

Position Statement Regarding the 2022 ALS Modernization Act (A4107)

The New Jersey Association of Paramedic Programs (NJAPP) participated fully as a stakeholder in the development of bill A4107. When faced with the challenges of the Covid-19 pandemic and the limitations of the current statutes and regulations, the extensive use of regulatory waivers made it clear that changes were needed to improve the advanced life support system in New Jersey.

This bill addresses the system limitations that were permitted only under waiver - staffing configurations (1 medic/1 EMT, single medic first response), practice settings (hospital rapid response teams, emergency departments, and ICUs), and clinical procedures (such as vaccine administration). All of these are permitted under the national scope of practice for paramedics. This bill implements them without diminishing the strengths of the New Jersey advanced life support system.

At a time when the clinical value of EMS is more recognized than ever, New Jersey is ahead of the curve in that all mobile intensive care units are operated by hospitals and hospital systems. Our advanced life support providers are directly connected to evidence-based clinical practice, as the bridge between pre-hospital and hospital care. The biggest challenge is obtaining the authority to implement the necessary changes. This bill addresses that by establishing the NHTSA National Scope of Practice Model as the standard in NJ.

During the stresses of the COVID pandemic we learned that, when necessary, a one paramedic/one EMT staffing model could be used safely to ensure availability of ALS-level care. To ensure this is done safely, this bill requires competency assessments for the EMTs working on an MICU. It also allows advanced practice providers and physicians to staff an MICU so long as they receive appropriate training and orientation and are determined competent to practice by the EMS agency medical director. For the small number of critical patients when having a second paramedic would potentially improve the quality of care, the use of paramedic first responders creates system flexibility to allow for additional providers under these circumstances. There is NO requirement for MICUs to use this staffing model.

It is our belief that paramedics in New Jersey deserve to have career options that include more than responding to 9-1-1 calls on a mobile intensive care unit. Nationwide, paramedics provide disease-specific care in the community, supporting safe discharges and ongoing wellness initiatives by filling gaps in health care system design. This bill allows MICU-licensed hospitals to include these services as part of their EMS department. This bill does not stop non-MICU licensed agencies from creating roles for individuals with paramedic certification or licensure, but it does prevent them from calling them paramedics as defined in the EMS statutes. The Mobile Integrated Health (sometimes known as Community Paramedicine and abbreviated as MIH/CP) programs are intended to be episodic requests for assessment, follow up, and referral to other services, such as home health. MIH/CP is used nationally to improve access to care and connect patients with the services they need.

And finally, this bill removes the clinical protocols from statute and regulation and puts the medicine back in the hands of our physicians. The MICU medical directors will have the authority to establish the ALS clinical protocols within the National Scope of Practice for paramedics. All NJ MICU medical directors collaborate as members of the MICU Advisory Committee (MAC). The MAC will be chaired by the NJ State EMS Medical Director, who is required to present the committee's recommendations to the Commissioner of Health. Any clinical protocols that exceed the National Scope of Practice must be presented to the MAC and approved by the Commissioner. This ensures innovation is possible but has the appropriate checks and balances to ensure the safety of our patients.

In modernizing the language of our current statutes, licensure and certification have been edited for appropriate use. Licensure is granted by a governing agency giving an individual authority to act (i.e., the State of New Jersey). Certification is granted by a private agency, usually after the individual demonstrates knowledge or a skill (i.e., CPR certification, NREMT-P certification). Paramedics are certified by NREMT and licensed by the NJ Department of Health.