain a NJ paramedic license? Paramedics who are registered with the National Registry of Emergency Medical Technicians (NREMT) as paramedics can apply for licensure in New Jersey without having to go through the process of reviewing their initial paramedic education hours and content, including applicants for reciprocity. This streamlines and standardizes that process.

Does this mean that paramedics don't have to contact medical control if only treating with Standing Orders? Yes. If the paramedic is treating the patient using only standing orders, it is not necessary to contact online medical control.

Does this mean I can treat a patient or pronounce a patient as a single medic? Yes, a single paramedic can pronounce a patient, and can treat a patient as an ALS first responder. This allows supervisors and other single providers to supplement the system as needed, and to operate alone as part of a special operations team, for example, as approved by the MICU medical director.

Does this mean that we could put a group of single medics in fly cars and answer calls that way with a second fly car enroute to us? No. Single medic units are not a substitute for a Mobile Intensive Care Unit (MICU). An MICU must still be dispatched to the 9-1-1 request for service. That MICU must meet all regulatory requirements that apply to MICUs.

Does this mean our service must go to one medic / one EMT configuration? No. There is no requirement to staff an MICU with one paramedic and one EMT. But if the choice is between having no medic unit available and having a one medic / one EMT unit available, it's better for the ALS patient to receive ALS care by a single paramedic rather than no medic at all. For critical patients attended to by a 1 and 1 unit, the second paramedic can respond as a supervisor, for example.

Does this mean there will be different protocols at the different places that I work? While it is the intention of the MICU EMS medical directors to collaborate on protocols across NJ, some communities may require adjustments to the ALS protocols. So long as the protocols are within the national scope of practice for paramedics, the MICU EMS medical director has the authority to make changes. This is no different than the level of variability that exists in our system today.

Will an APN or PA be able to do more than I can in the field as a paramedic? The APN or PA will be able to do what is within their scope of practice and permitted by the EMS agency medical director. If there are treatments or interventions approved by the MICU medical director that are beyond the scope of a paramedic but within the scope of an APN or PA, then the paramedic will not be able to perform them.

If an APN or a PA is working with a medic as a crew, whose scope do we work under? Health care providers always work within the scope of their license. EMTs work within the EMT scope of practice, paramedics work within the paramedic scope of practice, nurses work within the nursing scope of practice, etc. But within those scopes of practice, the MICU medical director can decide what skills and treatment modalities they will permit providers to do based on their demonstration of competency. You cannot exceed the scope of your license, and you cannot exceed what you have been credentialed to do by the medical director.

Will the National Scope of Practice model be our protocols and when will they take effect? No, the National Scope of Practice Model defines what skills are permitted for each level of licensure. Within that scope, the agency can set the specific protocols for what medications to administer, when to administer them, when to perform certain skills, etc.

If the National Scope of Practice Model changes, do our protocols automatically change with them? No. If there is an update to the National Scope of Practice Model document published by NHTSA, then the agency EMS medical director must review the change(s) and determine how the change(s) impacts the agency's protocols. If the protocols require revision, it's the responsibility of the EMS agency medical director to make and publish those changes.

Doesn't there need to be a Licensing Board for EMS providers to be licensed? No. Many licenses are issued by boards, but not all.

What's the difference between licensed, certified, and credentialed? Certification is an external verification of the competencies that an individual has achieved and typically involves an examination process. Licensure represents legal authority granted to an individual by the State to perform certain restricted activities. Scope of practice represents the legal limits of the licensed individual's performance. Credentialing is a clinical determination that is the responsibility of a physician medical director. It is the employer or affiliating organization's responsibility to act on the clinical credentialing status of EMS personnel in making employment and deployment decisions. An individual may perform only those procedures for which they are licensed, certified, and credentialed.