NEW JERSEY ASSOCIATION OF PARAMEDIC PROGRAMS

Summary of the 2022 ALS Modernization Act (A4107)

Establishes the National Registry of Emergency Medical Technicians (NREMT) paramedic certification as the standard for paramedic licensure in NJ. Paramedics with active NREMT-P certification can apply for and receive a NJ paramedic license without having to undergo the previous process of verifying hours and content. Onboarding (orientation) and competency validation remains the responsibility of the EMS agency medical director.

Clarifies "licensed" versus "certified." Certification is "old" language and does not reflect the reality of how paramedics are permitted to practice. A license is a grant, from a governmental entity, to do something that not everyone can do, and changing the language to licensure in this bill properly reflects that. Certification is the process where an entity (the National Registry in this case) verifies competency through testing. The State of New Jersey is the only agency permitted to license paramedics in NJ, and the language throughout the EMS statutes (C.26-2K) has been updated to reflect this clarification.

Establishes a NJ State EMS Medical Director. Creates the position of State EMS Medical Director as the person within the Department of Health responsible for all clinical EMS practices in NJ, including disciplinary hearings related to clinical practice. The State EMS Medical Director serves as the chair of the MICU Advisory Committee (MAC) and has authority equal to that of the State EMS Director. All recommendations from the MAC will be presented to the Commissioner of Health by the State EMS Medical Director.

Removes clinical protocols from regulation. Mobile Intensive Care Unit (MICU) EMS agency medical directors may set ALS clinical protocols within the NHTSA national scope of practice for paramedics. Any clinical practice that exceeds the national scope must be brought forward to the MAC for review and approval by both the MAC and the NJ Commissioner of Health. Obsolete practices, such as telemetered electrocardiograms, were removed from the existing statute.

Establishes the National Highway Traffic Safety Administration's (NHTSA) National EMS Scope of Practice Model as the scope of practice for paramedics in New Jersey. This replaces the narrowly defined NJ scope of practice for paramedics.

Allows for ALS First Response. This was first approved for volunteer paramedics in the law that was passed in December 2021. This change allows for single paramedics (often road supervisors) to provide ALS-level care when arriving first to a scene. Single paramedic response units are not considered an MICU and cannot replace the dispatch and response of an MICU to an ALS-level 9-1-1 call. This includes single paramedics in special operations settings.

Provides guardrails for the safe use of flexible staffing models. EMTs must undergo a competency assessment by the EMS agency medical director before being eligible to serve as the EMT partner for a paramedic or MICN.

Includes physicians, APNs, and PAs as permitted crewmembers on MICUs. These providers must receive orientation and training and meet competency requirements set by the EMS agency medical director in the same manner as a current MICN must verify competency before being allowed on an MICU.

Allows flexibility in the settings where paramedics can work under the hospital's MICU license and the direction of the EMS agency medical director. New settings include: Other hospital departments, hospital-controlled settings (e.g., mobile vaccine sites), mobile integrated health (MIH), hospital at home, and other specialty settings. This aligns NJ with the national standard for MIH.

Extends the good-faith immunity clause to non-volunteer EMS agencies. Currently, volunteer EMS providers are covered by good-faith immunity, while non-volunteer EMS agencies are held to a negligence standard. All EMS providers and agencies in NJ should be held to the same standard, which in this case is the good-faith immunity standard.