

**HEALTH**

**PUBLIC HEALTH SERVICES BRANCH**

**DIVISION OF DISASTER PREPAREDNESS, RESILIENCY, AND EMERGENCY**

**MEDICAL SERVICES**

**OFFICE OF EMERGENCY MEDICAL SERVICES**

**Mobile Integrated Health**

**Special Adoption and Concurrently Proposed Readoption of New Rules**

**N.J.A.C. 8:49**

Authorized By: Jeffrey A. Brown, Acting Commissioner, Department of Health.

Authority: N.J.S.A. 26:2K-7 et seq., specifically 26:2K-9.1, 10, and 17.

Calendar Reference: See Summary below for explanation of exception to calendar requirement.

Proposal Number: PRN 2025-

Submit written comments by , 2025, electronically to

<http://www.nj.gov/health/legal/ecomments.shtml> or by regular mail postmarked by

, 2025 to:

Kimberly E Jenkins, Director

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New Jersey Department of Health

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The official versions of any Departmental rulemaking activity (notices of proposal or adoption) are published in the New Jersey Register and/or the New Jersey Administrative Code. Should there be any discrepancies between this document and the official version of the proposal or adoption, the official version will govern. This version is subject to change prior to publication in the New Jersey Register.

The agency proposal follows:

### **Summary**

On October 21, 2022, Governor Murphy approved P.L. 2022, c. 118, “An Act concerning emergency medical services and mobile integrated health (MIH), and amending and supplementing P.L. 1984, c.146, Title 26 of the Revised Statutes” (Act) (effective October 21, 2022), which amended the law commonly known as the Emergency Medical Services Act (EMS Act), and was codified in part at N.J.S.A. 26:2K-1 through 74.

N.J.S.A. 26:2K-9.1, at subsection a, directs the Department of Health (Department) to establish a mobile integrated health program; at subsection b, directs the Department to establish criteria by which an entity may receive Department authorization to participate in the MIH program, and criteria by which an entity may lose that authorization; and, at subsection c, directs the Commissioner of Health (“Commissioner”) to adopt rules to implement the Act, which would be effective immediately upon filing with the Office of Administrative Law and remain effective for 18 months thereafter. N.J.S.A. 26:2K-17 likewise directs the Commissioner to promulgate rules implementing the Act in the ordinary course.

Pursuant to this authority, the Department hereby specially adopts new N.J.A.C. 8:49, Mobile Integrated Health, to establish standards implementing the portions of the Act that are described above, and to provide enforcement penalties and remedies. The Department concurrently proposes to readopt the specially adopted new rules, which are described below.

Subchapter 1, General Provisions, establishes provisions of general applicability to the chapter. N.J.A.C. 8:49-1.1, Authority, purpose, and scope, establishes the authority, purpose, and scope of the chapter, and indicates that certain programs under exclusive Federal jurisdiction are excluded from the scope of the chapter. N.J.A.C. 8:49-1.2, Definitions, establishes definitions of words and terms that the chapter uses. N.J.A.C. 8:49-1.3, Waiver, establishes standards by which the Department may waive parts of the chapter and the procedure to request a waiver.

Subchapter 2, Licensure and Inspection, establishes the procedure to obtain a license to implement an MIH program and the manner in which the Department inspects and investigates an MIH program, and its equipment and facilities. N.J.A.C. 8:49-2.1, Application for initial, or renewal of, licensure, establishes standards and procedures to apply for initial, or renewal of, MIH program licensure. N.J.A.C. 8:49-2.2, Track record review, describes the evaluation of an MIH program license applicant that the Department will undertake. N.J.A.C. 8:49-2.3, Procedure for license issuance; expiration; change application; nontransferability, describes the process by which the Department will issue an MIH program license, the period of license validity, the procedure by which an applicant for MIH program licensure or an MIH program licensee can apply for authorization to change the MIH program services it will provide, and the nontransferability of an MIH program license. N.J.A.C. 8:49-2.4, MIH license fees, establishes the fees to apply for initial or renewal of an MIH program license and late fees assessed for untimely applications for renewal of an MIH program license. N.J.A.C. 8:49-2.5, Department inquiry, inspection, or investigation; duty to cooperate; misconduct, establishes procedures for Department inquiry, inspection, or investigation

of an MIH program license applicant or licensee; identifies the duty of the MIH program license applicant or licensee to cooperate with the Department and provide the Department full access to its personnel, premises, records, and things; and establishes noncompliance as a basis for a Department finding of misconduct that is subject to applicable enforcement remedies in accordance with Subchapter 6. N.J.A.C. 8:49-2.6, MIH program cessation of operations, establishes procedures by which an MIH program is to discontinue operations.

Subchapter 3, MIH Program Administration and Operation, establishes standards for MIH program administration and day-to-day operations. N.J.A.C. 8:49-3.1, Standard operating procedures manual, requires an MIH program to establish, implement, and update at least annually and more frequently as needed, a manual of standard procedures for general operations. N.J.A.C. 8:49-3.2, Personnel identification; personnel files, requires an MIH program to issue an identification card to MIH program personnel, and establishes standards by which an MIH program is to maintain MIH program personnel records. N.J.A.C. 8:49-3.3, Biomedical equipment testing and maintenance, establishes requirements and procedures for using, maintaining, and testing biomedical equipment. N.J.A.C. 8:49-3.4, Quality assurance and improvement, establishes MIH program continuous quality assurance and quality improvement activity standards, which are comparable to Department rules addressing quality assurance and improvement in other programs. See, for example, N.J.A.C. 8:41-3.15, establishing standards applicable to advanced life support services. N.J.A.C. 8:49-3.5, Reportable events, establishes the procedure by which an MIH program is to report certain events to the Department and the applicable deadlines by which it is to report these events.

N.J.A.C. 8:49-3.6, Patient records, establishes standards for MIH program patient medical records, record retention, and patient access to records.

Subchapter 4, Personnel Standards, establishes standards for required MIH program personnel. N.J.A.C. 8:49-4.1, MIH medical director, establishes MIH medical director qualifications and duties. N.J.A.C. 8:49-4.2, MIH clinical coordinator, establishes MIH clinical coordinator qualifications and duties. N.J.A.C. 8:49-4.3, MIH medical oversight physician, establishes MIH medical oversight physician qualifications and duties. N.J.A.C. 8:49-4.4, Personnel minimum requirements, identifies the credentials that a member of MIH program personnel must possess. N.J.A.C. 8:49-4.5, Personnel competency, identifies competency requirements of MIH program personnel. N.J.A.C. 8:49-4.6, MIH program personnel responsibilities, establishes MIH program personnel obligations and responsibilities. N.J.A.C. 8:49-4.7, Resource allocation; emergency department avoidance services staffing requirements, prohibits MIH program services implementation in a manner that impairs or compromises the provision of associated MICU services, and identifies the minimum credentials of MIH program personnel who are to attend an emergency department avoidance MIH program encounter. N.J.A.C. 8:49-4.8, Procedure for identification of MIH program personnel within NJ EMS Provider Credentialing Platform, establishes the procedure, described below, by which an MIH program is to identify a person within NJ EMS Provider Credentialing Platform as being a member of an MIH program's personnel.

N.J.A.C. 8:49-4.8 establishes the following procedure. A proposed member of an MIH program's staff, to whom an MIH program has administered the MIH program-specific education and training, is to submit a request for identification through the NJ

EMS Provider Credentialing Platform, which, upon submission, will assign the request to the MIH program. If the MIH program agrees to the identification of the person as a member of the MIH program's personnel, the MIH program thereupon is to approve the request for the identification of the person as a member of the MIH program's personnel through the NJ EMS Provider Credentialing Platform. In submitting the approval, the MIH program confirms that the MIH program has administered the applicable MIH program-specific education and training to the person. N.J.A.C. 8:49-4.8 also identifies the nontransferability of an MIH program's identification of a person as a member of its personnel to another MIH program and requires an MIH program to enter the date of a personnel member's separation from the MIH program's service.

Subchapter 5, Patient Transportation, establishes standards for MIH program patient transportation. N.J.A.C. 8:49-5.1, Communications, establishes communication standards to which an MIH program must adhere. N.J.A.C. 8:49-5.2, Patient transportation policies and procedures; vehicle standard, establishes required MIH program policies and procedures and specifies the vehicles that an MIH program is authorized to use for transporting an MIH program patient. N.J.A.C. 8:49-5.3, Emergency events, establishes minimum standards to which an MIH program is to adhere in responding to an emergency occurring during the provision of MIH program services.

Subchapter 6, Enforcement Actions and Hearings, establishes Department procedures for enforcement of the Act and N.J.A.C. 8:49. N.J.A.C. 8:49-6.1, Enforcement actions, identifies the types of enforcement actions that the Department may initiate against a noncompliant entity. N.J.A.C. 8:49-6.2, Hearings, establishes

procedures by which an MIH program can challenge an enforcement action. N.J.A.C. 8:49-6.3, Action against an unlicensed entity, describes the enforcement procedures that the Department may take against an entity providing MIH program services without an MIH program license, or after the Department revokes, suspends, or refuses to renew an MIH program license.

Appendix A is the MIH program license application. Appendix B is the form to be used for reporting reportable events pursuant to N.J.A.C. 8:49-3.5.

### **Social Impact**

The Department anticipates that the specially adopted new rules, concurrently proposed for readoption, will have a positive social impact on residents in areas in which an MIC agency elects to operate an MIH program. MIH programs will address barriers to care, such as geographical, transportation, and systemic impediments, by allowing needs-based services and opportunities for on-demand care in mobile environments. Access to on-demand mobile care reduces burdens on patients, their families, and the transportation system by reducing the need for transportation and eliminating geographical limitations.

The specially adopted new rules, concurrently proposed for readoption, will enable an MIH program to provide services that uniquely address identified gaps in care for the patient population in its respective service area. The ability to provide care tailored to a patient population is expected to result in better management of chronic conditions, patient adherence to post-hospital discharge care instructions, and improved response to patient health-related social needs, thereby reducing avoidable emergency department visits and hospital admissions and readmissions. MIH programs will foster

stronger community confidence in regional healthcare systems and promote equitable access to healthcare by directly addressing social determinants of health, leading to improved overall health of the population.

The anticipated reduction in avoidable emergency department visits and hospital admissions and readmissions will reduce emergency department wait times and hospital bed wait times for patients admitted from the emergency department. MIH programs also have the positive social impact of reducing social isolation by providing vulnerable patients access to mobile resources and services.

Without MIH programs, the Department anticipates that the number of unnecessary emergency department visits, hospital admissions and readmissions, ineffectively managed chronic health conditions, and impediments to patients' access to care, would continue to increase, thereby imposing avoidable burdens on patients, families, and State healthcare resources and personnel. The specially adopted new rules, concurrently proposed for readoption, enable mobile intensive care agencies to provide customized and accessible MIH program services that address unique patient needs within an MIH program's service area.

### **Economic Impact**

The Department expects that the specially adopted new rules, concurrently proposed for readoption, will have a positive economic impact on State healthcare resources, hospitals that elect to establish MIH programs, and the communities they serve.

MIH programs provide medical services that uniquely address patient needs in each community, such as mental and behavioral health services, medication

assistance, or post-hospital discharge follow-up care. While these services could be administered by medical personnel outside of an emergency department, often such patients need to call for an ambulance or travel to an emergency department to receive treatment. Some are readmitted to the hospital after recently being discharged. By providing care through an MIH program, hospitals will reduce the number of patients using ambulance services, emergency medical department visits, and hospital admissions or readmissions and, in turn, reduce the costs associated with this care. Further, by reducing the number of patients present in an emergency department or admitted to a hospital, hospitals will be able to provide more efficient emergency department and hospital in-patient care. Hospitals that implement MIH programs can allocate their resources more efficiently following their review of cost savings that derive from MIH program implementation, such as the expected reduction in emergency department and hospital visits.

MIH program implementation is likely to reduce the number of hospital readmissions, which will enable hospitals to avoid Medicare reimbursement penalties in accordance with the Hospital Readmissions Reduction Program pursuant to Section 1886(q) of the Social Security Act. In addition, MIH program patients will realize an economic benefit by having medical services available closer to their homes and in their communities, thus enabling them to avoid transportation, fuel, and related expenses, as well as costs associated with storage, maintenance, or administration of special medication or equipment.

Communities that MIH programs serve will realize reductions in costs related to emergency medical services as greater access to medical care becomes available.

The availability of MIH program services will enable patients and communities to avoid the negative economic effects of adverse health and wellness outcomes by enhancing patients' access to measures for prevention, early detection, and rapid intervention, with respect to serious medical conditions, such as absenteeism from work or school.

An MIC agency that elects to implement an MIH program will incur costs and fees associated with startup activities, license issuance and renewal, recordkeeping and reporting, administration and overhead, personnel and professional retention, and equipment supply and maintenance. An MIH program would be required to retain the services of a physician to serve as medical director, and other clinical and technical staff with varying health professional credentials, depending on the types of services the MIH program elects to provide.

Hospitals are subject to existing recordkeeping, reporting, and other compliance requirements comparable to those that N.J.A.C. 8:49 establishes. Therefore, it is likely that a hospital that elects to establish an MIH program will comply with the recordkeeping, reporting, and other compliance requirements in N.J.A.C. 8:49 using existing personnel and administrative resources and to subsume these compliance requirements and overhead costs using existing staff.

An MIH program that is noncompliant with the Act and/or N.J.A.C. 8:49 would be subject to Department enforcement action and incur civil monetary penalties and legal fees associated with defending against an enforcement action.

The Office of Legislative Services (OLS) issued a fiscal estimate of Assembly Bill 4107, which, upon enactment, established the Department's responsibility to

promulgate rules implementing the licensure of MIH programs, in which the OLS noted that the enactment would result in the Department incurring “indeterminate annual expenses … due to the [D]epartment’s regulatory responsibilities in establishing a mobile integrated health program.” A4107(3R), Fiscal Estimate, 220th Legislature (October 3, 2022). The Department concurs with this assessment, having no knowledge as to the number of entities that might apply for licensure, the services they might apply to provide, or the total revenues the Department might realize from fees and penalties upon the Department’s promulgation and implementation of the proposed new rules. Pursuant to N.J.A.C. 8:49-2.1(a), there are 18 entities in the State that are presently eligible to apply for MIH program licensure.

The Department would incur ongoing operational and administrative costs associated with establishment of the MIH licensing program; filling and retaining three new staff positions; ongoing maintenance of infrastructure such as information technology; performing reviews of applications for initial and annual renewal of licensure; and overseeing MIH program compliance through the conduct of inspections and complaint investigations and the pursuit of enforcement actions. The Department estimates that it will incur MIH program salary costs of \$350,000 to \$400,000 annually at current Civil Service Commission rates. Thus, even if every eligible entity were to apply for MIH program licensure, salary costs alone, if passed on to licensees through licensure fees, would range from at least \$19,000 to \$22,000 per licensee.

Therefore, the proposed fee of \$10,000 for initial, and \$5,000 annual renewal of, licensure is an interim figure until the Department has greater certainty as to its annual expenses and revenues. Upon having greater experience over time as to the operation

of the MIH program, the Department would then be able to adjust the fee *pro-rata* among regulated entities in future rulemaking. While the specially adopted and concurrently proposed fees at N.J.A.C. 8:49-2.4 will probably be insufficient to cover the Department's costs, imposing the Department's actual initial startup and ongoing operational costs on entities that apply for MIH program licensure might be cost-prohibitive to some members of the regulated community and thus deter desired MIH program activity in the State.

### **Federal Standards Statement**

There are no Federal standards applicable to the specially adopted new rules, concurrently proposed for readoption. The Department does not promulgate the rules at N.J.A.C. 8:49 under the authority of, or to implement, comply with, or participate in a program established under, Federal law, or a State law that incorporates or refers to a Federal law, standard, or requirement. The Department specially adopts and concurrently proposes the new rules under the authority of N.J.S.A. 26:2K-7 through -20, specifically 26:2K-9.1 and -17. Therefore, a Federal standards analysis is not required.

### **Jobs Impact**

The Department does not anticipate that the specially adopted new rules, concurrently proposed for readoption, will result in a loss of jobs in the State. The establishment of MIH programs in the State may increase demand for health care

professionals to provide MIH program services; however, MIC agencies may elect to operate MIH programs using existing staff.

### **Agriculture Industry Impact**

The specially adopted new rules, concurrently proposed for readoption, at N.J.A.C. 8:49 will have no impact on the agriculture industry of the State of New Jersey.

### **Regulatory Flexibility Statement**

The specially adopted new rules, concurrently proposed for readoption, at N.J.A.C. 8:49, impose licensing, operating, staffing, reporting, recordkeeping, and compliance requirements that would apply only to a hospital that operates an MIC agency and elects to establish an MIH program. No hospital employs fewer than 100 people full-time, and thus hospitals are not small businesses within the meaning of the Regulatory Flexibility Act, N.J.S.A. 52:14B-16, et seq. Therefore, the specially adopted new rules, concurrently proposed for readoption at N.J.A.C. 8:49, do not apply to “small businesses,” and a regulatory flexibility analysis is not required.

### **Housing Affordability Impact Analysis**

The specially adopted new rules, concurrently proposed for readoption, at N.J.A.C. 8:49, have no impact on affordable housing in New Jersey and will not evoke a change in the average costs associated with housing because the rules address the licensure, oversight, and operations of MIH programs and do not affect housing costs.

## **Smart Growth Development Impact Analysis**

The specially adopted new rules, concurrently proposed for readoption, at N.J.A.C. 8:49, have no impact on the achievement of smart growth and will not evoke a change in housing production in Planning Areas 1 or 2 or within designated centers under the State Development and Redevelopment Plan in New Jersey because the rules address the licensure, oversight, and operations of MIH programs and do not affect housing development.

## **Racial and Ethnic Community Criminal Justice and Public Safety Impact**

The Department has evaluated this rulemaking and determined that it will not have an impact on pretrial detention, sentencing, probation, or parole policies concerning adults and juveniles in the State. Accordingly, no further analysis is required.

**Full text** of the specially adopted new rules, concurrently proposed for readoption, follows:

NEW JERSEY ADMINISTRATIVE CODE

TITLE 8

DEPARTMENT OF HEALTH

CHAPTER 49

MOBILE INTEGRATED HEALTH

## SUBCHAPTER 1. GENERAL PROVISIONS

### 8:49-1.1 Authority, purpose, and scope

(a) The purpose of this chapter is to implement P.L. 2022, c. 118 (approved October 21, 2022), which requires the Commissioner of Health to establish a mobile integrated health (MIH) program and to establish standards:

1. By which an entity may obtain licensure as, and is to operate, an MIH program pursuant to N.J.S.A. 26:2K-7 through -20, specifically 26:2K-9.1;
2. Identifying the minimum qualifications and functions of MIH program personnel; and
3. For the Department's implementation and enforcement of the Act and this chapter.

(b) This chapter shall not apply to services operated directly by an agency of the government of the United States of America.

1. An entity providing MIH program services operating pursuant to a contract with the United States of America is not exempt from licensure unless the provider provides services within the State in an area of exclusive Federal jurisdiction.

### 8:49-1.2 Definitions

The following words and terms, as used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise:

“Advanced life support” means “advanced life support” as N.J.S.A. 26:2K-7 et seq., defines that term.

“Advanced practice nurse” means “advanced practice nurse” as N.J.S.A. 45:11-23 et seq., specifically at 45:11-23, 45:11-47, and 45:11-48, defines that term.

“Agency Licensing Management System” or “ALMS” means an electronic system that is accessible at <https://www.nj.gov/health/ems>, by which the Department administers the licensing of an MIH program, and to which the Department grants access to an entity to apply electronically for initial, and renewal of, licensure as an MIH program.

“Certificate of need” or “CN” means “certificate of need” as N.J.S.A. 26:2H-1 et seq., defines and describes that term.

“Commissioner” means the Commissioner of the New Jersey Department of Health.

“Controlled dangerous substance” or “controlled substance” means a drug that is subject to the Comprehensive Drug Abuse Prevention and Control Act of 1970 (Title 11, Public Law 91-513, 21 U.S.C. §§ 801 et seq.), the New Jersey Controlled Dangerous Substances Act, N.J.S.A. 24:21-1 et seq., and the Controlled Dangerous Substances rules, N.J.A.C. 13:45H.

“Credential” means a professional license or certification to provide health services that an entity with jurisdiction pursuant to Title 26 or 45 of the Revised Statutes of New Jersey issues or recognizes as equivalent thereto.

“Department” means the New Jersey Department of Health.

“Didactic” means the textbook and/or lecture portion of a program curriculum or a refresher curriculum.

“Emergency medical technician” or “EMT” means “emergency medical technician” as N.J.S.A. 26:2K-7 et seq., specifically at 26:2K-39, defines that term.

“EMS ID number” means the number that the Department issues to a person upon the person’s creation of an account through the NJ EMS Provider Credentialing Platform that is accessible at <https://www.nj.gov/health/ems>.

“Encounter” means the rendering of MIH program services to a patient in person, by telephone, or by means of electronic or digital communication technology.

“Encounter note” means the written documentation of an encounter that a member of an MIH program’s personnel makes in a patient’s medical record at the time the member provides MIH program services to the patient, which specifies, at minimum:

1. The patient’s unique identifier;
2. The date, time, and location of the encounter;
3. The name, signature, and, if applicable, EMS ID number of each MIH technician or MIH clinician who attends the patient;
4. The reason for the encounter and/or referral diagnosis;
5. The history of present illness;
6. The physical examination findings;
7. The assessment and plan;
8. A description of treatment and other services provided, including any specific procedures performed, any medications administered, and the patient’s response thereto; and
9. The disposition of the encounter.

“Health care facility” means “health care facility” as the Health Care Facilities Planning Act, N.J.S.A. 26:2H-1 et seq., specifically at 26:2H-2, defines and describes that term.

“Hospital” means “hospital” as the Health Care Facilities Planning Act, N.J.S.A. 26:2H-1 et seq., specifically at 26:2H-2, defines and describes that term.

“Medical record” means any information and/or report that describes a person’s physical condition and/or medical history, the treatment rendered, and the patient’s response to the treatment.

“MIH support staff” means a person who provides non-clinical MIH program services and whom an MIH program identifies as a member of its MIH program personnel pursuant to N.J.A.C. 8:49-4.8.

“MIH clinical coordinator” means a person who coordinates clinical activities for an MIH program in accordance with N.J.A.C. 8:49-4.2.

“MIH clinician” means a paramedic, a registered nurse, an advanced practice nurse, a physician assistant, a physician, or another person holding a health professional license pursuant to Title 45 of the Revised Statutes of New Jersey, whom an MIH program identifies as a member of its MIH program personnel pursuant to N.J.A.C. 8:49-4.8.

“MIH medical director” means a physician who oversees the clinical personnel and clinical operations of an MIH program in accordance with N.J.A.C. 8:49-4.1.

“MIH technician” means an emergency medical technician, a certified nurse aide, or a person who holds a credential in an allied health profession, whom an MIH program identifies as a member of its MIH program personnel pursuant to N.J.A.C. 8:49-4.8.

“Mobile integrated health” or “MIH” means “mobile integrated health” as N.J.S.A. 26:2K-7 et seq., defines that term.

“Mobile intensive care agency” or “MIC agency” means a hospital that the Department licenses to provide advanced life support pre-hospital care using one or more mobile intensive care units.

“Mobile intensive care unit” or “MICU” means “mobile intensive care unit” as N.J.S.A. 26:2K-7 et seq., defines that term.

“New Jersey Emergency Medical Services Provider Credentialing Platform” or “NJ EMS Provider Credentialing Platform” means an electronic system in which the OEMS maintains records of MIH programs’ identified personnel members.

“Office of Emergency Medical Services” or “OEMS” means the Office of Emergency Medical Services within the New Jersey Department of Health, for which the contact information is OEMS, NJ Department of Health, PO Box 360, Trenton, New Jersey, 08625-0360, telephone (609) 633-7777, website <https://www.nj.gov/health/ems>, electronic mail address: [ems@doh.nj.gov](mailto:ems@doh.nj.gov).

“Paramedic” means a “mobile intensive care paramedic” as N.J.S.A. 26:2K-7 et seq., defines that term.

“Patient” means any person who is referred for MIH program services and/or receives services pursuant to this chapter.

“Photo identification” means a valid identification card that a State or Territory, or the Federal government of the United States of America, issues that contains a person’s full legal name and photograph.

“Physician” means “physician and surgeon” or “physician or surgeon” as N.J.S.A. 45:9-1 et seq., specifically at 45:9-5.1, defines those terms.

“Physician assistant” or “PA” means “physician assistant” as the Physician Assistant Licensing Act, N.J.S.A. 45:9-27.10, specifically at 45:9-27.11, defines that term.

“Pre-hospital care” means “pre-hospital care” as N.J.S.A. 26:2K-7 et seq., specifically at 26:2K-39, defines that term.

“Quality assurance” or “QA” means continuous evaluation activities aimed at ensuring compliance with minimum quality standards, the primary aim of which is to demonstrate that a service or product fulfills or meets a set of requirements or criteria, by focusing on outcomes.

“Quality improvement” or “QI” means continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes that achieve equity and improve the health of the community.

“Receiving health care facility” means a health care facility to which the care of a patient is transferred following evaluation, treatment, and/or transportation.

“Regional dispatch center” means a facility that provides coordinated dispatching of emergency services for a given area.

“Registered nurse” or “RN” means “registered professional nurse” as N.J.S.A. 45:11-23 et seq., defines and describes that term.

“Reportable event” means:

1. The injury to, or death of, a patient, passenger, or member of MIH program personnel attendant to an MIH program encounter;
2. Damage to, or theft of, a medical or patient record;
3. The involvement of a member of MIH program personnel in:
  - i. Theft;
  - ii. Professional or sexual misconduct; or
  - iii. Falsification, alteration, or destruction of MIH program documents, records, or files.
4. An act by a member of MIH program personnel that exceeds the person's credentialed or applicable scope of practice;
5. An incident or series of incidents that, upon objective evaluation, lead to a good faith belief that the conduct of a member of MIH program personnel violates or potentially violates applicable law, including, but not limited to, an instance of abuse or neglect, domestic violence, or the use of physical behavioral restraints;
6. The loss of any controlled dangerous substance, provided:
  - i. The reporting of an event as described in paragraph 6, above, does not obviate any reporting or other responsibility established pursuant to the New Jersey Controlled Dangerous Substances Act, N.J.S.A. 24:21-1 et seq., and N.J.A.C. 13:45H, Controlled Dangerous Substances;
7. A medication error and any corrective action taken in response thereto; and

8. An accident that is reportable to police, pursuant to N.J.S.A. 39:4-129 et seq., in which one or more vehicles is involved, regardless of whether the accident is reported to police pursuant to N.J.S.A. 39:4-129 et seq.

“Revoke” means the permanent voiding, withdrawal, and/or cancellation of a license.

“Track record review” means the process that the Department uses to evaluate an applicant’s health care provision, and licensure and, as applicable, accreditation compliance history, as a prerequisite to MIH program licensure, pursuant to N.J.A.C. 8:49-2.2.

“Vehicle” means an automobile that is owned, leased, or registered to an MIH program, an MIC agency, or a hospital that MIH program personnel use to provide MIH program services.

#### 8:49-1.3 Waiver

(a) The Department may grant, deny, or rescind a waiver of any part of this chapter if the Department determines that the requested waiver would not:

1. Endanger public health, safety, or welfare; or
2. Adversely affect the provision of MIH program services.

(b) An entity seeking a waiver shall apply in writing to the OEMS.

(c) An application for a waiver shall include:

1. The nature of the waiver requested;
2. Citation to the specific rules of which the entity seeks waiver;

3. The entity's reasons for requesting a waiver, including a statement of the type and degree of hardship that would occur if the Department were to decline to grant the requested waiver; and

4. The entity's suggested alternative to compliance with the rule that would ensure public health and safety, with supporting documentation.

(d) The Department reserves the right to:

1. Request additional information before processing an application for a waiver; and

2. Establish conditions upon its granting of a waiver to ensure the public health and safety.

i. The Department shall deem an applicant's non-compliance with such conditions to be a forfeiture of the waiver.

## SUBCHAPTER 2. LICENSURE AND INSPECTION

### 8:49-2.1 Application for initial, or renewal of, licensure

(a) A hospital that the Department licenses to operate as a mobile intensive care agency is eligible to apply for licensure to operate an MIH program.

(b) To apply for initial, or renewal of, MIH program licensure, an applicant shall complete and electronically submit to the Department, through the ALMS, the information and materials requested in the Application for MIH Program License at Appendix A, incorporated herein by reference, and the applicable fee pursuant to N.J.A.C. 8:49-2.4.

(c) An applicant for initial, or renewal of, licensure as an MIH program shall provide the street and mailing address of the principal place of business of its MIC agency, which shall:

1. Be located on real property;
2. Not be a post office box or mail drop;
3. Not be a residence; and
4. Not be shared with an unlicensed entity.

(d) An applicant for initial, or renewal of, licensure as an MIH program shall designate an MIH medical director and an MIH clinical coordinator prior to submission of the application, and shall submit documentation of each professional's license in accordance with N.J.A.C. 8:49-4.1 and 4.2 with the application, and board certification of the MIH medical director;

1. An applicant that intends to meet the board certification requirement by the designation of an MIH medical oversight physician pursuant to N.J.A.C. 8:49-4.1(a)2i shall submit documentation of the MIH medical oversight physician's license and board certification with the application.

(e) An applicant for initial or renewal of licensure to operate an MIH program shall submit the training and education program that the applicant will require a member of the MIH program's personnel to successfully complete, for each type of service the MIH program intends to offer, as a condition of its identification of the person as a member of the MIH program's staff pursuant to N.J.A.C. 8:49-4.8, including:

1. Curriculum;
2. Education policies and procedures;

3. Didactic training;
4. Skill-based training;
5. Clinical and field experience;
6. Quizzes and/or examinations; and
7. Educator requirements.

(f) An applicant for initial, or renewal of, licensure as an MIH program shall submit with its application the MIH program communication plan required under N.J.A.C. 8:49-5.1.

(g) The Department shall review an application for initial or renewal of MIH program licensure, and:

1. Determine whether additional information is needed to complete the application;
2. Notify the applicant within the ALMS of any information needed to complete the application;
3. If additional information is needed to complete the application pursuant to subparagraph (g)2, above, notify the applicant by returning the application to the applicant in the ALMS, and direct the applicant to submit supplemental information within 90 days of the issuance of the return notice;
4. Perform a track record review in accordance with N.J.A.C. 8:49-2.2; and
5. Determine whether the information submitted in support of the application and upon track record review adequately demonstrates that the applicant's premises, equipment, personnel, finances, bylaws, procedures, and standards of care, are fit and adequate, that the applicant has the ability to provide MIH program services in a manner that protects patient health, safety, and wellness, and the Department is

assured and satisfied that the applicant's prior history of compliance indicates that the applicant will operate the MIH program in accordance with applicable laws and standards.

(h) Following the Department's issuance of a notice of approval of an application, issuance of an MIH program license is subject to the Department's performance of a pre-licensure on-site inspection of the MIH program premises, personnel, equipment, procedures, and finances.

1. An applicant whose application the Department approves shall have 90 days from the date it receives notice of approval of the application to request a pre-licensure on-site MIH program inspection.

(i) The Department shall consider an applicant to have abandoned its application, and shall so notify the applicant through the ALMS, if the applicant:

1. Fails to submit information within 90 days of the issuance of a return notice pursuant to paragraph (g)3 above; or

2. Fails to request a pre-licensure on-site MIH program inspection within 90 days of the issuance of a notice of approval pursuant to (h)1 above.

(j) An entity that has abandoned its application pursuant to subsection (i) above may submit a new application, subject to the submission of application fees pursuant to N.J.A.C. 8:49-2.4.

(k) An applicant shall not knowingly submit any document or statement to the Department that is falsified, fraudulent, or untrue.

1. The filing of a false, fraudulent, or untrue document or statement may be sufficient cause for refusal to issue or renew a license and/or revocation of any existing MIH program license.

(l) The Department shall notify an applicant through the ALMS and in writing whether it determines to approve an application for MIH licensure.

1. An applicant whose application the Department denies may request a hearing in accordance with N.J.A.C. 8:49-6.2.

(m) The Department will accept applications for renewal of MIH program licensure during the period beginning July 1, and ending September 30, of the year the license is to expire.

1. An MIH program that fails to apply for renewal by September 30 of the year its license is to expire shall incur late fees and/or may be subject to license expiration.

#### 8:49-2.2 Track record review

(a) The Department shall conduct a track record review of each applicant to determine whether the applicant has a demonstrated capacity to provide high-quality care and to operate an MIH program, limited to the 20 years preceding the date on which the applicant submits its application, in which the Department shall consider:

1. An applicant's previous licensing track record, both in New Jersey and in any other state in which the applicant currently or previously operated;

2. An evaluation of other health care facilities and/or services that the applicant owns, owned, operates, operated, manages, or managed; and

3. An evaluation of health care facilities and/or services owned, operated, or managed by an entity affiliated with the applicant and/or a subsidiary or parent of the applicant.

(b) The Department shall consider any adverse information it identifies during the track record review in determining whether to issue, renew, or revoke a license, and if an applicant fails to demonstrate the ability to comply with the standards required by this chapter, the Department shall deny the application.

1. In making this determination, the Department may take into consideration the following:

- i. Any action taken by Medicare, Medicaid, or insurance fraud (regardless of the amount of the monetary penalty, term of imprisonment, or other penalty imposed) against the applicant;
- ii. Suspension and/or revocation of a license to operate a health care facility or service in New Jersey or another state;
- iii. Licensure violations representing a serious risk of harm to patients; and
- iv. If an applicant participated in an accreditation process, the applicant's history of compliance with the standards of its accrediting body;

8:49-2.3 Procedure for license issuance; expiration; change application;

nontransferability

(a) Upon finding that an applicant meets the requirements for licensure at N.J.A.C. 8:49-2.1 and 2.2, the Department shall issue an MIH program license to the applicant.

1. An initial MIH program license shall expire on December 31 of the year following the passage of 24 months, from the date of issuance, and then every two years thereafter on December 31.

(b) An MIH program shall display its MIH license in the applicant's principal place of business.

(c) An applicant or MIH program shall notify the Department and seek Department approval through the ALMS prior to the initiation of any change in its operations that would affect the accuracy of the information submitted in support of its license application at Appendix A, in any respect;

1. An applicant or MIH program shall apply for a change authorization pursuant to subsection (c) above by submitting an Application for MIH Program License in the form at Appendix A, identifying the sections of Appendix A that the change would affect and, in support of the change request, providing the information those sections require;

2. An application for authorization to add a new service type or change an existing service type is subject to the service type application fee at N.J.A.C. 8:49-2.4(b)2; and

3. No fee applies to an application for authorization to make a change other than the addition of or change to a service type.

(d) An MIH program shall not display an MIH certificate of licensure that is expired, revoked, or invalidated by the Department.

(e) An MIH program license is not transferable.

#### 8:49-2.4 MIH license fees

(a) An MIH program shall submit applicable fees through the ALMS at the time of submission of an application for initial or renewal of licensure.

(b) An applicant for initial licensure shall submit the following nonrefundable fees:

1. \$10,000 for an application for initial MIH licensure; and
2. \$2,500 for an application for initial authorization of each MIH program service type;
3. \$5,000 for an application for renewal of an MIH license;
4. \$1,250 for an application for renewal of authorization of each service type;
5. \$1,000 for an application for renewal of an MIH license that is submitted within the month of October;
6. \$2,000 for an application for renewal of an MIH license that is submitted within the month of November; and
7. \$3,000 for an application for renewal of an MIH license that is submitted within the month of December.

(c) An MIH program that fails to apply for renewal of its certificate of licensure prior to the expiration thereof is ineligible to apply for renewal.

1. The holder of an expired certificate of MIH program licensure may apply for licensure as an applicant for initial licensure and is subject to the fees and substantive review applicable to an applicant for initial MIH program licensure.
2. An MIH program that operates with an expired certificate of MIH program licensure shall be subject to monetary penalties for operating as an unlicensed MIH program, as set forth at N.J.A.C. 8:49-6.

8:49-2.5 Department inquiry, inspection, or investigation; duty to cooperate; misconduct

(a) The Department may inspect an MIH program to evaluate the fitness and adequacy of the premises, equipment, personnel, policies, procedures, and finances, to review the MIH program's compliance with applicable law.

1. A Department representative shall carry and make available a Department-issued identification at all times during an inquiry, inspection, or investigation.

(b) In performing an inquiry, inspection, or investigation as described in (a), above, the Department may evaluate all aspects of patient care and operations of an MIH program, including the inspection of:

1. Patient care records;
2. Patient care, provided the patient consents;
3. All areas of the physical premises under the control or ownership of the MIH program or applicant;

4. Vehicle and personnel records maintained or kept by the MIH program;
5. Education and training programs that the MIH program uses; and/or
6. If applicable, video and audio recording related to a patient encounter and/or care.

(c) In performing an inquiry, inspection, or investigation as described in (a), above, the Department may:

1. Interview a patient, a patient's family, or other individuals with knowledge of the patient or care that the MIH program renders to the patient;

2. Observe a member of MIH program personnel during the provision of MIH-related care, and operations; and/or

3. Join an MIH clinician or MIH technician to observe the impact of the MIH program on the community or population it serves.

(d) The Department may evaluate the quality of patient care that an MIH program renders by analyzing statistical data that an MIH program collects and reports to the Department and/or another entity.

(e) An MIH program and members of MIH program personnel shall cooperate with any inquiry, inspection, or investigation that the Department conducts.

1. The Department shall deem the failure to cooperate with the Department, during the Department's performance of an inquiry, inspection, or investigation pursuant to this section, as misconduct, and may:

i. Impose enforcement actions upon the MIH program and/or a member of MIH program personnel in accordance with N.J.A.C. 8:49-6 and other applicable laws that the Department has jurisdiction to implement; and

ii. Report the misconduct to the noncompliant entity's applicable credentialing or accrediting body with jurisdiction.

(f) The Department shall notify an MIH program electronically of the results of any inquiry, inspection, or investigation, including any deficiencies found.

1. The Department will proceed in accordance with N.J.A.C. 8:49-6 upon identifying any deficiencies.

(g) The following is a nonexclusive list of conduct of an MIH program and/or member of MIH program personnel, during the Department's performance of an inquiry, inspection,

or investigation pursuant to this section, which the Department may deem to be a failure to cooperate, and therefore misconduct or grounds for enforcement action pursuant to subsection (e) above and N.J.A.C. 8:49-6:

1. Failure to provide records, information, statements, or reports within the time the Department specifies in a request, in response to a Department request and or to provide access to electronic records the MIH program maintains;
2. Failure to attend a proceeding that the Department schedules upon written notice to the MIH program or member of MIH program personnel, in which the Department directs the MIH program or member of MIH program personnel to attend;
3. Failure to provide access to any premises; and
4. Failure to permit examination of, or access to, any equipment, property, records, books, or other documents.

#### 8:49-2.6 MIH program cessation of operations

An MIH program that elects to discontinue operations shall notify the Department in the ALMS at least 14 days prior to its cessation of operations.

### SUBCHAPTER 3. MIH PROGRAM ADMINISTRATION AND OPERATION

#### 8:49-3.1 Standard operating procedures manual

(a) An MIH program shall establish and implement a written standard operating procedures (SOP) manual that specifies the methods by which the MIH program will conduct daily operations.

(b) An MIH program shall ensure that its SOP manual:

1. Is consistent with the provisions of this chapter;
2. Is readily accessible to all members of MIH program personnel; and
3. Is available for Department inspection upon request.

(c) An MIH program shall review and revise as necessary its SOP manual, at least annually and more frequently as needed.

(d) An MIH program shall retain on file at least one copy of each edition of its SOP manual for at least seven years from the last review of the edition pursuant to subsection (c) above.

#### 8:49-3.2 Personnel identification; personnel files

(a) An MIH program shall issue an identification card to each person who provides clinical and nonclinical services for an MIH program that contains, as applicable, the person's:

1. Photograph;
2. Name;
3. Type of credential or, if non-clinical staff, MIH program role; and
4. Identification of the person as either an MIH clinician, MIH support staff, or MIH technician.

(b) An MIH program shall maintain electronically a personnel file for each person identified in subsection (a), above, that contains, at a minimum, the following, as applicable:

1. The person's name, current home address, telephone number, and electronic mail address;

2. A copy of the person's New Jersey Motor Vehicle Commission-issued driver license or non-driver identification card, or an equivalent photo identification card issued by another State or Territory of the United States of America (hereinafter collectively referred to as an MVC identification card);

3. A copy of the identification card that the MIH program issues to the person pursuant to subsection (a) above;

4. If applicable, a copy of the certificate of each credential that the person holds relevant to the MIH program service the person is to perform;

5. A record of the person's successful completion of the MIH program-specific education and training to obtain the MIH program's identification of the person as a member of the MIH program's personnel pursuant to N.J.A.C. 8:49-4.8;

6. A record of the MIH program's competency verification of the person pursuant to N.J.A.C. 8:49-4.5, as applicable; and

7. The date of the person's commencement of service with the MIH program and, as applicable, the date of the person's separation from service with the MIH program.

(c) An MIH program shall:

1. Maintain an up-to-date MIH program personnel roster that contains the name, license or certification, if applicable, start date for each approved type of service, end date for each type of service previously approved for, and EMS ID number of each member of the MIH program's personnel;

2. Continually update the roster to reflect any change in the information required pursuant to N.J.A.C. 8:49-3.2(b) as necessary to ensure the accuracy of the roster; and

3. Make the roster available to the Department upon request.

8:49-3.3 Biomedical equipment testing and maintenance

(a) An MIH program shall:

1. Establish policies and procedures by which it shall conduct testing and maintenance of biomedical equipment on a regular schedule in accordance with the manufacturer's recommendations or in compliance with applicable Federal standards, whichever is more frequent;
2. Use biomedical equipment and devices in accordance with applicable manufacturer's recommendations and/or in compliance with applicable Federal standards;
3. Maintain the results of biomedical equipment tests and maintenance on file at the MIH program's principal place of business and make them available for inspection to the Department upon request; and
  - i. The results of biomedical equipment tests and maintenance shall be maintained until the biomedical equipment has been tested or has received maintenance at the next regularly scheduled interval as defined by N.J.A.C. 8:49-3.3(a)(1).
4. Refrain from using equipment that requires biomedical testing for direct patient care until the MIH program has completed required biomedical testing and maintenance.

#### 8:49-3.4 Quality assurance and improvement

(a) An MIH program shall establish and implement a written QA and QI plan and program by which the MIH program will:

1. Identify indicators of quality care specific to each MIH program service; and
2. Monitor the quality of patient care, transportation, and outcomes.

(b) An MIH program's MIH clinical coordinator, MIH medical director, and, if applicable, MIH medical oversight physician shall review and update, at least annually and more frequently as needed, the MIH program's QA and QI plan and program.

(c) An MIH program shall review and disseminate internally the result of the MIH program's continuous QA and QI activities.

(d) An MIH program shall perform a QA review of a random sampling of at least 25 percent of encounters occurring during each 60-calendar day period.

(e) The MIH medical director or, if applicable, MIH oversight physician shall perform a QA review of a random sampling of at least 10 percent of encounters occurring during each 60-calendar day period.

(f) An MIH program shall maintain records of its QA and QI plan and program and the QA and QI reviews it performs pursuant to subsection (e) and (d) above for at least seven years and make them available for inspection to the Department upon request.

#### 8:49-3.5 Reportable events

(a) An MIH program shall make an initial report of a reportable event to the OEMS by telephone during regular business hours, or to the New Jersey After Hours Line, as

soon as possible, but no later than by the close of business on the next day following the date of the incident.

(b) In addition to providing telephone notice of a reportable event pursuant to subsection (a) above, an MIH program shall electronically report the event through the ALMS by submitting a written reportable event containing the information requested in the Reportable Event form at Appendix B, incorporated herein by reference, which is available within the ALMS, within seven calendar days of the date on which the reportable event occurs.

(c) The Department may complete an internal investigation upon receipt of a notice of the occurrence of a reportable event.

#### 8:49-3.6 Patient records

(a) An MIH program shall use an electronic system by which the MIH program will maintain each patient's medical record, which shall be either:

1. The electronic patient care reporting (EPCR) system that the OEMS specifies through designation of a vendor or Department-maintained system; or
2. An electronic system:
  - i. By which the MIH program shall enter an encounter note;
  - ii. To which the MIH program shall make patient medical records available for inspection by the Department upon request; and
  - iii. From which the MIH program shall make available to the Department data, derived from patient medical records in a common format, upon Department request.

(b) A member of MIH program personnel shall enter an encounter note for each patient encounter in the patient's medical record.

(c) An MIH program shall establish and implement policies and procedures for:

1. Responding to a failure of the electronic system it maintains pursuant to subsection (a), above; and
2. Entering medical records generated during the system failure into the MIH program's electronic system in accordance with a designated timeline upon the return of the system to operating status.

(d) An MIH program shall establish and implement policies and procedures to ensure that its patients have access to their medical records in accordance with N.J.A.C. 8:43G-15.3.

(e) Subject to paragraph 1, below, an MIH program shall safely store all patient medical records for at least 10 years from the date of the last patient encounter and ensure the safety, physical integrity, legibility, and accessibility of stored medical records;

1. If a patient is under 18 years of age at the time of treatment, the MIH program shall retain and store the patient's medical records until the patient's 23rd birthday, or for 10 years from the date of the last patient encounter, whichever is greater.

(f) An MIH program that issues notice pursuant to N.J.A.C. 8:49-2.6 shall specify in the notice the procedure by which patients can obtain copies of their medical records consistent with subsection (d) above, and the location at which the MIH program plans to store and retain records for the retention period specified at subsection (e), above.

(g) Within 14 days of the date on which a Department determination, to revoke or refuse to renew an MIH program's license, becomes a final agency decision, the entity whose

MIH program license the Department has revoked or refused to renew shall notify the Department as to the procedure by which patients can obtain copies of their medical records consistent with subsection (d), above, and the location at which the entity plans to store and retain records for the retention period specified at subsection (e), above.

## SUBCHAPTER 4. PERSONNEL STANDARDS

### 8:49-4.1 MIH medical director

(a) An applicant for MIH program licensure and/or a licensed MIH program shall designate or retain an MIH medical director who:

1. Is a physician;
2. Holds board certification in a specialty relevant to the MIH program services

that the applicant or MIH program seeks, or has Department licensure and authorization, to provide;

- i. If the MIH medical director does not hold board certification in a specialty relevant to the MIH program services the applicant or MIH program seeks, or has Department licensure and authorization, to provide, the applicant or MIH program shall designate an MIH medical oversight physician who holds board certification in a specialty relevant to the MIH program services that the applicant or MIH program seeks, or has Department licensure and authorization, to provide;

3. Is identified by the MIH program within the NJ EMS Provider Credentialing

Platform as a member of the MIH program's personnel pursuant to N.J.A.C. 8:49-4.8;

4. Oversees the orders that each MIH oversight physician issues to MIH clinicians and MIH technicians;

5. Oversees the QA and QI activities of the MIH program in accordance with N.J.A.C. 8:49-3.4; and

6. Determines the competency of each MIH clinician and MIH technician that provides clinical services for the MIH program.

(b) An MIH medical director, in issuing orders to an MIH clinician and an MIH technician performing MIH program services, shall ensure that the orders are within the authorized scope of practice of the MIH clinician or MIH technician, and the authorized MIH program service type.

#### 8:49-4.2 MIH clinical coordinator

(a) An applicant for MIH program licensure and/or a licensed MIH program shall designate or retain an MIH clinical coordinator who:

1. Is a paramedic, a registered nurse, an advanced practice nurse, a physician assistant, or a physician;

2. Is identified by the MIH program within the NJ EMS Provider Credentialing Platform as a member of the MIH program's personnel pursuant to N.J.A.C. 8:49-4.8;

3. Ensures that each MIH clinician, MIH support staff, or MIH technician is identified by the MIH program within the NJ EMS Provider Credentialing Platform as a member of the MIH program's personnel pursuant to N.J.A.C. 8:49-4.8; and

4. With the approval of the MIH medical director:

i. Establishes and implements the MIH program's policies and procedures, and coordinates the MIH program's operations;

- ii. Establishes and coordinates the provision of initial and annual training and education programs for the identification and competency of MIH program personnel; and
- iii. Coordinates an MIH program's QA and QI activities in accordance with N.J.A.C. 8:49-3.4.

#### 8:49-4.3 MIH medical oversight physician

- (a) An MIH program may designate or retain an MIH medical oversight physician to provide MIH program medical direction, with the approval of the MIH medical director.
- (b) An MIH program that elects to designate an MIH medical oversight physician shall ensure that the MIH medical oversight physician:
  1. Is identified by the MIH program within the NJ EMS Provider Credentialing Platform as a member of the MIH program's personnel pursuant to N.J.A.C. 8:49-4.8; and
  2. Adheres to and complies with the MIH program's policies and procedures, this chapter, and applicable law.
- (c) An MIH medical oversight physician, in issuing orders to an MIH clinician or MIH technician providing MIH program services, shall ensure that the orders are within the authorized scope of practice of the MIH clinician or MIH technician, and the scope of the MIH program service type that the Department licenses and authorizes the MIH program to provide.

8:49-4.4 Personnel minimum requirements

(a) An MIH program shall ensure that:

1. Each person providing MIH program services is identified within the NJ EMS Provider Credentialing Platform pursuant to N.J.A.C. 8:49-4.8;
2. Each person who is a member of the MIH program's personnel provides MIH program services that are within:
  - i. The person's authorized scope of practice, as applicable; and
  - ii. The scope of MIH program services that the Department has licensed and authorized the MIH program to provide; and
3. Each person who is a member of the MIH program's personnel and actively providing MIH program services, possesses and makes available to Department staff upon demand:
  - i. If applicable, a State-issued document showing the person's credential;
  - ii. The person's MVC identification card; and
  - iii. The personnel identification card that the MIH program issues pursuant to N.J.A.C. 8:49-3.2.

(b) Nothing in this chapter shall be construed to alter the scope of practice of any person who obtains a credential or the scope or authority of any government agency, board, department, or other entity in this State that is responsible for issuing credentials.

(c) An MIH program shall notify the OEMS by telephone and electronic mail within 48 hours of becoming aware of or receiving notice of an adverse action, such as a notice of proposed suspension or revocation, being taken against the credential of a member of the MIH program's personnel.

#### 8:49-4.5 Personnel competency

(a) An MIH program shall establish and implement a policy and procedure:

1. To determine and confirm the knowledge, skills, and competency of each person who is a member of the MIH program's personnel and provides MIH program services, in accordance with the type of services that the Department licenses and authorizes the MIH program to provide, and in accordance with subsection (b), below; and

2. For the maintenance of a written record of each evaluation conducted in accordance with paragraph 1, above, in each person's personnel file.

(b) An MIH program shall ensure that each person who provides MIH program services has knowledge of:

1. The MIH program's policies and procedures, as applicable to the person's functions;
2. The person's credentialed scope of practice, as applicable; and
3. The scope of the MIH program service types that the Department licenses and authorizes the MIH program to provide.

#### 8:49-4.6 MIH program personnel responsibilities

(a) An MIH program shall ensure that each member of the MIH program's personnel:

1. Has all required and necessary equipment and supplies to provide care;
2. Provides each patient with care that is:

- i. Within the scope of the MIH program's licensed and authorized MIH program service type and, if applicable, the personnel member's authorized scope of practice; and
- ii. Prompt, effective, appropriate, and clinically managed, in accordance with orders of the MIH oversight physician and/or MIH medical director, and/or applicable written protocols of the MIH program;

3. Adheres to:

- i. Applicable occupational health and safety procedures; and
- ii. Standard precautions addressing the avoidance of exposure to bloodborne pathogens;

4. Monitors the well-being and condition of each patient and ensures patient privacy, safety, and comfort; and

5. Wears the photo identification that the MIH program issues pursuant to N.J.A.C. 8:49-3.2, in a readily observable location on the MIH program personnel member's person, when providing MIH program services.

8:49-4.7 Resource allocation; emergency department avoidance services staffing requirements

(a) An MIC agency shall refrain from reallocating resources needed, or otherwise compromising its ability, to maintain advanced life support coverage in the service area designated in the MIC agency's certificate of need, to instead implement an MIH program or provide MIH program services.

1. An MIC agency shall not place an MICU in out-of-service status to instead provide MIH program services without Department authorization.
- (b) An MIH program that provides emergency department avoidance services shall ensure that an MIH clinician who is also a paramedic, a registered nurse, an advanced practice nurse, a physician assistant, or a physician, attends each emergency department avoidance patient encounter.

8:49-4.8 Procedure for identification of MIH program personnel within NJ EMS Provider Credentialing Platform

- (a) An MIH program shall implement its MIH program-required education and training, for each type of service the MIH program intends to offer, as a condition of its identification of a person as a member of its MIH program personnel, as applicable to the services the proposed personnel member is to provide.
- (b) A proposed MIH clinician, MIH support staff, or MIH technician shall submit a request for identification as a member of an MIH program's personnel in the NJ EMS Provider Credentialing Platform, which transmits the request to the applicable MIH program.
- (c) To identify a person as a member of an MIH program's personnel, an MIH program shall approve a request that a person submits pursuant to subsection (b), above, in the NJ EMS Provider Credentialing Platform by:

1. Confirming that the proposed MIH clinician, MIH support staff, or MIH technician:
  - i. Is affiliated with the MIH program; and

ii. Has completed the MIH program-required education and training applicable to the MIH program service that the MIH program is licensed to provide, and that the person will provide; and

2. Signing the form.

(d) Upon the MIH program's approval of a request pursuant to this section, the person will appear within the NJ EMS Provider Credentialing Platform as an identified member of that MIH program's personnel.

(e) An MIH program's identification of a person as a member of the MIH program's personnel within the NJ EMS Provider Credentialing Platform is effective only with respect to that MIH program and is not transferable to another MIH program.

(f) Within five business days of the separation from the MIH program's service of an identified member of the MIH program's personnel, the MIH program shall enter the date of the person's separation from the MIH program's services within the NJ EMS Provider Credentialing Platform.

## SUBCHAPTER 5. PATIENT TRANSPORTATION

### 8:49-5.1 Communications

(a) An MIH program shall establish, implement, review, and update, at least annually and more frequently as needed, a communication plan that is specific to the MIH program.

(b) An MIH program shall implement its communication plan in compliance with applicable State and Federal law, including laws implemented by the Federal Communications Commission (FCC).

1. An MIH program that holds an FCC license shall upload a copy of the license into the ALMS.

(c) An MIH program shall provide each MIH clinician and MIH technician access to a system of two-way communication with:

1. The dispatch center of the hospital, MIC agency, or MIH program; and
2. The MIH medical director or an MIH medical oversight physician to obtain orders associated with an encounter, as applicable.

(d) An MIH program shall:

1. Ensure that communications occurring in accordance with subsection (c), above, are recorded;
2. Retain each recording associated with an encounter as a patient medical record in accordance with N.J.A.C. 8:49-3.6; and
3. Provide the Department unrestricted access to all original recordings made in accordance with subsection (c), above, in a reviewable and downloadable format.

8:49-5.2 Patient transportation policies and procedures; vehicle standard

(a) An MIH program that elects to provide transportation services to a patient, for non-emergency purposes, during which an MIH clinician or MIH technician is to accompany the patient, shall:

1. Transport the patient using a vehicle with an existing OEMS-issued license that is operated in compliance with the licensure requirements applicable to its license; or

2. If clinically appropriate, arrange non-clinical transportation through an entity that is not affiliated with the MIH program, MIC agency, or hospital, such as a common carrier, private car service, taxi service, or other fee-based service.

(b) An MIH program shall establish and implement policies and procedures for the transfer of a patient's care to a receiving transportation service, a health care facility, and/or a credentialed health services professional.

#### 8:49-5.3 Emergency events

(a) An MIH program shall establish and implement policies and procedures to address an emergency arising during or in connection with an encounter, which, at minimum, shall address the procedure by which an MIH clinician or MIH technician is to:

1. Contact the regional dispatch center, such as directly or through the dispatch center of the hospital, MIC agency, or MIH program;
2. Defer to the regional dispatch center with respect to coordination of the response to the emergency and, if applicable, determination of the appropriate patient transportation to a hospital emergency department; provided:
  - i. If the MIH clinician or MIH technician arrives at an MIH program encounter in an OEMS-licensed vehicle that is operated in compliance with the licensure requirements applicable to its license, and the regional dispatch center designates the vehicle as the transportation resource, the MIH program encounter will end, and a distinct patient emergency call shall begin in accordance with N.J.A.C. 8:40 and 8:41.

## SUBCHAPTER 6. ENFORCEMENT ACTIONS AND HEARINGS

### 8:49-6.1 Enforcement actions

(a) The Department may summarily suspend an MIH program's license when the continued licensure of that MIH program poses an immediate or serious threat to the public health, safety, or welfare.

1. An MIH program of which the Department summarily suspends the license shall have the right to apply for an expedited hearing, in accordance with N.J.A.C. 8:49-6.2.

2. A summary suspension shall take effect immediately upon issuance.

(b) The Department may impose enforcement action against an MIH program that violates any portion of this chapter, including, but not limited to, the issuance of a formal written warning, a monetary penalty, a license suspension or revocation, the imposition of conditions upon the MIH program's operation, a refusal to issue or renew a license, and/or any combination thereof.

1. An action the Department takes pursuant to this section shall be separate from any civil, criminal, or other judicial proceeding, including actions against the license of a health care professional by other agencies with jurisdiction.

2. The Department shall refer for disposition all matters of professional misconduct to the applicable credentialing entity, and all matters of a criminal nature to the appropriate law enforcement authorities.

3. An action that the Department takes against an MIH program does not preclude any action that a credentialing or law enforcement authority with jurisdiction may take against MIH program personnel for the same infraction.

(c) The Department shall suspend or revoke, as applicable, the MIH program license of an MIH program if the Department suspends or revokes the license of the entity holding the MIH program license:

1. Pursuant to N.J.A.C. 8:41, with respect to a hospital; and/or
2. Pursuant to N.J.A.C. 8:43G, with respect to an MIC agency.

(d) The Department may impose a monetary penalty against an MIH program in the amount of up to \$2,500 for a first violation, and up to \$5,000 per occurrence for each subsequent violation, of the provisions of this chapter.

(e) For the purposes of assessment of a monetary penalty, each violation is a single, separate occurrence on each calendar day on which the violation occurs or remains uncorrected.

(f) The Department may decrease the penalty assessed in accordance with (a) above, based on the compliance history of the MIH program; the number, frequency and/or severity of violations by the MIH program; the measures taken by the MIH program to mitigate the effects of the current violation, or to prevent future violations; the deterrent effect of the penalty; and/or other circumstances that are specific to the MIH program or the violation.

(g) If an MIH program is longer than 60 calendar days late in the payment of a monetary penalty, the Department may:

1. Refuse to issue or renew the MIH program license;
2. Institute a summary civil proceeding pursuant to the Penalty Enforcement Law, N.J.S.A. 2A:58-1 et seq; and/or
3. Take such other action as authorized by law.

## 8:49-6.2 Hearings

(a) If the Department summarily suspends the license of an MIH program, then the MIH program may request an expedited hearing by submitting a request to the Department, in writing, within 30 days of the date of the summary suspension notice.

1. The request shall contain a response to the charges contained in the summary suspension notice; and
2. Failure to submit a request for a hearing within 30 days of the date of the summary suspension notice shall render the summary suspension a final agency decision.

(b) An MIH program shall have the right to apply to the Commissioner for an expedited hearing at the Office of Administrative Law to appeal a summary suspension, which shall be conducted pursuant to the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq., and 52:14F-1 et seq., and the Uniform Administrative Procedure Rules, [N.J.A.C.](#)

[1:1.](#)

1. If the Office of Administrative Law determines to uphold the summary suspension, the MIH program shall have the right to apply the Superior Court of New Jersey for injunctive relief.

(c) Nothing in this chapter shall be construed to prevent the Department from concurrently or thereafter moving to suspend or revoke an MIH program's license, issuing a directed plan of correction, and/or imposing a monetary penalty.

(d) If the Department proposes to issue a monetary penalty, and/or to suspend, revoke, or refuse to issue or renew an MIH program license, the Department shall afford the MIH program or applicant an opportunity for a hearing to contest the proposed action.

1. A monetary penalty assessment, suspension (excluding a summary suspension), or revocation of an MIH program license, or a refusal to issue or renew an MIH program license, shall become effective 30 calendar days after the date of the notice of the proposed action.

i. If the affected applicant or MIH program wishes to contest the action, within such 30-day period, then it shall submit a written notice requesting a hearing to the Department, to the attention of the Office of Legal and Regulatory Compliance, NJ Department of Health, PO Box 360, Trenton, NJ 08652-0360.

ii. Upon the submission of a written notice requesting a hearing pursuant to subparagraph i, above, a monetary penalty assessment, suspension (excluding a summary suspension), or revocation shall be held in abeyance until the hearing has been concluded and a final decision has been rendered.

iii. Failure to submit a written notice pursuant to subparagraph i, above, shall constitute the forfeiture by the applicant or MIH program of all rights to a hearing pursuant to subsection (d), above.

2. If an applicant or MIH program wishes to contest the Department's refusal to issue or renew an MIH program license, the applicant or MIH program shall submit, within 30 days of the date of the refusal, a written request for a hearing on the matter to the Department at the address at (d)1i above.

i. Upon the submission of a written notice requesting a hearing to contest the refusal to renew the MIH program license of an MIH program, the refusal shall be held in abeyance until the hearing has been concluded and a final decision is rendered.

ii. A refusal to issue an MIH program is effective immediately.

iii. Failure to submit a written request for a hearing to contest a refusal to issue or renew an MIH program license shall result in the applicant or MIH program forfeiting all rights to such a hearing.

(e) All hearings shall be conducted in accordance with the New Jersey Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq., and 52:14F-1 et seq., and the New Jersey Uniform Administrative Procedure Rules, N.J.A.C. 1:1-1.1 et seq.

(f) The OEMS shall post all MIH program enforcement actions on the Department's website at <https://www.nj.gov/health/ems/reg-enforcement/legal-action>.

#### 8:49-6.3 Enforcement against operation without Department licensure

(a) No entity shall operate an MIH program within the State of New Jersey without a Department-issued MIH program license.

(b) Upon notice or discovery that an entity is operating an MIH program or providing MIH program services within the State of New Jersey without an MIH program license, the Department may issue an order directing that person or entity to immediately cease and desist the performance of MIH program services.

1. Failure to comply with an order to cease and desist may result in an action by the Department for injunctive relief in the Superior Court of New Jersey.

2. The Department shall post orders to cease and desist on the Department's and the OEMS's website as a public notice.

## **APPENDIX A**

### Application for MIH Program License

(a) An applicant for licensure as an MIH program shall submit the following in support of its application:

1. The mailing address of the principal place of business of the proposed MIH program in accordance with N.J.A.C. 8:49-2.1(c);
2. The identification and validation of one or more gaps in service delivery upon review of available data and a corresponding community health needs assessment;
3. A description of how the proposed MIH program service type would address identified gaps in service delivery and improve quality, access, and cost-effectiveness, increase patient satisfaction, improve patient quality of life, and increase interventions that promote health equity, in a designated service area, through one or more of the following:
  - i. A decrease in avoidable emergency department visits or hospital readmissions;
  - ii. A decrease in total medical expenditures;
  - iii. A decrease in cost to patient(s);
  - iv. A decrease in time to appropriate patient care in an appropriate health care setting;
  - v. An increase in access to medical or follow-up care; or
  - vi. Improvement in clinical care coordination, including, but not limited to, patient medication adherence.

4. A description of proposed partnerships with existing health care entities, and the identification of all partnerships, contracts, agreements, and affiliation agreements between the applicant and other health care entities;

5. A description of the applicant's ability to demonstrate sufficient capacity to develop and operate the proposed MIH program, including financial viability and sustainability;

6. The identification of the applicant's MIH medical director and MIH clinical coordinator;

7. The identification of the patient record platform(s) to be used by the MIH program, and the plan by which the applicant will provide the Department access to the platform in accordance with N.J.A.C. 8:49-3.6(a);

8. A complete description of the proposed MIH program including, but not limited to:

i. An electronic version of the standard operating procedure manual in accordance with N.J.A.C. 8:49-3.1;

ii. The plan for medical direction under the MIH medical director and/or MIH oversight physician(s) in accordance with N.J.A.C. 8:49-5.1;

iii. The procedure for development and proposed review of clinical protocols;

iv. The training and education requirements in accordance with N.J.A.C. 8:49-2.1(e);

v. The quality assurance and improvement plan in accordance with N.J.A.C. 8:49-3.4; and

- vi. The communication policy and procedure in accordance with N.J.A.C. 8:49-5.1.
- 9. A description of the proposed plan of coordination and interaction with applicable 9-1-1 EMS systems in accordance with N.J.A.C. 8:40 and N.J.A.C. 8:41; and
- 10. The following information for each person who will serve as a member of the MIH program's personnel:
  - i. Full legal name;
  - ii. New Jersey-issued EMS ID number (if applicable);
  - iii. Credential (if applicable);
  - iv. Date of hire;
  - v. MIH-approved type of service, including start and, if applicable, end dates; and
  - vi. Additional elements as determined by the Department, specific to the MIH program and service for which the applicant seeks approval to provide.

(b) An applicant for authorization to provide emergency department (ED) avoidance services shall:

- 1. Identify each primary ambulance service in the applicable local jurisdiction for which the ED avoidance service will operate, and the applicant's plan for coordination with each primary ambulance service.
- 2. Identify the training the applicant will require each MIH clinician, who will operate under the proposed ED avoidance service, to receive;
- 3. Describe the transition of any 9-1-1 EMS patient who the responding MIH clinician finds, after assessment and consultation with MIH medical director or MIH

oversight physician, may be more appropriately managed as an MIH patient, in accordance with N.J.A.C. 8:49;

4. Identify the clinical and triage protocols, policies, and procedures the applicant will implement to determine whether, and to what destination, to transport an MIH patient, if applicable; and
5. Identify the applicant's policy and procedure by which the applicant will obtain the informed patient consent of a patient who is to enter an ED avoidance program.